

PREA Facility Audit Report: Final

Name of Facility: Highfields Residential Treatment Facility

Facility Type: Juvenile

Date Interim Report Submitted: 04/27/2024

Date Final Report Submitted: 08/07/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Tracy Victoria Kingera	Date of Signature: 08/07/2024

AUDITOR INFORMATION	
Auditor name:	Kingera, Tracy
Email:	tracy.kingera@gmail.com
Start Date of On-Site Audit:	04/01/2024
End Date of On-Site Audit:	04/03/2024

FACILITY INFORMATION	
Facility name:	Highfields Residential Treatment Facility
Facility physical address:	5123 Old Plank Road, Onondaga, Michigan - 49264
Facility mailing address:	

Primary Contact

Name:	Julie Duffey
Email Address:	jduffey@highfields.org
Telephone Number:	517-628-2287; ext. 3

Superintendent/Director/Administrator	
Name:	Tyler Jones
Email Address:	tjones@highfields.org
Telephone Number:	517-628-2287; ext. 3

Facility PREA Compliance Manager	
Name:	Darryl Scott
Email Address:	scottd@highfields.org
Telephone Number:	O: (517) 628-2287 x345

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	8
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	11-17
Facility security levels/resident custody levels:	Non-Secure
Number of staff currently employed at the facility who may have contact with	34

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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Name of agency:	Highfields, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5123 Old Plank Rd., Onondaga, Michigan - 49264
Mailing Address:	5123 Old Plank Rd., Onondaga, Michigan - 49264
Telephone number:	517-628-2287

Agency Chief Executive Officer Information:	
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Name:	Brian Philson, CEO
Email Address:	bphilson@highfields.org
Telephone Number:	517-628-2287

Agency-Wide PREA Coordinator Information			
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Name:	Julie Duffey	Email Address:	jduffy@highfields.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-01
2. End date of the onsite portion of the audit:	2024-04-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Michigan State University Center for Survivors, rape crisis center in Lansing, Michigan and Just Detention, International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	9
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	9
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>37</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility contracts for services for resident substance abuse education/groups and psychiatric services.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None </p>
<p>If "None," explain:</p>	<p>The Random Resident interview protocol was completed for all of the nine residents in the facility. However, three of those residents were also interviewed using specialized interview protocols.</p>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Random Resident interview protocol was completed for all of the nine residents in the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All of the residents present in the facility at the time of the on-site audit were interviewed, and this auditor had an opportunity to observe each resident for possible disabilities or limited English proficiency. Based on those interviews, there was no indication there were residents present in the facility who fit this criterion.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All of the residents present in the facility at the time of the on-site audit were interviewed, and this auditor had an opportunity to observe each resident for possible disabilities, such as blindness or low vision. Based on those interviews, there was no indication there were residents present in the facility who fit this criterion.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All of the residents present in the facility at the time of the on-site audit were interviewed, and this auditor had an opportunity to observe each resident for possible disabilities, such as deafness or being hard of hearing. Based on those interviews, there was no indication there were residents present in the facility who fit this criterion.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All of the residents present in the facility at the time of the on-site audit were interviewed, and this auditor had an opportunity to observe each resident for possible limited English proficiency. Based on those interviews, there was no indication there were residents present in the facility who fit this criterion.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All of the residents present in the facility at the time of the on-site audit were interviewed, and this auditor had an opportunity to observe each resident and engage them in conversation. This auditor did not receive information from the resident interviews that would prompt this auditor to question whether the facility had failed to report a transgender or intersex resident present in the facility at the time of the on-site audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported it does not have isolation housing, and this auditor did not observe what could be viewed as isolation housing during the Site Review.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>The selections for Random Staff interviews were initially made by random selection from the staff roster.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The selections for Random Staff interviews were initially made by random selection from the staff roster. However, alternate selections had to be made to ensure staff from all shifts were selected for interviews, and some selections for Random Staff interviews were used for Specialized Staff interviews. Based on the total available staff, this auditor was unable to conduct 12 Random Staff interviews.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>20</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Highfields, Inc. is located on 140 acres in Ingham County, Michigan. The facility property is surrounded by woods and a small lake. The site review began at the Dart Family Treatment and Education Center. This building is the first building on the campus and is used for trainings, staff functions, and accommodations for families visiting residents. Audit notices and the Zero Tolerance and Sexual Abuse is Never OK postings were observed throughout the building. The PCM advised access to this building is limited to upper management, and staff would need to request a key to access the building. There are two bedrooms with bathroom facilities located off the main meeting area with four bunk beds in each room. There is a full kitchen, also located off the main meeting area. The front entrance and meeting area have camera coverage, and the kitchen is open and visible to the meeting area. There are storage rooms in the kitchen that were found to be locked. There is no camera coverage in the guest housing. There are cameras mounted on a light pole outside the Dart building, which captures the front entrance and driveway up to the main campus. There are large recreation spaces and access to an adjacent lake as you proceed up the main drive. The next two buildings on the campus house Human Resources/Finance and Maintenance. Neither building is accessed by residents. The first housing unit is the Lett Student House. A small dining area with sink and a refrigerator is located at the entrance to the unit, which leads to an open day room, staff office, resident bathroom and resident bedrooms. The day room is primarily open space, with a few couches and chairs. The staff office has large windows, allowing for visual supervision in the unit, and is furnished with standard office equipment. Resident names and program status are listed on a large whiteboard in the staff office. Residents were not present in the unit at the time of the site review, and the staff office was found to be

unlocked. There are five resident rooms in the unit, all containing bunk beds, two desks, and a dresser. It appears each of the rooms were occupied by a single resident. The resident bathroom consists of a large shower stall, double sinks, two toilet stalls, and a urinal. According to the PCM, only one resident is allowed in the bathroom at a time, and all residents shower separately. It is noted female staff indicated there are occasions when more than one resident is present in the bathroom, and additional supervision is required in those situations.

The PCM also reported residents are required to be fully dressed anytime they are present in the common area of the unit. Camera coverage was noted in all areas of the housing unit, with the exception of the resident bedrooms and bathroom. Audit notices and the Zero Tolerance poster were posted in several locations in the housing unit. There were four storage closets in the unit, all of which were found to be locked. A grievance box was noted in the dining area of the unit. The box was not marked and there were no grievance forms near the box. The site review continued to the Malcolm Williams school building, where residents were attending classes. The school building consists of an open game/exercise room, full gymnasium, exercise/locker room, multi and single-stall men's and women's restrooms, music studio, teachers' lounge, principal's office, and six classrooms. The music studio and storage closets for recreational and exercise equipment and school supplies were found to be locked. The PCM advised staff has access only by checking out a key from administration. There is a locker room with showers off the gymnasium, which was used for visiting teams when games were played against other residential programs. The showers are separated into individual stalls with shower curtains, from what was reported to have been one large communal shower stall.

Camera coverage was noted throughout the

school building, with the exception of the locker room, teachers' lounge and principal's office. The PCM advised these spaces are occupied by the Ingram Intermediate School District, and these areas are locked and not accessible to facility staff. Audit notices and the Zero Tolerance poster were observed in the school building, as well as camera coverage throughout the school building. A grievance box is located in the main classroom hallway. The residents were observed to be supervised in appropriate staff-to-resident ratios, and facility staff was present in the classrooms.

The Dault Student House is the second of the two housing units on the campus and is identical to the Letts House. The Hartman Student House has been converted to an art studio. Artwork and art supplies are stored in the studio, and there are seating areas with couches and chairs. According to the PCM, access to the studio is limited and staff has to check out a key from administration. Camera coverage, audit notices, and the Zero Tolerance poster were noted in the studio.

There is a large storage shed above the art studio, which is reported to have limited access to staff. The Schultz Administration Building is the public entrance to the facility and guests are required to sign in and out.

The Schultz Building houses administrative staff and facility administrators, clinical staff, and supervisory staff. There are 13 offices in the administrative portion of the building, as well as a conference room and cubicle space.

Active and closed resident files are located in a cubicle behind the front desk. The security of resident files is discussed in the standards analyses. With the exception of the front entrance, there is no camera coverage in the Schultz Building. The resident dining hall is located on the bottom floor of the building and can be accessed through the administration section by stairwell or an elevator. The elevator is behind a door which was locked at the time of the site review.

There is camera coverage in the stairwell, as

well as throughout the dining hall. A commercial kitchen is located adjacent to the dining hall, as well as a dish room, dry storage, and a walk-in refrigerator and freezer. There is no camera coverage in the kitchen area. The PCM advised residents are not permitted in the kitchen, but they enter the dish room after meals. There is camera coverage for the dish room located in the dining hall. Grievance boxes are located in both the dining hall and the administration area of the Shultz Building.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Staff file review selections were made from both current employees and former employees who worked at the facility over the 12 months prior to the on-site audit. Current employee files were selected by using every sixth name off the roster of 37 employees, and former employee files were selected by using every fifth name off the roster of 30 employees. Resident file reviews were selected from rosters of current residents and residents present in the facility over the 12 months prior to the on-site audit in the same manner as staff file reviews. This auditor requested the following documentation for the 12 months prior to the on-site audit: Daily population reports for the 1st, 10th, and 20th day of the month; unannounced rounds logs; staff and contractor training verification records; verification of preliminary PREA information required within 72 hours of intake and comprehensive PREA education required within 10 days of intake for residents (current and former); resident grievances; and risk screening tools. This auditor also reviewed the two sexual abuse investigations and specialized staff training certificates, both provided by the facility.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	2	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment investigations conducted at the facility over the 12 months preceding the on-site audit. It is noted this auditor reviewed the resident grievances filed over that time period and found three grievances alleging resident-on-resident sexual harassment. These grievances were addressed through the grievance process, but were not documented in the same manner as the sexual abuse incidents reported by the facility.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Coordinator *PREA Compliance Manager <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Highfields Residential Organizational Chart <p><u>115.311 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 1, Prevention of Resident Sexual Assault/Rape section states, "There is zero tolerance of sexual assault/rape of clients in juvenile justice facilities. Personnel will follow all rules and expectations designed to prevent sexual assault and must</p>

cooperate with law enforcement, prosecutors, and the courts in the investigation and possible prosecution of anyone involved in the sexual assault/rape of a client." Page 14, Section I.10. states, "The Highfields residential program is committed to preventing and reducing the incidence of sexual assault and harassment through the following strategies: a) Staff Training; b) Supervisory review of staff monitoring practices; c) Unannounced rounds by supervisory personnel; d) Use of Video monitoring equipment for incident review; e) Physical plant review for security weaknesses; f) Review and response for any confirmed incidents of sexual abuse or harassment." The policy as a whole describes agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents, including resident education, staff, contractor, and volunteer training, and sexual abuse and sexual harassment reporting requirements and response.

115.311 (b) - The Highfields Residential Organizational Chart reflects the PREA Coordinator reports to the Director of Residential Services, who directly reports to the agency Chief Operating Officer. The PREA Coordinator is responsible solely for the audited facility, as the agency operates only one residential facility. In the interview with the PREA Coordinator, they indicated they have sufficient time and authority to meet their PREA responsibilities. They indicate they coordinate with the Michigan Department of Health and Human Services (MDHHS) PREA Coordinator, the facility Director (who has similar responsibilities as a Superintendent), and the PREA Compliance Manager to address any issues in complying with the PREA standards.

115.311 (c) - The Highfields Residential Organizational Chart reflects the PREA Compliance Manager reports to the Director of Residential Services, who directly reports to the agency Chief Operating Officer. In the interview with the PREA Compliance Manager, they advised they have sufficient time and authority to meet their PREA responsibilities.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.311 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy does not specify that Highfields has a zero-tolerance policy for sexual abuse, but states there is zero tolerance of sexual assault/rape of clients in juvenile justice facilities. Highfields is a private facility that accepts residents referred from the child welfare system, as well as residents referred from the juvenile justice system. In addition, there is no mention of the facility's zero tolerance for sexual harassment. The Highfields' Freedom from Sexual Harassment/Abuse Policy must be updated to reflect Highfields specifically has a zero-tolerance policy for both sexual abuse and sexual harassment. The updated Highfields' Freedom from Sexual Harassment/Abuse Policy must be distributed to staff and proof of staff training on the updated policy must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

	<p><u>115.311 (a)</u> - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 1, Prevention of Resident Sexual Abuse and Harassment section now states, "Highfields adheres to a zero-tolerance policy of sexual abuse and sexual harassment." The facility also provided 35 Confirmation of PREA Policy Revisions documents, which lists the added or changed policy language required for corrective action.</p> <p>Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interview conducted:</u></p> <p>*Contract Administrator</p> <p><u>115.312 (a)(b)</u> - Highfields is a private facility contracted by the Michigan Department of Health and Human Services (MDHHS). According to facility administration, they do not contract with other agencies for the confinement of residents. As a result, the interview with the facility Contract Administrator was not conducted.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Superintendent or Designee</p> <p>*PREA Coordinator</p> <p>*Intermediate or Higher-Level Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Highfields' Freedom from Sexual Harassment/Abuse Policy</p> <p>*MDHHS Prison Rape Elimination Act (PREA) Staffing Plan</p>

*Staff Schedules, April 2023 to March 2024

*MDHHS Prison Rape Elimination Act (PREA) Unannounced Rounds Log

*Highfields Shift Logs

*Highfields Day Count/Attendance Record

*MDHHS-Highfields Contract Number MA 210000000327

*MDHHS Annual Staffing Plan Reviews

*MDHHS Licensing Rules for Child-Caring Institutions

115.313 (a) - The MDHHS Prison Rape Elimination Act (PREA) Staffing Plan dated January 29, 2024 was reviewed for compliance with this standard. The staffing plan addresses the 11 factors required for this provision and considers generally accepted secure and unsecure juvenile residential treatment facility practices, instead of generally accepted detention and correctional/secure residential practices. In the interview with the PREA Compliance Manager, they indicated the facility considers the 11 factors required in the development of the staffing plan, with the exception of generally accepted juvenile detention and correctional/secure residential practices. They advised this is not considered due to the fact the facility is an unsecured residential program. In the interview with the Superintendent, they also reported the facility considers the 11 factors required in the development of the staffing plan, with the exception of generally accepted juvenile detention and correctional/secure residential practices, for the same reason. According to the Superintendent, they meet quarterly or at least twice a year as a management team to make sure they are following through with the requirements listed in the staffing plan. They advised they did not believe there have been times where the facility was out of compliance with the staffing plan, because a supervisor or other management staff stays over to cover if someone calls off and other staff is unavailable to cover. The Superintendent indicated they would document any deviation from the staffing plan via email or in one of their meetings, as well as in the shift report.

115.313 (b) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 6, Section D.1. states, "Staff must recognize that sexual assault/rape can occur in virtually any area in a residential facility. Facility requirements for supervision and monitoring of youth and staff-to-youth ratios apply at all times. Staff-to-youth ratios of 1:6 during waking hours and 1:10 during sleeping hours apply at all times." The facility indicated it has had no deviations from the staffing plan on the Pre-Audit Questionnaire and provided no documentation of deviations from the staffing plan. A review of the staff schedules and the Highfields Day Count/Attendance Records from April 2023 to March 2004 reflected the facility was staffed to comply with the required MDHHS staffing ratios of 1:6 waking and 1:10 during sleeping hours. This auditor noted on the Staff Schedules where the facility recorded staff calling off and who covered the shift in place of that staff member. These notations also included partial staff coverage where a staff member would stay over until a replacement

was designated for the rest of the shift. The Superintendent advised there have been no circumstances where the facility has not met the required staffing ratios. They indicated they have supervisors or management who would cover a shift if necessary, or other staff would be called in to cover. The Superintendent indicated all staffing issues are recorded in the facility Shift Report and Staff Schedule.

115.313 (c) - The facility indicated it is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:6 during resident waking hours and 1:10 during resident sleeping hours on the Pre-Audit Questionnaire. The MDHHS-Highfields Contract Number MA 210000000327, Pages 10-11 reflect these required staffing ratios at the facility. A review of the Staff Schedules and the Highfields Day Count/Attendance Record reflect the facility was staffed pursuant to the required PREA staffing ratios. The facility reported an average daily population over the past 12 months as 11 residents, and there were nine residents present in the facility at the time of the on-site audit. A review of the facility daily population reports for the 1st, 10th, and 20 of each month over the past 12 months supports the facility's compliance with the required PREA staffing ratio of 1:8 during waking hours and 1:16 during sleeping hours. During the Site Review, residents were observed to be supervised by staff according to the required staffing ratios. The Superintendent advised they have schedules done on a daily/ weekly basis and they check the schedule to ensure coverage.

115.313 (d) - The facility provided MDHHS Annual Staffing Plan Reviews dated June 7, 2022 and June 2, 2023 to substantiate compliance with this provision. The Annual Staffing Plan Reviews document the facility's review of the 11 factors required for the staffing plan and whether changes were necessary to maintain compliance with the required staffing ratios. The Annual Staffing Plan Reviews discuss the sufficiency of video monitoring in the facility, as well as staffing shortages and the necessity for supervisors and administration to step in to fill those gaps. It is noted the consideration for how the staffing plan adheres to any state or local laws, the staffing ratio of 1:10 and 1:20, pursuant to "JRR policy", is listed on both reviews. However, the analysis goes on to indicate the facility adheres to 1:6 and 1:8 staffing ratios (although the latter staffing ratio may be a typographical error). The Annual Staffing Plan Reviews are signed and dated by the PREA Coordinator. It appears "JRR Policy" is the MDHHS Licensing Rules for Child-Caring Institutions, and Page 10, Section R 400.4127 reflects child caring institutions are required to comply with the 1:10 and 1:20 staffing ratios. As indicated in the analysis for 115.313 (c), the facility's contract with MDHHS dictates they must comply with a 1:6 and 1:10 staffing ratio.

115.313 (e) -The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 7, Section D.5. states, "Supervisors will conduct unannounced rounds to ensure and verify compliance with PREA standards and protocols, and to support safety and reporting. Unannounced rounds will occur across all shifts. Staff is prohibited from warning other staff when unannounced supervisory rounds are occurring." The MDHHS Prison Rape Elimination Act (PREA) Unannounced Rounds Log and associated emails, as well as the Highfields Shift Logs for April 2023 to March 2024 reflected unannounced rounds were conducted multiple times a week and were

	<p>documented on the Unannounced Rounds Log, email or the Shift Log. The rounds were documented for all three shifts. Intermediate or Higher-Level Staff advised they conduct unannounced rounds and document those rounds. Intermediate or Higher-Level Staff stated they frequently walk the campus and staff are unaware of the nature of their visit during their unannounced rounds.</p>
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115.315 Limits to cross-gender viewing and searches	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Random Staff *Random Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Highfields Searching Students Policy *Highfields PREA Training Curricula *PREA Training Confirmation Forms *Site Review <p><u>115.315 (a)</u> - The Highfields Searching Students Policy, Page 2, Cross-Gender and Transgender Viewing and Searches section states, "Cross-gender strip searches and visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners." Interviews with Random Staff reflected they are not allowed to conduct cross-gender strip or body cavity searches. Random Residents advised they had not been subject to a cross-gender strip or body cavity search. Facility administration indicated staff routinely conduct pat searches on residents, but it would be out of the ordinary to conduct a strip search.</p> <p><u>115.315 (b)</u> - The Highfields Searching Students Policy, Page 2, Cross-Gender and Transgender Viewing and Searches section states, "Cross-gender pat searches are prohibited except in exigent circumstances." The facility reported no cross-gender pat searches over the past 12 months on the Pre-Audit Questionnaire. Interviews with Random Staff revealed they are prohibited from conducting cross-gender pat searches. None of the Random Residents revealed they had been pat searched by a staff member of the opposite gender.</p>

115.315 (c) - The Highfields Searching Students Policy, Page 1, 115.315 section (and other sections of the same policy) states, "Staff must not conduct cross-gender pat searches except in exigent circumstances. Staff must document and justify all cross-gender searches." The facility provided no documentation of cross-gender searches. Interviews with Random Staff members reflected they do not conduct cross-gender pat searches, unless it is an emergency. All of the facility residents were interviewed, and none indicated they had been pat searched by female staff.

115.315 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 6--7, Section D.4. states, "All staff of the opposite gender must announce their presence, when entering a resident housing unit. Staff of the opposite gender shall announce their presence once, at the beginning of their shift, when entering any areas where residents are likely to be showering, performing bodily functions, or changing clothes. Nonmedical staff of the opposite gender of youth may not observe youth changing clothing, showering, or performing other bodily functions where buttocks or genitalia of youth are exposed except in exigent circumstances or when such viewing is incidental to routine room checks." The Highfields Searching Students Policy, Page 2, Cross-Gender and Transgender Viewing and Searches section states, "Residents are allowed to shower, change clothes and perform bodily functions without staff members of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine checks. This includes viewing via video camera. Staff member (sic) of the opposite gender must announce presence when entering bathroom or an area where residents are likely to be showering, performing bodily functions, or changing clothes." Random Staff advised female staff announce their presence when entering the housing units and residents are able to shower, change clothing, and use the toilet without being viewed by female staff. All except one Random Resident indicated female staff announce their presence when they come into the housing unit, and all residents indicated they were able to shower, change clothing, and use the toilet without being viewed by female staff. This auditor observed the bathroom facilities in the housing units during the Site Review. The bathroom facilities consist of a large shower room, urinal, a double-sink vanity, and two toilet stalls. The shower room does not have a door or curtain, but privacy is offered by the cinderblock walls, which would require someone to step into the bathroom facilities to see into the shower room. The PREA Compliance Manager advised residents use the bathroom facilities one at a time and are required to be fully dressed when they enter and exit the bathroom facilities.

115.315 (e) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.7. states, "Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining a youth's genital status." The Highfields Searching Students Policy, Page 2, Cross-Gender and Transgender Viewing and Searches section states, "In addition, there cannot be a search or physical examination of a transgender or intersex resident solely to determine resident's genital status." Random Staff members advised they are not allowed to conduct a search of a transgender resident to determine their genital sex. The interview with a Transgendered/Intersex Resident was not completed, as the facility

	<p>reported no Transgendered/Intersex Residents housed at the time of the onsite audit, and this auditor found no evidence to the contrary.</p> <p><u>115.315 (f)</u> - The facility provided the Highfields PREA Training Curriculum to substantiate compliance with this provision. The curricula includes training topics for Lesbian, Gay, Bisexual, Transgender, and Intersex and Cross-Gender and Transgender Viewing and Searches. The facility also provided 39 PREA Training Confirmation Forms as proof staff received the aforementioned training. Interviews with Random Staff reflected the majority of staff members reported receiving training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *Random Staff *Limited English Proficient/Disabled Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *MDHHS Policy SRM 401, Effective Communication For Persons Who are Deaf, Deafblind, or Hard of Hearing *MDHHS Policy SRM 402, Limited English Proficiency and Bilingual Interpreter Services *Interpretation and Translation Services, Greater Lansing Area *Highfields Preventing Sexual Assault Orientation Packet/Arabic and Spanish *PREA Juvenile Comprehensive Education Video *PREA Training Confirmation Forms *LanguageLine.com Website

115.316 (a) - The facility provided the Highfields' Freedom from Sexual Harassment/Abuse Policy to substantiate compliance with this provision. Page 3, Section A.4. states, "The information must be provided verbally and in written form, and the information is in a language and format that the client can understand. This will be accomplished with the assistance of an interpreter or other appropriate accommodations." The PREA Juvenile Comprehensive Education Video, produced by the PREA Resource Center, was also provided to substantiate compliance with this provision. The video is 14:46 in length and provides residents with information regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The video is age appropriate and communicates PREA information in simple language. The MDHHS Policies SRM 401 and 402 provide for services for disabled and limited English proficient individuals. The MDHHS Policy SRM 402, Pages 5 and 6 provides instructions for direct Human Services contractors to contact language interpretation services and how to bill MDHHS for the cost of the services. The MDHHS PREA Coordinator advised they have notified the Highfields that services for physically, intellectually, or mentally disabled residents are offered to them as a contractor. In the interview with the Agency Head, they indicated they have worked hard on signage, which are in both Spanish and English. They advised they have not had residents needing Braille, but they would ensure those materials would be available for those residents. The PREA Coordinator advised referrals to their program are made within their grid capabilities to ensure they are able to meet the needs of their students, and students outside their grid would not be referred and/or approved. The interview with a Resident With Disabilities or Limited English Proficient revealed staff read the PREA information to them, and they watched a video. The Resident With Disabilities advised they understood most of the information, but they do not feel there is anyone at the facility to help them read, write, speak or to explain things if they need help.

115.316 (b) - In addition to the aforementioned section of the Highfields' Freedom from Sexual Harassment/Abuse Policy, the facility provided Highfields Preventing Sexual Assault Orientation Packets in Arabic and Spanish to substantiate compliance with this provision. In addition, the facility provided the Interpretation and Translation Services, Greater Lansing Area list, which included a listing for LanguageLine.com for interpretation services. This auditor conducted an internet search of LanguageLine.com, and reviewed the services provided by this site. This service provides interpretation services in over 240 languages, including American Sign Language. Translation services are available 24 hours a day and are provided on a pay-per-use basis. The interview with a Resident With Disabilities or Limited English Proficient revealed staff read the PREA information to them, and they watched a video. The Resident With Disabilities advised they understood most of the information, but they do not feel there is anyone at the facility to help them read, write, speak or to explain things if they need help. It is noted this resident was proficient in the English language.

115.316 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 3, Section A.5. states, "The use of resident interpreters is prohibited except in

	<p>limited circumstances when delay in translation could compromise resident safety, the performance of first responder duties, or the investigation of a resident's allegations. Should this occur, it will be documented as to why a resident interpreter was needed." Random Staff advised they would not use another resident to interpret PREA information to a resident, nor had they seen that happen at the facility. The interview with a Resident With Disabilities or Limited English Proficient revealed staff read the PREA information to them, and they watched a video. The Resident With Disabilities advised they understood most of the information, but they do not feel there is anyone at the facility to help them read, write, speak or to explain things if they need help. It is noted this resident was proficient in the English language.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Administrative Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields Application for Employment *PREA Questionnaire *Highfields Policies and Procedures, Employee Handbook *Employee File Review <p><u>115.317 (a)</u> - The Highfields Application for Employment, Pages 3-4 states, "Pursuant to Section 115.317 of the Prison Rape Elimination Act (PREA), requires all applicants for employment with Highfields Residential Program to sign this Authorization and Release authorizing Highfields, Inc. to perform a criminal background record check before hiring any new employee and/or enlisting the services of any contractor who may have contract with residents. Additionally, the release authorizes Highfields, Inc. to continue to monitor current employees and conduct criminal background records check periodically. Section 115.317(a) prohibits hiring or promoting anyone who: (1) Has engaged in sexual abuse in a prison, jail, lookup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated</p>

to have engaged in the activity described in paragraph (a)(2) of this section." The facility also provided the PREA Questionnaire, which requires the applicant to answer questions (1) through (3) as previously noted. This auditor conducted 12 employee file reviews and found nine of the files contained the required questions completed by the applicant. It is noted two of the employee files reviewed belong to employees who were hired prior to PREA implementation.

115.317 (b) - Neither the Highfields Application for Employment nor the PREA Questions include the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Administrative Staff advised the facility would consider incidents of sexual harassment when making hiring decisions.

115.317 (c) - The Highfields Application for Employment, Page 4 states, "Pursuant to Section 115.317, Highfields, Inc. must not hire employees with backgrounds of sexual misconduct, must continue to monitor current employees for incidents of sexual misconduct, and must conduct background records check before hiring new employees. I hereby give Highfields, Inc. permission to do a background records check, consult any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local laws, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." The facility provided the associated applicant/employee authorization to conduct a criminal background check. The Highfields Policies and Procedures, Employee Handbook, Page 15, Background Screens Section states, "To assure that employees are of good moral character for working with children and youth, and to maintain compliance with state licensing requirements, Highfields performs various employee background screens (i.e., fingerprint, driving record, Central Registry Clearance, Sex Offender Registry, criminal background checks) prior to hiring and at regular intervals during employment. Fingerprinting is performed on an as-needed basis. Driving records are continually monitored." Administrative Staff advised the facility performs criminal record background checks, child abuse registry checks, and considers pertinent civil or administrative adjudications for all newly hired employees and contractors who may have contact with residents. They indicated they do not verify prior institutional employment. This auditor conducted 12 employee file reviews and found all of the files contained completed criminal background checks.

115.317 (d) - Administrative Staff advised the facility performs criminal record background checks, child abuse registry checks, and considers pertinent civil or administrative adjudications for all contractors who may have contact with residents. A review of the contractor's background check reflected criminal and child abuse registry checks were completed.

115.317 (e) - The Highfields Policies and Procedures, Employee Handbook, Page 15, Background Screens Section states, "To assure that employees are of good moral character for working with children and youth, and to maintain compliance with

state licensing requirements, Highfields performs various employee background screens (i.e., fingerprint, driving record, Central Registry Clearance, Sex Offender Registry, criminal background checks) prior to hiring and at regular intervals during employment." Administrative Staff advised they conduct criminal background and child abuse registry checks on every employee annually. They indicated they track the annual date for each employee by entering the dates into a database (ADP), and they print the report monthly to see which records need to be run.

115.317 (f) - The Highfields Policies and Procedures, Employee Handbook, Page 35-36, Misconduct Section states, "Type A offenses warrant disciplinary action up to and including immediate discharge, even on a first offense. Circumstances considered by Highfields when evaluating a Type A violation are the severity of the violation, the intention of the employee, disciplinary history, etc. The Human Resources department will be consulted in all instances involving Type A offenses. Examples include: 6. Failure to notify Highfields regarding arrest and/or conviction of a felony or of a founded case of abuse or neglect by the employee." Administrative Staff advised all new applicants are required to complete the PREA Questionnaire, and employees complete the questionnaire annually when they attend their PREA refresher training. They reported they do not require candidates for promotion to complete the PREA Questionnaire. Administrative Staff indicated employees have a continuing affirmative duty to report any misconduct.

115.317 (g) - The Highfields Application for Employment, Page 3, Applicant Statement states, "I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered." Administrative Staff indicated false information on an application is grounds for dismissal.

115.317 (h) - Administrative Staff advised they usually only tell other employers if a former employee is eligible for rehire, but they would release sexual abuse/sexual harassment information if they were provided a release of information signed by the former employee.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.317 (b) - Although Administrative Staff advised incidents of sexual harassment would be considered in hiring decisions, there is no way to know what to consider if the question is not asked. The facility will need to update the PREA Questionnaire to include a response from the applicant/employee regarding prior incidents of sexual harassment. The facility will need to provide the PREA Questionnaires for all new applicants between May 1 and August 30, 2024 to substantiate compliance with this provision.

115.317 (c) - The facility will need to implement the practice of verifying prior institutional employment as part of their hiring process. The facility will need to provide applications and institutional employment verification documentation for all new applicants between May 1 and August 30, 2024 to substantiate compliance

with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.317 (b) - The facility provided the updated PREA Questionnaire, which now includes a question regarding prior incidents of sexual harassment. The facility provided four updated PREA Questionnaires completed by four applicants who applied for employment subsequent to the issuance of the Interim Report. Each of the PREA Questionnaires contained the question regarding prior incidents of sexual harassment.

115.371 (c) - The facility provided four applications for employment completed since the issuance of the Interim Report. Two of the four applications listed prior institutional employment, and the facility provided documentation of attempts to verify prior institutional employment.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none">*Agency Head*Superintendent or Designee*Site Review <p><u>115.318 (a)</u> - The interviews with the Agency Head and Superintendent reflect they have not had an expansion or modification since August 20, 2012, other than converting resident housing to serve other agency needs.</p> <p><u>115.318 (b)</u> - The interviews with the Agency Head and Superintendent reflect they have recently added cameras to blind spots to eliminate concerns for potential sexual abuse in those areas. They indicated they now have a total of 25 cameras covering the two residential units, the dining hall, and the school building.</p>

115.321	Evidence protocol and forensic medical examinations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Interviews conducted:

- *PREA Compliance Manager
- *Investigative Staff
- *SAFE/SANE Staff
- *Random Staff
- *Resident Who Reported Sexual Abuse

Documents reviewed:

- *Pre-Audit Questionnaire
- *Highfields' Freedom from Sexual Harassment/Abuse Policy
- *Michigan Model Policy: The Law Enforcement Response to Sexual Assault

115.321 (a) - The facility indicated on the Pre-Audit Questionnaire that it is responsible for conducting administrative sexual abuse and sexual harassment investigations, and the Ingham County, Michigan Sheriff's Office would conduct any criminal investigation at the facility. The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section F.1. states, "Referrals for criminal investigations will be made to the Ingham County Sheriff's Department, when appropriate. The facility also provided the Michigan Model Policy: Law Enforcement Response to Sexual Assault document to substantiate compliance for this standard. The Michigan Model Policy is familiar to this auditor. It is specified for adults and young adults and is utilized by law enforcement agencies across the State of Michigan as a standard for sexual abuse investigations. This auditor made contact with an official with the Ingham County Sheriff's Office (ICSO) in reference to this provision. They indicated they would be responsible for conducting a criminal investigation for allegations of sexual abuse at the facility, but they did not believe they specifically followed the Michigan Model. The ICSO official indicated they would assign a detective that has extensive experience with handling sexual abuse investigations to respond to the facility and they would set up a forensic exam for anyone under 18. Random Staff members were able to articulate their role in protecting the scene of a sexual abuse incident and any potential physical evidence, but most staff members indicated they believed facility administration was responsible to conduct the criminal investigation.

115.321 (b) - The Michigan Model Policy: Law Enforcement Response to Sexual Assault is specified for adults and young adults and is utilized by law enforcement agencies across the State of Michigan as a standard for sexual abuse investigations. This auditor is satisfied the protocol is age-appropriate for the residents of

Highfields. The protocol is victim centered, taking into consideration various victim response to trauma, the preservation of physical evidence, SAFE/SANE exams, and the need for victim supportive services. The 79-page protocol is comprehensive and appears to be modeled after the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" publication or similar publications. As indicated in the analysis for 115.321 (a), it appears the ICSO may not use the Michigan Model Policy, and they did not provide another investigative protocol when requested.

115.321 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 11, Section 1.c. states, "If the assault is alleged to have occurred within the past 96 hours, the victim must be transported to Sparrow Hospital, St. Lawrence Campus Emergency Room for a forensic examination at no cost to the victim. If the assault is alleged to have occurred more than 96 hours earlier, the hospital is contacted for instructions. This auditor contacted the Forensic Nurse Examiner Program/ Emergency Services at the University of Michigan-Sparrow Hospital. They advised a facility resident would be brought to their emergency room for a SANE examination. They indicated their SANE Program is staffed seven days a week, 24 hours a day.

115.321 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 8, Section E.1. states, "The facility will provide an outside advocate, if requested by the victim, or qualified staff person, to accompany the victim through the forensic examination process and provide advocacy." The facility provided a document indicating the agency has off-campus community services in Lansing and Jackson, Michigan, where they employ Licensed Social Workers who are able to provide counseling and advocacy services for facility residents. The document also indicates the facility has an LL Counselor on campus who is available to assist facility residents. In a similar document, the facility reported it made contact with the Michigan State University (MSU) Center for Survivors-Safe Place and confirmed victim advocacy services and SANE examinations would be available for facility residents at no cost. The documents are signed by the PREA Compliance Manager and the PREA Coordinator. This auditor made contact with the MSU Center for Survivors-Safe Place and confirmed their program is a rape crisis center. They advised they would provide counseling and advocacy services for facility residents who experienced sexual abuse. These services include accompanying the resident to the SANE examination and investigative interviews. The MSU Center for Survivors-Safe Place indicated they would report to law enforcement if a resident under the age of 18 reported they were being sexually abused at the facility, and that they would disclose the limits of confidentiality to the resident. They advised their advocates are subject to background checks. The PREA Compliance Manager indicated a victim advocate from a rape crisis center is available to residents through the MSU program, as well as the community-based counselors at the off-site Highfields programs. They indicated they do not have an MOU with MSU and, as a result, they do not know if MSU's services comply with this provision. The Resident Who Reported Sexual Abuse indicated they did not speak to anyone but the PREA Compliance Manager after they reported the allegation.

115.321 (e) - As indicated in the analysis for 115.321 (d), an advocate from the MSU

	<p>Center for Survivors-Safe Place program would accompany a resident to the SANE examination and investigative interviews and provide counseling services. The PREA Compliance Manager indicated they always have staff available to assist a resident who experiences sexual abuse, and they could also request an outside advocate. The Resident Who Reported Sexual Abuse indicated they did not speak to anyone but the PREA Compliance Manager after they reported the allegation.</p> <p><u>115.321 (f)</u> - The facility provided an email correspondence with the Ingham County Sheriff's Office (ICSO) to substantiate compliance with this provision. However, the email does not address whether the ICSO would provide or coordinate the services of a victim resident for a facility resident. This auditor made contact with the ICSO and they advised they would utilize the services of a victim advocate through the MSU program or Small Talk when taking a victim through the forensic and investigative process. They indicated they would bring a facility resident to Small Talk for a forensic examination.</p> <p><u>115.321 (h)</u> - As indicated in the analysis for 115.321 (a), the MSU Center for Survivors-Safe Place program is a rape crisis center and services through this program are available to facility residents.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *Investigative Staff *Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *MDHHS Prison Rape Elimination Act (PREA) Investigation Tool <p><u>115.322 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 11, Section H states, "Each incident of alleged or reported sexual abuse, sexual assault/rape or sexual harassment must be investigated to the fullest extent</p>

possible." The facility reported administrative investigations were conducted into two allegations of sexual abuse over the 12 months prior to the on-site audit and provided the MDHHS Prison Rape Elimination Act (PREA) Investigation Tools associated with these allegations. The Agency Head advised all allegations are taken seriously and follow up is required. They indicated they have PREA staff who are trained to take the lead on investigations and the State PREA Coordinator, licensing, and law enforcement would also be involved. The Agency Head stated they do not close an investigation until the state PREA Compliance Monitor signs off on it. They advised any time there is an allegation or observation, it would immediately go to the Director of Residential (Superintendent), and the person on duty is responsible for reporting. The Agency Head stated the Superintendent would notify them and confirm the allegation was called in, and they would make sure the resident is safe and in no further danger or risk for retaliation.

115.322 (b) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section F.1. states, "Referrals for criminal investigations will be made to the Ingham County Sheriff's Department, when appropriate." The facility indicated it is responsible for administrative investigations on the Pre-Audit Questionnaire. The PREA Coordinator/PREA Compliance Manager/Investigative Staff advised that either the ICSO or the Michigan State Police would respond to the facility should they report a sexual abuse incident, but they have no way of knowing which entity will respond. The facility provided email correspondence with the ICSO, which requested a formal agreement for the ISCO to conduct criminal investigations in the event of a sexual abuse incident at the facility. The ICSO acknowledged receipt of the correspondence but provided no other information. As indicated in the analysis for 115.321 (f), this auditor made contact with the ICSO and received confirmation that they would conduct a criminal investigation for an incident of sexual abuse at the facility. Investigative Staff advised agency policy requires that allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and identified that entity as the ICSO. They advised all referrals for criminal investigation would be documented in the PREA Investigation Tool. It is noted this auditor was able to access the Highfields' Freedom from Sexual Harassment/Abuse Policy on the agency website.

115.322 (c) - As indicated in the analysis for 115.322 (b), the PREA Compliance Manager attempted communication to formalize an agreement for ICSO to conduct criminal sexual abuse investigations at the facility; however, the ICSO only replied with "received". It is noted this auditor was able to access the Highfields' Freedom from Sexual Harassment/Abuse Policy on the agency website, and the policy describes the responsibilities of both the agency and the ICSO.

115.331	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Interviews conducted:

*Random Staff

Documents reviewed:

*Pre-Audit Questionnaire

*Highfields' Freedom from Sexual Harassment/Abuse Policy

*The Prison Rape Elimination Act Employee Training Power Point

*Staff PREA Training Confirmation Forms

*Employee File Review

115.331 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5-6, Section C states, "All facility personnel, contractors, and volunteers must complete training for sexual assault/rape prevention, detection, incident response, and reporting. All facility staff, contractors, and volunteers must complete annual refresher training. At the conclusion of each training session, staff, contractors, and volunteers must sign that they attended and understood the training. This signature sheet will be kept in each staff personnel file as part of the permanent HR record." The Prison Rape Elimination Act Employee Training Power Point Training Curriculum covers the 11 training topics enumerated in this provision. The facility also provided training confirmation forms for PREA trainings occurring between January and February 2024. The training confirmation forms reflected 40 employees participated in the PREA trainings. Interviews with random staff members revealed they have been provided PREA training, including their requirement to report any information or knowledge of resident sexual abuse or sexual harassment, how to report it, and how residents can report sexual abuse or sexual harassment.

115.331 (b) - The Prison Rape Elimination Act Employee Training Power Point Training Curriculum addresses the prevalence of sexual abuse among adjudicated youth, resident factors that may contribute to incidents of sexual abuse, vulnerable populations, and considerations for lesbian, gay, bisexual, transgender, and intersex residents. The facility solely houses male residents; however, the training curriculum is not gender specific.

115.331 (c) - The facility advised on the Pre-Audit Questionnaire that employees receive PREA refresher training annually. As indicated in the analysis for 115.331 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 6, Section C states, "All facility staff, contractors, and volunteers must complete annual refresher training." The review of randomly selected employee files revealed documentation of annual refresher training.

115.331 (d) - As indicated in the analysis for 115.331 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 6, Section C states, "At the conclusion of each training session, staff, contractors, and volunteers must sign that they

	<p>attended and understood the training. This signature sheet will be kept in each staff personnel file as part of the permanent HR record." The PREA Training Confirmation Forms contain the statement, "I understand that I am accountable for the information contained in the PREA self-study and policy and confirm that I have functional competence in the areas covered." The training confirmation forms are signed and dated by the staff member participating in the training.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Contractor Who Has Contact With Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Contractor PREA Training Confirmation *The Prison Rape Elimination Act Employee Training Power Point <p><u>115.332 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5-6, Section C states, "All facility personnel, contractors, and volunteers must complete training for sexual assault/rape prevention, detection, incident response, and reporting. All facility staff, contractors, and volunteers must complete annual refresher training. At the conclusion of each training session, staff, contractors, and volunteers must sign that they attended and understood the training. This signature sheet will be kept in each staff personnel file as part of the permanent HR record." The facility reported utilizing the services of one contractor. The contractor, who provides counseling services for residents, confirmed they were required to complete PREA training. Facility administration reported there are no volunteers providing services at the facility.</p> <p><u>115.332 (b)</u> - The facility advised contractors are required to complete the same training as facility staff. The contractor indicated the training covered sexual abuse and how it is not tolerated in the facility, and to whom to report information regarding sexual abuse and sexual harassment. The contractor also noted the zero-tolerance policy is posted throughout the facility.</p> <p><u>115.332 (c)</u> - This auditor reviewed the PREA Training Confirmation dated January 31, 2024 for the contractor. The confirmation includes an acknowledgment of understanding and a list of first responder duties.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Intake Staff *Random Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *MDHHS SRM 400 Policy - Reasonable Accommodation *Highfields Preventing Sexual Assault Orientation Packet-English, Spanish, and Arabic *PREA Juvenile Comprehensive Education Video *Youth Signature Sheets for PREA Orientation *PREA Video Review Signature Sheets *Resident File Review *"Zero-Tolerance and "Sexual Abuse is NEVER OK" Posters <p><u>115.333 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 2-3, Section A.1 and 2 states, "During the intake process, the Highfields' Family Counselor reviews and completes with youth the Highfields Residential Treatment Programs PREVENTING SEXUAL ASSAULT Youth Orientation Packet. This orientation will take place within 72 hours of admittance." The Highfields Preventing Sexual Assault Orientation Packet provides comprehensive information regarding PREA and the associated definitions, the zero-tolerance policy, and how to report sexual assault, attempted assault, threats, and sexually acting out, and help for victims of sexual assault. The Youth Signature Sheets for PREA Orientation state, "I received orientation on the PREA expectations at Highfields on __. I understood the information that was presented." The signature sheet requires resident and staff signatures and date. The orientation packet information uses policy-type language and may not be easily understood by residents, especially cognitively disabled residents. Although there is a definition for resident-on-resident sexual harassment, there is only one mention of sexual harassment in the orientation packet, it may not be clearly distinguished, especially since it is missing from the title of the document. The interview with Intake Staff revealed they review the PREA policy for the campus, and they give residents the policy to keep. All of the residents at the</p>

facility indicated they received information about PREA and how to report sexual abuse or sexual harassment the first day they arrived at the facility.

115.333 (b) - The PREA Juvenile Comprehensive Education Video, produced by the PREA Resource Center, was provided to substantiate compliance with this provision. The video is 14:46 in length and provides residents with information regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. The interview with Intake Staff revealed they have the resident watch the comprehensive PREA education video as part of the intake process. All but one of the residents at the facility indicated they watched the PREA video on their first day at the facility.

115.333 (c) - The Youth Signature Sheets for PREA Orientation for residents admitted to the facility over the 12 months preceding the on-site audit and random resident file reviews reflect the signature sheets were dated on the same date as their intake into the facility.

115.333 (d) - The facility provided the Highfields Preventing Sexual Assault Orientation Packet in English, Spanish, and Arabic. The facility indicated it would utilize a sign language interpreter for deaf/hard of hearing residents and would utilize the family counselor to provide assistance to an intellectually disabled resident. The facility did not provide a resource for assisting blind/low vision residents in understanding the PREA information. However, the MDHHS PREA Coordinator advised that as a MDHHS contractor, Highfields is able to access resources for blind/low vision, limited reading skills or intellectually disabled residents through MDHHS, as provided in the MDHHS SRM 400 Policy. Page 1 of this policy states, "The obligation to provide appropriate services, policies, practices, and procedures to individuals in need of reasonable accommodations is required across all child welfare program areas, for both MDHHS and private child placing agencies and child caring institutions. All child welfare staff must review this policy item and the linked documents for details on meeting the obligations of providing appropriate services, policies, practices, and procedures, to individuals in need of reasonable accommodations."

115.333 (e) - The facility provided the PREA Video Review Signature Sheets for the nine residents present at the facility at the time of the on-site audit, and this auditor reviewed four files for residents discharged over the 12 months preceding the on-site audit. The signature sheets require resident and staff signatures and the date the video was watched. All of the nine residents present in the facility and the four file reviews reflected the resident signed the PREA Video Review Signature Sheet.

115.333 (f) - The facility's "Zero-Tolerance and "Sexual Abuse is NEVER OK" posters were observed throughout the facility, including the housing units, school, dining hall, and the administrative building. The posters provides the ways to report sexual abuse and sexual harassment, including the CPS Hotline for outside reporting.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.333 (a) - The facility needs to modify the language in the Highfields Preventing Sexual Assault Orientation Packet to be easily understood and age-appropriate for facility residents. The update needs to include definitions for staff-on-resident sexual harassment, retaliation, and staff neglect of duties that may have contributed to an incident of sexual abuse or sexual harassment; however, the definitions in the orientation packet need to be written in an age-appropriate manner and less like the agency PREA policy. The orientation packet must also add emphasis to reporting and zero tolerance for sexual harassment. Once the orientation packet has been updated and approved, it must be reviewed with and provided to facility residents, and proof of resident re-education must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.333 (a) - The facility provided the now titled "Highfields Preventing Sexual Abuse and Sexual Harassment Orientation Packet. The orientation packet has been reworded, using easy to understand language. The orientation packet includes definitions for staff-on-resident sexual harassment, retaliation, and staff neglect of duties that may have contributed to an incident of sexual abuse or sexual harassment, as well as an easier to understand definition of the facility's zero-tolerance policy for sexual harassment and how to report it. The facility also provided 12 resident acknowledgments for the review of the updated orientation packet.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Investigative Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Certificates of Completion, National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting

	<p><u>115.334 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 6, Section 3 states, "Staff that conduct administrative investigations into allegations of sexual abuse / sexual harassment must complete specialized training in how to conduct these investigations." The facility provided certificates of completion for the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting for the Superintendent, PREA Coordinator, and PREA Compliance Manager. Investigative Staff advised they have been trained on conducting investigations in a confinement setting.</p> <p><u>115.334 (b)</u> - The training curriculum for the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting training includes interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative Staff advised their training included the training topics required for this provision.</p> <p><u>115.334 (c)</u> - As indicated in the analysis for 115.334 (a), the facility provided documentation of Investigative Staff completing the required specialized training.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Medical/Mental Health Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Certificates of Completion, National Institute of Corrections, PREA 201 for Medical and Mental Health Practitioners *PREA Training Confirmation Forms <p><u>115.335 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 6, Section 3 states, "All full and part time medical and mental health care practitioners who work regularly with Highfields Residential residents must receive specialized training on: Detecting signs of sexual abuse, preserving physical evidence, effective response, and reporting. Training will be documented in</p>

personnel records." Interviews with one of the Medical/Mental Health Staff members reflected they received the specialized training required for this provision. This auditor requested to interview another Medical/Mental Health Staff member, but was advised that staff member was solely responsible for coordinating services with the contracted psychiatrist and did not have contact with the residents. This auditor made telephonic contact with that staff member and learned that there are times when they may need to speak with a resident in private regarding their medical or mental health issues. This auditor also identified another Medical/Mental Health Staff member through employee file reviews. The facility advised that staff member's role is to coordinate and review residents' overall health status and medication management as they move between placements. The facility indicated the only time this employee would be on campus would be to perform staff training on medication management. Contact with this Medical/Mental Health Staff member confirmed they do not have direct contact with residents.

115.335 (b) - The facility reported forensic medical examinations are not conducted by facility medical staff, and such examinations would be conducted at the hospital by SANE staff.

115.335 (c) - The facility provided certificates of completion for the National Institute of Corrections, PREA 201 for Medical and Mental Health Practitioners training for two facility Medical/Mental Health Staff members. A third certificate was provided for the facility's contracted psychiatrist; however, that certificate was for the specialized investigations training. This is not an issue for the purpose of this audit, as the contracted psychiatrist conducts all of their consultations with residents via Zoom and does not have face-to-face contact with residents.

115.335 (d) - The facility provided PREA Training Confirmation forms for the PREA training required annually for all employees who have contact with residents for three Medical/Mental Health Staff members. Interviews with Medical/Mental Health Staff revealed they also are required to take the annual PREA training for facility staff.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.335 (a) - Although the contact may not be frequent, the aforementioned Medical/Mental Health Staff member who coordinates services with the contracted psychiatrist does have occasional contact with residents. They may be in a position to observe behaviors indicative of sexual abuse or receive a report of sexual abuse or sexual harassment from a resident. That Medical/Mental Health Staff member will need to complete the specialized training for Medical/Mental Health practitioners. It is noted this auditor was provided training verification for the standard employee PREA training dated January 11, 2024, for this Medical/Mental Health Staff. Documentation of the completed training must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate

	<p>corrective actions taken for this standard.</p> <p><u>115.335 (a)</u> - The facility provided the Certificate of Completion for the PREA 201 for Medical and Mental Health Practitioners through the NIC Academy, dated July 2, 2024 for the aforementioned Medical/Mental Health Staff.</p> <p>Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Coordinator *PREA Compliance Manager *Staff Responsible for Risk Screening *Random Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Highfields' House Guidelines Policy *MDHHS Prison Rape Elimination Act (PREA) Screening Tools *Site Review *Resident File Reviews <p><u>115.341 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 4, Section B.2. states, "As part of a youth's intake, an assessment by Highfields Intake staff is completed using the 'PREA INTAKE SCREENING' to determine the potential risk of sexual vulnerability and propensity to victimize other youth, especially in regard to sexual behavior. This screening / assessment must occur within 72 hours of intake." Page 5, Section 6 of the same policy states, "Highfields Residential staff reviews placement and programming assignments at least quarterly in conjunction with treatment plan updates (based on incidents reported, supervision practices or issues, grievances and daily log review) to assess any threats to safety experienced by the client." The facility provided 31 risk screening</p>

tools for current and discharged residents at the facility over the 12 months preceding the on-site audit, with a few of those assessments occurring outside the 12-month period. All of the risk assessments are dated on the resident's listed date of entry into the program. There were no intakes taking place during the on-site audit; however, Intake Staff walked through the intake process with this auditor. Intake Staff advised they complete the risk screening tool for each resident as part of the intake process. Intake Staff advised resident intakes take place in the administration conference room, which affords privacy for the resident to answer the risk screening tool questions. They indicated they ask residents the screening tool questions and record their responses. Intake Staff reported they also take into consideration the information provided by the referral source to complete the risk assessment tool. This auditor reviewed ten current and discharged resident files and found six of the ten files contained reassessments.

115.341 (b) - The MDHHS Prison Rape Elimination Act (PREA) Screening Tool is broken down into four sections: I) Name, date of admission, date risk screening tool completed, assigned sex at birth, height, and weight; II) Youth Interview; III) Staff Observations and Case Record Review, and IV) Follow-Up. Section II requires staff to ask residents their preferred pronouns, how they identify and express their gender, their sexual orientation, who they are attracted to, current charges, whether the resident is in Special Education and the reason for the designation, whether the resident has been previously sexually victimized or been convicted/adjudicated for a sexual offense, and whether the resident was afraid of being targeted for sexual abuse while in placement. Section III requires staff to consider factors in the resident's record, observation of the resident, including whether staff observed the resident to present as gender-nonconforming, and the responses to the risk screening questions, and articulating whether special housing assignments are necessary. Section IV requires staff to record a date for a follow-up appointment with Medical/Mental Health Staff if they indicated they had a history of prior victimization or sexual perpetration. The risk screening tool requires a staff signature and date.

115.341 (c) - As indicated in the analysis for 115.341 (b), the risk screening tool requires staff to consider the 11 factors required by the provision. Staff Responsible for Risk Screening advised the risk screening tool considers past victimization, current charges, the way they identify themselves, mental health issues, size, and anything else that could impact safety.

115.341 (d) - Staff Responsible for Risk Screening advised they obtain the information to complete the risk screening from asking residents for the information, as well as reviewing the assessments and other prior records for the resident provided at the time of referral to the facility.

115.341 (e) - This auditor observed the location of the resident files, where the risk screening tools are maintained, during the Site Review. The resident files are kept in binders on the top of a file cabinet in a cubicle located behind the front desk. Closed resident files were observed to be kept in an unlocked file cabinet in the same cubicle area. Resident working files were observed inside the staff offices in

each of the two housing units. The Highfields' House Guidelines Policy requires staff offices to be locked when staff is not present in the housing unit. The PREA Coordinator advised the treatment team, which includes the family counselor, mental health staff, house staff, and themselves, has access to the resident risk screening tools. They advised the risk assessments are kept in the main case file in the Administrative Building, and part of the case file is copied and sent to the housing unit. The PREA Compliance Manager advised each resident has a file where the risk screening tool is kept, and a copy of the risk screening tool is made for the PREA Coordinator. They reported the resident files are maintained in the administrative office by the front desk in a file cabinet. Staff Responsible for Risk Screening advised they did not know if there is a policy regarding access to the risk screening tool, but they believe just the staff working with the resident would have access, including staff in the housing unit.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.341 (e) - Resident risk screening tools are not kept in a secured location. The current location behind the front desk in the Administrative Building does not provide adequate security for the sensitive information contained in the risk screening tools. The facility will need to maintain resident files, both active and closed, in a secured location in the Administrative Building, and proof of adequate secured storage is required for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.341 (e) - The facility provided photographs of the new file cabinets used to secure resident files containing resident risk screenings. The photographs show a vertical two-door file cabinet with a key lock for current resident files and a horizontal four-drawer locking file cabinet for closed files. The PREA Coordinator advised they will maintain a set of keys for the file cabinets, and Administrative Staff will maintain a second set of keys.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Interviews conducted:</u> *Superintendent or Designee

*PREA Coordinator

*PREA Compliance Manager

*Medical/Mental Health Staff

*Staff Responsible for Risk Screening

*Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Documents reviewed:

*Pre-Audit Questionnaire

*Highfields' Freedom from Sexual Harassment/Abuse Policy

*MDHHS Prison Rape Elimination Act (PREA) Screening Tools

115.342 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.3. states, "This assessment is used to determine appropriateness of placement, housing and High Alert Status. High Alert Status is designed to ensure resident safety and freedom from sexual abuse or harassment upon admittance into Highfields' program. How the information was used to inform bed, housing, and other assignments must be documented." The PREA Compliance Manager advised the information from the risk screening tool is used during treatment team, which includes facility administration and clinical staff, to determine the best place for the resident to be housed. They indicated the family counselor processes the risk screening tools and they use it in the initial treatment plan. The PREA Compliance Manager stated they would use the information from the risk screening tool to place a resident who may potentially be victimized separately from any resident who was sexually reactive. Staff Responsible for Risk Screening advised they use the risk screening tool in treatment team meetings to place residents in the appropriate rooms. They stated they would not put a potential victim in with a potential perpetrator. Staff Responsible for Risk Screening indicated the risk screening tool is also used to make staff aware of any potential issues with the resident for which they need to be aware.

115.342 (b) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.4. states, "Residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Such residents have access to legally required educational programming, special education services, and daily large-muscle exercise." The Superintendent and Medical/Mental Health Staff advised the facility does not utilize isolation housing, and this auditor observed no evidence of isolation housing during the Site Review. Based on the lack of isolation housing, the Staff who Supervise Residents in Isolation and Residents in Isolation interview protocols were not completed.

115.342 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page

5, Section B.5. states, "Utilizing a youth's LGBTQI status to place in a certain housing unit, room, group, etc. is strictly prohibited. The student's own view of his/her gender identity must be considered when determining placement. Youth must not be considered more likely to perpetrate sexual abuse solely because of LGBTQI identity." The PREA Coordinator advised the facility is very small, with only two housing units, and they would make housing decisions for transgendered/intersex/gay/lesbian/bisexual residents on an individual basis. The PREA Compliance Manager advised they do not have housing designated for transgendered/intersex/gay/lesbian/bisexual residents. They indicated they have two units and would not accept someone if they could not accommodate safety for all residents. The PREA Compliance Manager stated they would try to place a resident in their own room, if possible, but only if necessary and the circumstances dictated. The Transgendered/Intersex/Gay/Lesbian/Bisexual Resident advised they have not been put in a housing area only for gay, lesbian, transgender, intersex and bisexual residents.

115.342 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.5. states, "LGBTQI residents will be reviewed on a case by case basis." It appears this section of the policy refers to the housing designation of transgendered/intersex/gay/lesbian/bisexual residents. The PREA Compliance Manager advised they have not had a transgendered or intersex resident placed at the facility, but they would have to use the same principle for housing designations as they use for gay/lesbian/bisexual residents. They indicated they would try to provide an individual room under those circumstances. The interview with a Transgendered/Intersex Resident was not completed, as the facility reported no Transgendered/Intersex Residents housed at the time of the onsite audit, and this auditor received no information to the contrary. It is noted the facility houses an all-male population.

115.342 (e) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.6. states, "Highfields Residential staff reviews placement and programming assignments at least quarterly in conjunction with treatment plan updates (based on incidents reported, supervision practices or issues, grievances and daily log review) to assess any threats to safety experienced by the client." The PREA Compliance Manager advised placements for a transgendered/intersex resident would be reviewed on a daily basis. They advised they would watch for safety issues on every shift so any issues could be addressed immediately. Staff Responsible for Risk Screening advised a transgendered or intersex resident's views of their safety would be given serious consideration in placement and programming assignments.

115.342 (f) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.5. states, "The student's own view of his/her gender identity must be considered when determining placement." The PREA Compliance Manager advised they consider all factors when making housing decisions. Staff Responsible for Risk Screening advised a transgendered or intersex resident's views of their safety would be given serious consideration in placement and programming assignments. The interview with a Transgendered/Intersex Resident was not completed, as the facility reported no Transgendered/Intersex Residents housed at the time of the onsite

audit, and this auditor received no information to the contrary.

115.342 (g) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.5. states, "Highfields' facility is small and cannot accommodate separate housing or shower facilities however transgender and intersex youths will be provided with the opportunity to shower separately from other residents." The PREA Compliance Manager and Staff Responsible for Risk Screening advised all residents shower separately.

115.342 (h) - As indicated in the analysis for 115.342 (b), it appears the facility does not utilize isolation housing, and this auditor observed no evidence of isolation housing during the Site Review.

115.342 (i) - As indicated in the analysis for 115.342 (b), it appears the facility does not utilize isolation housing, and this auditor observed no evidence of isolation housing during the Site Review.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.342 (b) - Although it appears the facility does not utilize isolation as a housing designation, the Highfields' Freedom from Sexual Harassment/Abuse Policy infers that isolation is an available housing designation for residents who are at risk of sexual victimization. The policy needs to be updated to clearly state the facility does not utilize isolation as a housing designation and clarify the language regarding the housing designation for residents at risk of sexual victimization. The updated policy must be distributed to staff and proof of staff training on the updated policy must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.342 (b) - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 5, Section 4 of the policy now states, "Highfields does not utilize isolation as a housing designation. As a last resort we may temporarily place a resident, fully staffed, in the Dart Family Center or other designated area, if less restrictive measures are inadequate to keep residents at risk of sexual victimization safe and only until an alternative means of keeping all residents safe can be arranged." The facility also provided 35 Confirmation of PREA Policy Revisions documents signed by staff, which lists the added or changed policy language required for corrective action.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Compliance Manager *Random Staff *Random Residents *Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy * Highfields Preventing Sexual Assault Orientation Packet *PREA Postings *Site Review <p><u>115.351 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 3, Section A.2. states, "During the initial intake and orientation process, this packet is reviewed verbally with the youth and a hard copy is given to them to keep, read and refer to. The youth is asked to sign a written acknowledgement form for the sexual assault/rape portion of the orientation. The Orientation Packet includes the following information: a) The agency's zero-tolerance policy. b) Self-protection including avoiding risky situations related to sexual assault prevention/intervention. c) Reporting procedures; how to report rape, sexual activity, sexual abuse, or sexual harassment. d) Multiple reporting options at Highfields' include: 1) Verbally to any staff, counselor, or administrator; 2) in writing to any staff, counselor, or administrator; 3) in writing through the youth and family grievance process; 4) Externally by telephoning Children's Protective Services. Anonymous and third-party reports must also be accepted." The Highfields Preventing Sexual Assault Orientation Packet, Pages 2-3 states, "It is the responsibility of all residents of Highfields to immediately report sexual assault, attempted sexual assault, threats, sexual harassment, or sexual exploitation if it occurs or if it is suspected to have occurred. Youths reporting will be fully protected from retaliation, including retaliation from staff if staff is suspected of sexually inappropriate behavior or sexual assault. Youth must report violations or suspected violations to any staff, supervisor, or administrator. Reporting can be done verbally or in writing. Youths are encouraged to report directly and immediately to staff so that immediate steps may be taken to keep youths safe from sexual assault and/or investigate an actual occurrence." As noted in the analysis for 115.333, the orientation packet</p>

information uses policy-type language and may not be easily understood by residents, especially cognitively disabled residents, even if the information is read to the resident. The orientation packet does not discuss reporting retaliation or staff neglect of duties that may have contributed to an incident of sexual abuse/sexual harassment. The "Zero Tolerance" poster lists reporting options for residents, including telling staff, the PREA Compliance Manager and writing a grievance. The "Zero Tolerance" poster does not discuss reporting retaliation or staff neglect of duties that may have contributed to an incident of sexual abuse/sexual harassment. Random Staff indicated residents can report sexual abuse or sexual harassment by telling staff or their caseworker, requesting to talk to a supervisor, or writing a grievance. Interviews with Random Residents revealed they could report sexual abuse/sexual harassment to a staff member or write a grievance.

115.351 (b) - The facility reported the MDHHS CPS Hotline as its external reporting mechanism for sexual abuse and sexual harassment allegations. As indicated in the analysis for 115.351 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy includes the CPS Hotline as an external reporting method for residents to report sexual abuse/sexual harassment. The "Zero Tolerance" poster prominently displays the CPS Hotline toll free number to report sexual abuse or sexual harassment. The Highfields Preventing Sexual Assault Orientation Packet makes mention of the CPS Hotline in the first paragraph on Page 3, but the orientation packet does not provide the telephone number to contact the CPS Hotline. This auditor made a test call to the CPS Hotline to test their outside reporting mechanism on April 2, 2024, at 1:00 PM. The PREA Compliance Manager and Superintendent reported they received notification of the test call on the same date at 1:23PM and 1:28PM, respectively. The PREA Compliance Manager advised they have signage with the 800 number to call to the MSU Sexual Advocacy Program or the CPS Hotline. The PREA Compliance Manager advised residents can ask to make a call to the CPS Hotline from any staff member or member of management and say they want to talk to someone privately. The PREA Compliance Manager stated they have not had any reports made to the CPS Hotline, but they always tell the Hotline they would like a report if they are called. They indicated residents would have to request a call to the CPS Hotline and staff would have to dial the number for them. The PREA Compliance Manager reported residents would be given privacy to make a call the CPS Hotline. In discussing the issue of resident access to the CPS Hotline, it was determined the only reason residents would ask to call the CPS Hotline would be to report sexual abuse or sexual harassment. None of the Random Resident interviews reflected they would contact the CPS Hotline as an outside reporting mechanism to report sexual abuse or sexual harassment. Random Residents indicated they could report to family or caseworkers if they wanted to make a report to someone outside the facility, and they were aware they could make an anonymous report.

115.351 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section F.1.and 2. states, "1. Staff/First Responder receiving a report made verbally, in writing, anonymously, or from a third party of a sexual assault/rape or

attempted sexual assault/rape, or staff neglect and/or violation of responsibility that contributes to the abuse, or staff that become aware of sexual activity between clients or between a client and staff, contractor, visitor, or volunteer must immediately report this event to their supervisor. The staff and/or site supervisor will immediately separate the alleged victim and abuser. The site supervisor must immediately relay the report to the Facility Director or designee. That administrator is responsible for notifying DCWL (Licensing, formerly BCAL). Referrals for criminal investigations will be made to the Ingham County Sheriff's Department, when appropriate. 2. The staff member receiving the report of actual or suspected sexual abuse or rape must complete and submit an Incident Report before the end of their work shift and must complete a DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours of becoming aware of the incident." Random Staff indicated residents can report sexual abuse or sexual harassment verbally, in writing, anonymously, and through third parties. Random Staff also indicated they would document the report. The majority of Random Residents indicated they could make reports of sexual abuse or sexual harassment in person, in writing, or a friend or relative could make the report for them.

115.351 (d) - The PREA Compliance Manager advised they inform residents how to write a grievance and put it in the box or hand it to staff, personal advocate, or anyone on the management team. They reported a grievance can be written or drawn on any piece of paper, and that every student has a journal with paper in it. The PREA Compliance Manager advised the actual grievance forms are kept in the staff office or in the house/administration office and a resident would have to request the form. They indicated residents are allowed to keep pens or markers in their possession. The Resident Who Reported Sexual Abuse advised staff assisted them in making a written report. During the Site Review, this auditor observed locked grievance boxes in both residential units, the school building, Administration, and the dining hall.

115.351 (e) - The facility provided the Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section F.1, as noted for the analysis for 115.351 (c), to substantiate compliance with this provision. However, this section of policy does not describe how staff can privately report sexual abuse and sexual harassment of residents. The Prison Rape Elimination Act (PREA) Employee Training, Slide #75, describes ways for employees to report, which include reporting to a supervisor, the PREA Compliance Manager, or the Hotline. Random Staff advised they could privately report by asking to speak with their supervisor privately or contact the hotline number.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.351 (a) - The facility needs to modify the language in the Highfields Preventing Sexual Assault Orientation Packet to be easily understood and age-appropriate for facility residents. The update needs to include definitions for staff-on-resident sexual harassment, retaliation, and staff neglect of duties that may have contributed to an incident of sexual abuse or sexual harassment; however, the definitions in the orientation packet need to be written in an age-appropriate manner and less like the

agency PREA policy. The orientation packet also must discuss how to report retaliation and staff neglect of duties that may have contributed to an incident of sexual abuse or sexual harassment. The "Zero Tolerance" poster must also be updated to include reporting retaliation and staff neglect of duties. Once the orientation packet and "Zero Tolerance" poster have been updated, they must be reviewed with and provided to facility residents, and proof of resident re-education must be provided for compliance with this provision.

115.351 (b) - Residents do not appear to be familiar with the CPS Hotline as an outside reporting mechanism. At present, it appears residents would only contact the CPS Hotline to report sexual abuse or sexual harassment, which does not allow reasonable privacy to report. Residents must be informed they may call the CPS Hotline to report any abuse or neglect occurring in the facility, not just sexual abuse or sexual harassment. This will allow for some level of anonymity as to the purpose of the resident's call. The updated Highfields Preventing Sexual Assault Orientation Packet must be distributed to residents and proof of resident reeducation on the updated orientation packet and CPS Hotline calls must be provided for compliance with this provision. In addition, the "Zero Tolerance" poster need to be updated to specify that the CPS Hotline can be contacted to report any type of abuse or neglect. Once the orientation packet and "Zero Tolerance" poster have been updated, they must be reviewed with and provided to facility residents, and proof of resident re-education must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.351 (a) - The facility provided the updated the now titled "Highfields Preventing Sexual Abuse and Sexual Harassment Orientation Packet. The orientation packet has been reworded, using easy to understand language. The orientation packet includes definitions for staff-on-resident sexual harassment, retaliation, and staff neglect of duties that may have contributed to an incident of sexual abuse or sexual harassment, as well as an easier to understand definition of the facility's zero-tolerance policy for sexual harassment and how to report it. The facility also provided 12 resident acknowledgments for the review of the updated orientation packet.

115.351 (b) - The aforementioned Highfields Preventing Sexual Abuse and Sexual Harassment Orientation Packet, Page 3, now includes the instruction that the CPS Hotline can be contacted to report any abuse or neglect, not just sexual abuse or sexual harassment. As previously indicated, the facility also provided 12 resident acknowledgments for the review of the updated orientation packet. The facility also provided the updated "Zero Tolerance" poster, which now includes the information that the CPS Hotline can be contacted to report any abuse or neglect.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Highfields' Grievance Policy *"Zero Tolerance" Poster <p><u>115.352 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 8-9, Section E.6. states, "Client Grievances related to sexual abuse allegations: • A grievance alleging sexual abuse can be filed at any time regardless of when the incident allegedly occurred..." Page 2 of the Highfields' Grievance Policy provides the policy regarding Grievance Alleging Sexual Abuse or Harassment. The "Zero Tolerance" Poster includes writing a grievance as a way to report sexual abuse or sexual harassment.</p> <p><u>115.352 (b)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 8-9, Section E.6. states, "Client Grievances related to sexual abuse allegations: • A grievance alleging sexual abuse can be filed at any time regardless of when the incident allegedly occurred... • There is no requirement that youth use an informal process for resolving grievances alleging sexual abuse or sexual harassment." The Highfields' Grievance Policy, Page 2, Grievance Alleging Sexual Abuse or Harassment, third bullet point states, "This grievance can be filed at any time regardless of when the incident allegedly occurred."</p> <p><u>115.352 (c)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 8-9, Section E.6. states, "Client Grievances related to sexual abuse allegations: • A grievance alleging sexual abuse or sexual harassment does not have to be submitted to the person that is the subject of the allegation." The Highfields' Grievance Policy, Page 2, Grievance Alleging Sexual Abuse or Harassment, fifth bullet point states, "A grievance alleging sexual abuse is not to be referred to the staff member against whom the allegation is made."</p> <p><u>115.352 (d)</u> - The Highfields' Grievance Policy, Page 2, Grievance Alleging Sexual Abuse or Harassment, eighth and ninth bullet points state, "Grievances alleging past sexual abuse, and requiring a full investigation, possibly including outside agencies, will be completed within 90 days from the filing of a grievance; A request for extension of the 90-day grievance response period must be approved by the</p>

Residential Director..." The facility reported no grievances alleging sexual abuse over the 12-month period prior to the on-site audit, and a review of the grievances filed over that time period did not reveal any sexual abuse grievances. The Resident Who Reported a Sexual Abuse indicated they were told of the outcome one week after making the report.

115.352 (e) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 8-9, Section E.6. states, "Third party grievances alleging sexual abuse are accepted. The facility allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of a resident. Regardless of whether or not the resident agrees to have the grievance filed on their behalf." The Highfields' Grievance Policy, Page 2, Grievance Alleging Sexual Abuse or Harassment, tenth through twelfth bullet points state, "A third party (fellow resident, staff member, family members, attorneys, and outside advocates may assist residents in filing grievances regarding sexual assault, and to file grievance on behalf of the resident; The agency will document if the resident declines to have third party assistance in filing a grievance alleging sexual abuse; Parents or legal guardians may file a grievance alleging sexual abuse, including appeals, on behalf of a resident regardless of whether or not the resident agrees with the filing." During the Site Review, this auditor observed a locked clear acrylic box marked "Family Grievances" in the Administration office, outside the administration conference room. The facility reported no grievances alleging sexual abuse over the 12-month period prior to the on-site audit, and a review of the grievances filed over that time period did not reveal any sexual abuse grievances.

115.352 (f) - The Highfields' Grievance Policy, Page 2, Grievance Alleging Sexual Abuse or Harassment, eighth bullet point states, "Emergency grievances, whereas the youth feels they are in imminent danger of sexual abuse, will be expedited. Those grievance will have a final decision within 5 days." This section of policy does not address the requirement to provide an initial response within 48 hours. The facility reported no emergency grievances alleging imminent danger of sexual abuse over the 12-month period prior to the on-site audit, and a review of the grievances filed over that time period did not reveal any sexual abuse grievances. According to the PREA Compliance Manager, all grievance boxes are checked daily by either themselves or another member of management, and they would be able to quickly identify an emergency grievance alleging imminent danger of sexual abuse.

115.352 (g) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 3, Sections A.2.h. and i. state, "During the initial intake and orientation process, this packet is reviewed verbally with the youth and a hard copy is given to them to keep, read and refer to. The youth is asked to sign a written acknowledgement form for the sexual assault/rape portion of the orientation. The Orientation Packet includes the following information: h) Disciplinary action(s) for making false allegations. i) Clients will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred, and the allegation was made in good faith." The facility reported no grievances alleging

sexual abuse over the 12-month period prior to the on-site audit, and a review of the grievances filed over that time period did not reveal any sexual abuse grievances or discipline associated with filing a grievance in bad faith.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.352 (f) - The facility will need to update the Highfields' Grievance Policy to include the facility with provide an initial response within 48 hours to an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse. The facility will need to provide the updated policy for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.352 (f) - The facility provided the updated Highfields' Grievance Policy. Page 2, Grievances Alleging Sexual Abuse or Harassment section, eighth bullet point states, "Emergency grievances, whereas the youth feels they are in imminent danger of sexual abuse, will be responded to initially within 48 hours, and will have a final decision within 5 days."

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent *PREA Compliance Manager *Random Residents *Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy

*Highfields Preventing Sexual Assault Orientation Packet

*Highfields Phoenix Program, Students Overcoming Adversity Student Orientation Manual

*"Zero Tolerance" Poster

*Highfields Facility-Generated Statements dated February 9, 2024

*Site Review

115.353 (a) - The facility provided the Highfields' Freedom from Sexual Harassment/Abuse Policy to substantiate compliance with this provision. Page 8, Sections E.2. and E.3. make reference to providing an outside advocate, if requested by the victim, or qualified staff person, to accompany the victim through the forensic examination process and provide advocacy, and that clients must be informed, prior to giving them access to outside victim advocates for emotional support services related to sexual abuse, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility also provided the Highfields Preventing Sexual Assault Orientation Packet to substantiate compliance with this provision. The orientation packet mentions Highfields provides access to outside victim advocate services for emotional support related to sexual abuse and that the contact information for these services are posted in areas accessible to youth and families. The "Zero Tolerance" poster lists the addresses and telephone numbers for the Highfields community-based services and the MSU Sexual Assault Program. As noted in the Site Review analysis, the "Zero Tolerance" poster was observed posted throughout the facility. The PREA Compliance Manager advised a resident would be provided privacy if they requested a phone call to outside supportive services. Interviews with Random Residents reflected they either did not know about outside supportive services or that staff would be present and listen if they wanted to contact an outside supportive service. The Resident Who Reported Sexual Abuse indicated they were aware of the MSU Sexual Assault Program and that they would be allowed to have a private call to those services from the office in the housing unit. They advised they did not have contact with the MSU program in relation to their reported allegation.

115.353 (b) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 8, Section E.3. states, "Clients must be informed, prior to giving them access to outside victim advocates for emotional support services related to sexual abuse, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Clients age 18 and older must give written informed consent before medical/mental health personnel engage in reporting regarding victimization occurring outside of a facility or institutional setting." Neither the Highfields Preventing Sexual Assault Orientation Packet nor the "Zero Tolerance" poster addresses the privacy of or limitations to confidentiality for contact with outside supportive services. As indicated in the analysis for 115.353 (a), Random Residents believe contact with outside supportive services would not be confidential because

staff would be listening. As previously indicated, the Resident Who Reported Sexual Abuse believed they could have a private conversation with outside supportive services in the housing unit office, but they did not request contact with outside supportive services.

115.353 (c) - The facility provided two facility-generated statements dated February 9, 2024 to substantiate compliance with this provision. The statements address the MSU Center for Survivors-Safe Place and the Highfields community-based counseling services and are signed by the PREA Coordinator and PREA Compliance Manager. The PREA Coordinator indicated the statement regarding the MSU program was generated to reflect their conversation with the MSU program. However, neither of these documents equate to a Memorandum of Understanding (MOU), nor are they reflective of communications attempting to enter into an MOU for services.

115.353 (d) - The facility provided the Highfields Phoenix Program, Students Overcoming Adversity Student Orientation Manual to substantiate compliance with this provision. Page 2 of the manual, third paragraph states, "We want your family to visit you and the campus and talk to with staff as many times as possible. There is more information about family and visits in another part of this handbook." Page 4 of the manual, third paragraph states, "Approved case related professionals are allowed to visit you during your residential stay. This could include your lawyer/GAL (Guardian ad litem), Probation officer, Caseworker, Clergy/Minister, Counselor(s), Therapist, or School Staff. Whenever you need to speak with a professional involved with your case, just ask the Residential Manager or program staff and we will do our best to arrange this." It is noted there was no further mention of family visitation in the manual this auditor was provided. The Superintendent and PREA Compliance Manager advised residents are able to have confidential contact with their attorneys, and they are allowed telephone and in-person contact with their parents or legal guardians. Interviews with random residents revealed they are able to contact their attorneys upon request. Random Residents indicated they can have telephone contact with their parents/legal guardians three to four times per week, as well as in-person visits from parents/legal guardians. The Resident Who Reported Sexual Abuse indicated they could have confidential contact with their attorney, and would have been allowed to talk to their parent or legal guardian.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.353 (b) - The facility needs to inform residents about the privacy of and limitations to confidentiality for contact with outside supportive services. Residents do not appear to understand they may have private conversations with outside supportive services, and if they believe staff would listen to that conversation, they may be hesitant to make contact with outside supportive services. Residents also need to understand that an outside victim advocate or counselor would have to comply with mandatory reporting laws. It is recommended this information be included in the update to the Highfields Preventing Sexual Assault Orientation Packet. The updated Highfields Preventing Sexual Assault Orientation Packet (or alternate method to educate residents) and proof of resident education on the

updated information must be provided for compliance with this provision.

115.353 (c) - The facility will need to attempt to enter into an MOU with the MSU Center for Survivors-Safe Place, and document communication with the MSU program in relation to those efforts. The facility will need to provide documentation of efforts to enter into an MOU with the MSU program, as well as any resulting MOU, for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.353 (b) - The facility provided the updated Highfields' Preventing Sexual Abuse and Sexual Harassment Orientation Packet. Page 3, Help and Counseling for Victims of Sexual Abuse and Sexual Harassment section now states, "Highfields provides access to outside victim advocate services for emotional support related to sexual abuse. Victim advocates and counselors comply with mandatory reporting laws. Youth will be allowed a confidential space to speak openly, without the presence of staff, while remaining within line of sight." The facility also provided 12 resident acknowledgments for the review of the updated orientation packet.

115.353 (c) - The PREA Coordinator advised this auditor post-on-site audit that the MSU Center for Survivors-Safe Place would no longer be an option for services to facility residents. The facility initially provided email documentation of its efforts to enter into an MOU with Small Talk Childrens' Advocacy Center. However, after several attempts to enter into an MOU with Small Talk, it was determined the agency would not be able to provide the required services to facility residents. As a result, the facility engaged End Violent Encounters (EVE), the rape crisis center for Ingham County, Michigan, where the facility is located, to provide outside support services for facility residents. This auditor reviewed the EVE website and found the program to be a rape crisis center, providing services that meet the requirements of this provision. The PREA Coordinator provided email documentation of attempts to enter into an MOU with EVE: however, they have not been able to complete the MOU as of the time of this writing. Based on the email communications with EVE, this auditor is confident an MOU will be entered into in the near future.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documents reviewed:</u>

	<p>*Pre-Audit Questionnaire</p> <p>*Agency Website</p> <p>*Highfields, Inc. Prison Rape Elimination Act (PREA) 2023 Annual Reporting and Data Report</p> <p><u>115.354 (a)</u> - The Highfields, Inc. Prison Rape Elimination Act (PREA) 2023 Annual Reporting and Data Report was located on the agency's website. Page 1, Reporting Sexual Abuse or Harassment section lists the ways residents can report sexual abuse or sexual harassment, including internal and external methods of reporting. This section of the report also states, "Youth's family members and the public are also encouraged to report suspected sexual abuse or harassment of youth in custody. Anonymous and third-part reports are accepted. The MDHHS Children's Protective Services line, 1-855-444-3911, can be utilized at any time to report suspected abuse or neglect of children, including sexual abuse."</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Compliance Manager *Medical/Mental Health Staff *Random Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Highfields Reporting Suspected Child Abuse or Neglect Policy <p><u>115.361 (a)</u> - The facility provided the Highfields Reporting Suspected Child Abuse or Neglect Policy to substantiate compliance with this provision. However, this policy does not cover the mandatory reporting of sexual harassment, retaliation, or staff neglect of duties that may have contributed to an incident of sexual abuse. The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section F.1, states, "Staff/First Responder receiving a report made verbally, in writing, anonymously, or from a third party of a sexual assault/rape or attempted sexual assault/rape, or staff neglect and/or violation of responsibility that contributes to the</p>

abuse, or staff that become aware of sexual activity between clients or between a client and staff, contractor, visitor, or volunteer must immediately report this event to their supervisor. The staff and/or site supervisor will immediately separate the alleged victim and abuser. The site supervisor must immediately relay the report to the Facility Director or designee. That administrator is responsible for notifying DCWL (Licensing, formerly BCAL). Referrals for criminal investigations will be made to the Ingham County Sheriff's Department, when appropriate." This section of policy does not address the requirement for staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual harassment or retaliation against residents or staff who reported. Interviews with Random Staff revealed they are aware they are required any information regarding sexual abuse, sexual harassment, and retaliation against a resident, as well as any staff violation of policy or neglect of duties that contribute to an incident of sexual abuse or sexual harassment.

115.361 (b) - The Highfields Reporting Suspected Child Abuse or Neglect Policy, Page 1, Cliff Notes Section, #1 states, "You are considered a MANDATORY REPORTER and are required by law to report any suspected child abuse or neglect." The next paragraph states, "According to the Michigan Child Protection Law (Act #238, 1975), any social worker, regulated child care provider, counselor, or teacher is required to report any suspected child abuse or neglect. Because Highfields' Residential Program is licensed by the State of Michigan, staff are "mandatory reports" and as such, are required by law to report any and all suspected abuse and/or neglect." The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 2, First Responder definition states, "Includes any/all agency personnel to whom an incident or report of alleged sexual abuse, or any other form of abuse/neglect of youth is reported. This includes staff's own observation or suspicion, direct report (verbal or written) from youth or third parties of abuse or neglect in accordance with Mandated Reporting laws and agency policies." Interviews with Random Staff members reflected their PREA training included mandated reporting training.

115.361 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 11, Section H states, "Apart from reporting to the designated supervisors or officials' staff must not discuss the details of sexual abuse reports with anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary to inform further actions that must be taken, such as separation of victims and perpetrators, facilitating for victim medical needs, etc." One of the eight Random Staff members interviewed indicated they were not allowed to discuss the details of a sexual assault incident with anyone without a need to know.

115.361 (d) - Medical/Mental Health Staff advised they are required to report any knowledge, suspicion, or information they receive regarding a resident being sexually abused or sexually harassed to facility supervisors. They also advised they are mandated reporters and are required to report any child abuse to Child Protective Services. Medical/Mental Health Staff indicated they discuss the limitations of confidentiality and their duty to report sexual abuse and sexual

harassment of residents at the time they initiate services. They also advised they would remind residents of that requirement if it sounded like a resident was going to make such a disclosure. The facility reported no sexual abuse or sexual harassment incidents reported to Medical/Mental Health Staff over the past 12 months and, as a result, documentation review of such reports was not conducted.

115.361 (e) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 10, Section F.7. states, "The Facility Director, Program Manager or designee ensures that incidents of sexual abuse/rape, findings from investigations, and other pertinent information is reported to the client's Court of jurisdiction, the client's worker, the client's parent or legal guardian, the child's attorney (if the child/family has an attorney) within 14 days and to DCWL." The PREA Compliance Manager advised they would immediately report an incident of sexual abuse to the Superintendent and PREA Coordinator. They indicated they would advise a resident's caseworker as soon as they have the information. The PREA Compliance Manager stated they give themselves 24 hours to notify all parties, but notification would usually be made before the day was over. They advised they have not had an issue involving an attorney, so they would talk to the caseworker about who needed to be notified. The Superintendent indicated they would notify their PREA consultant, local police for a criminal investigation, and licensing in the event of a sexual assault incident. They advised they would notify a resident's caseworker, if the victim is under the guardianship of the child welfare system, before the end of the shift. The Superintendent advised they would also notify a resident's attorney if they have the attorney's contact information.

115.361 (f) - The facility reported to sexual abuse allegations over the 12 months preceding the on-site audit. A review of the investigative reports for the two allegations reflected the Superintendent and PREA Compliance Manager, who are the facility's designated investigators, were contacted within minutes of the allegation being reported. The Superintendent advised all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to designated facility investigators.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.361 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy needs to be updated to include the mandatory reporting of any information regarding the sexual harassment of residents and retaliation against residents or staff who reported sexual abuse or sexual harassment. The updated policy must be distributed to staff and proof of staff training on the updated policy must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.361 (a) - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 9, Section F.1. now includes the required reporting

	<p>of sexual harassment of residents and retaliation against residents or staff who reported sexual abuse or sexual harassment. The facility also provided 35 Confirmation of PREA Policy Revisions documents signed by staff, which lists the added or changed policy language required for corrective action.</p> <p>Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *Superintendent or Designee *Random Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy <p><u>115.362 (a)</u> - The facility provided the Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section E.6., which details the response to emergency grievances. The policy does not speak to staff requirements if they learn a resident is subject to a substantial risk of imminent sexual abuse through other sources of information. The Agency Head and Superintendent advised they would expect staff to immediately separate the youth from the alleged perpetrator until an investigation and safety plan could be completed in incidents involving imminent sexual abuse of a resident. Random Staff advised they would immediately separate the alleged victim and perpetrator, make other staff and a supervisor aware of the situation, and document the incident. It appears staff has an understanding of the necessity to act immediately upon learning a resident is at substantial risk of imminent sexual abuse.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p><u>Interviews conducted:</u></p> <p>*Agency Head</p> <p>*Superintendent</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Highfields' Freedom from Sexual Harassment/Abuse Policy</p> <p><u>115.363 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 10, Section F.9. states, "If a report is received of sexual abuse from another facility, the facility Director must report Director-to-Director to the other facility within 72 hours. (All other applicable reporting requirements still apply.)" The facility reported no such incidents over the 12 months preceding the on-site audit.</p> <p><u>115.363 (b)</u> - As indicated in the analysis for 115.363 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy requires Director-to-Director notification within 72 hours.</p> <p><u>115.363 (c)</u> - The facility reported no such incidents over the 12 months preceding the on-site audit. The PREA Coordinator advised this notification would be documented in an email.</p> <p><u>115.363 (d)</u> - The facility reported no such incidents over the past 12 months and, as a result, documentation review of such reports was not conducted. The Agency Head advised they would see when the youth was in the facility, preserve any video, check to see if there was another student involved and if the victim and perpetrator were in the facility at the same time, and gather enough information to hand off for an investigation. The Agency Head reported they had a situation where a former student who ended up in the adult system made an allegation of sexual abuse at Highfields that occurred several years prior. He advised they conducted an investigation and reported to the Michigan Department of Corrections. The Superintendent indicated an allegation reported by another facility would be investigated in the same way as an allegation reported at the facility, with the parties and information to which they still had access. The Superintendent referenced the same allegation mentioned by the Agency Head, but advised he did not have direct knowledge because he was not in his current position at the time the allegation was reported.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews conducted:

*Security and Non-Security Staff First Responders

*Random Staff

*Resident Who Reported Sexual Abuse

Documents reviewed:

*Pre-Audit Questionnaire

*Highfields' Freedom from Sexual Harassment/Abuse Policy

*MDHHS Prison Rape Elimination Act (PREA) Investigation Tool

*Prison Rape Elimination Act Employee Training Power Point

*PREA Training Confirmation Forms

115.364 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 9, Section F.1. states, "Staff/First Responder receiving a report made verbally, in writing, anonymously, or from a third party of a sexual assault/rape or attempted sexual assault/rape, or staff neglect and/or violation of responsibility that contributes to the abuse, or staff that become aware of sexual activity between clients or between a client and staff, contractor, visitor, or volunteer must immediately report this event to their supervisor. The staff and/or site supervisor will immediately separate the alleged victim and abuser. The site supervisor must immediately relay the report to the Facility Director or designee. That administrator is responsible for notifying DCWL (Licensing, formerly BCAL). Referrals for criminal investigations will be made to the Ingham County Sheriff's Department, when appropriate." Section F.3. of the policy states, "If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape occurred within the last 96 hours, the Facility Director or designee must make immediate arrangements to transport the client to Sparrow Hospital, St. Lawrence Campus at 1210 W. Saginaw Hwy. Lansing, MI) emergency room for a rape kit and the area where the incident occurred must be secured for evidence collection. First responder staff will act to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. This may include requesting that the alleged victim or abuser not take any actions that could destroy evidence; including as appropriate, washing, brushing teeth changing clothing, urinating, defecating, smoking, drinking or eating. This may also include prohibiting the alleged perpetrator from washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, also to avoid possible destruction of evidence. If it is believed or determined that a sexual assault/rape occurred more than 96 hours previous, the hospital will be contacted for further instructions." The facility indicated there were no allegations of sexual abuse in the 12 months preceding the on-site audit on the Pre-Audit Questionnaire. However, the facility provided two MDHHS Prison Rape Elimination Act (PREA) Investigation Tools for allegations occurring over the past 12 months. In both of these instances, the alleged victims

and perpetrators were already separated to different housing assignments, and the time between the alleged incidents and the time of the reports did not allow for physical evidence collection. Security and Non-Security Staff First Responders advised they would protect the scene and would not let the victim or perpetrator wash or use the bathroom. The Resident Who Reported Sexual Abuse advised he was told they were under an investigation and was told not to tell anyone. They indicated they were asked what happened, then they had to wait until the investigation was over. The Resident Who Reported Sexual Abuse stated they were later told no evidence was found.

115.364 (b) - The facility reported all staff members at Highfields, contractors and volunteers are trained as security staff in relation to PREA on the Pre-Audit Questionnaire. The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 5-6, Section C.1. states, "All facility personnel, contractors, and volunteers must complete training for sexual assault/rape prevention, detection, incident response, and reporting. All facility staff, contractors, and volunteers must complete annual refresher training. At the conclusion of each training session, staff, contractors, and volunteers must sign that they attended and understood the training. This signature sheet will be kept in each staff personnel file as part of the permanent HR record." As indicated in the analysis for 115.331 and 115.332, this auditor reviewed PREA training records for facility staff and a contractor for the 12 months preceding the on-site audit, as well as the Prison Rape Elimination Act Employee Training Power Point. Slides 79-80 of the Power Point reflect anyone can be considered a first responder to know information or to come upon an incident and details the steps for a first responder to take in the event of a sexual abuse incident. Security and Non-Security Staff First Responders advised they would protect the scene and would not let the victim or perpetrator wash or use the bathroom. Random Staff indicated they would separate the parties, protect the scene, and get a supervisor in the event of an incident of sexual abuse.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields, Inc. PREA Coordinated Response Plan <p><u>115.365 (a)</u> - The facility provided the Highfields, Inc. PREA Coordinated Response Plan to substantiate compliance with this standard. The Coordinated Response Plan</p>

	<p>lists the responsibilities for First Responders, Supervision/Administration, Facility Director/Designee, Medical and Mental Health Providers, and Investigators. The Superintendent advised the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership is coordinated between the PREA Coordinator and themselves to make sure everything has been completed correctly and thoroughly.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Agency Head</p> <p><u>115.366 (a)</u> - According to the Agency Head, the facility does not participate in collective bargaining.</p>

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Agency Head</p> <p>*Superintendent</p> <p>*Designated Staff Member Charged with Monitoring Retaliation</p> <p>*Residents who Reported a Sexual Abuse</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Highfields' Freedom from Sexual Harassment/Abuse Policy</p> <p>*MDHHS Prison Rape Elimination Act (PREA) Investigation Tools</p> <p>*MDHHS PREA Retaliation Monitoring Log</p>

115.367 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 10, Section F.10. states, "For the protection of clients and staff, a designated facility employee must monitor client and/or staff to prevent retaliation for a minimum of 90 days after a sexual abuse report is made. This will be documented in the client's case record and/or staff's personnel file. Monitoring should include multiple methods, including but not limited to observation, direct questioning, and review of logs and incident reports." This section of policy does not mention retaliation monitoring for residents or staff who report incidents of sexual harassment. The facility advised the PREA Compliance Manager or Superintendent would be responsible to conduct retaliation monitoring.

115.367 (b) - The facility reported no allegations of retaliation over the past 12 months and, as a result, documentation review of such reports was not conducted. However, the two MDHHS Prison Rape Elimination Act (PREA) Investigation Tools provided by the facility reflect retaliation and the residence well-being was addressed with the alleged victim. The facility provided the MDHHS PREA Retaliation Monitoring Log, which they would use in the event of a sexual abuse allegation. The Agency Head advised if there is an allegation involving staff, staff is removed from contact with the resident and removed from the campus, and they would separate victim and perpetrator residents from housing and other activities. The Superintendent and Designated Staff Member Charged with Monitoring Retaliation advised they would check in with residents by asking them directly how things are going and would check logs to see if there are issues. The Resident Who Reported Sexual Abuse advised they felt protected enough against possible revenge from staff or other residents because they reported an incident of sexual abuse. The facility reported no residents housed in isolation at the time of the onsite audit, and this auditor found no evidence to the contrary. As a result, the interview with a Resident in Isolation was not completed.

115.367 (c) - As indicated in the analysis of 115.367 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy provides for retaliation monitoring for a minimum of 90 days for clients or staff who report sexual abuse. This section of policy directs the retaliation monitoring to be conducted by multiple methods, including, but not limited to, observation, direct questioning, and review of logs and incident reports. The facility advised it would utilize the MDHHS PREA Retaliation Monitoring Log to record its efforts to monitor for retaliation. The aforementioned MDHHS Prison Rape Elimination Act (PREA) Investigation Tools for the two reported sexual abuse allegations reflect the alleged victim was asked if they had concerns for retaliation, and that retaliation monitoring would not be required because the allegations were deemed unfounded. However, there is a question regarding the appropriate finding for one of the investigations, and in that investigation the alleged victim expressed the alleged perpetrator threatened retaliation for the matter being reported. This issue will be discussed in the analysis for 115.373. The Superintendent advised they would investigate and reevaluate the safety plan, which may include moving youth from one house to the other, if retaliation is suspected. The Designated Staff Member Charged with Monitoring Retaliation indicated they would look for a return to normalcy and how that student is

interacting with others and the alleged perpetrator, as well as checking the daily logs to monitor for retaliation. They indicated they would monitor for retaliation for a minimum of 90 days, but there is no maximum length of time and monitoring could extend until the resident leaves the program.

115.367 (d) - The facility reported no allegations of retaliation over the past 12 months and, as a result, documentation review of such reports was not conducted. The Designated Staff Member Charged with Monitoring Retaliation advised they have interactions with all residents on an almost daily basis, but they would have contact with a victim resident on a daily basis.

115.367 (e) - The facility reported no allegations of retaliation over the past 12 months and, as a result, documentation review of such reports was not conducted. The Agency Head advised if there is an allegation involving staff, staff is removed from contact with the resident and removed from the campus, and they would separate victim and perpetrator residents from housing and other activities. The Superintendent advised they conduct retaliation monitoring by asking residents directly how things are going and checking logs to see if there are issues. They indicated if retaliation was taking place, they would investigate and reevaluate the safety plan, which may include moving youth from one house to the other.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.367 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy needs to be updated to include retaliation monitoring for staff and residents who report sexual harassment. The updated must be distributed to staff and proof of staff training on the updated policy must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.367 (a) - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section F.10. now includes retaliation monitoring for staff and residents who report sexual harassment. The facility also provided 35 Confirmation of PREA Policy Revisions documents signed by staff, which lists the added or changed policy language required for corrective action.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews conducted:

*Superintendent

*Medical/Mental Health Staff

Documents reviewed:

*Pre-Audit Questionnaire

*Highfields' Freedom from Sexual Harassment/Abuse Policy

*Site Review

115.368 (a) - The facility provided the Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 5, Section B.4., which states, "Residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Such residents have access to legally required educational programming, special education services, and daily large-muscle exercise. Highfields affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Interviews were conducted with the Superintendent and Medical/Mental Health Staff, and all indicated the facility does not practice isolation, nor does it have a designated isolation housing unit. This auditor did not view any part of the facility that could be considered isolation housing during the Site Review. As a result, the interviews with a Resident in Isolation and Staff Who Supervise Residents in Isolation were not completed. The facility reported no residents housed in isolation at the time of the onsite audit, and this auditor found no evidence to the contrary.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.368 (a) - Facility administration reported there is no isolation housing at Highfields, and this auditor did not find information to the contrary during the Site Review. However, the language in the Highfields' Freedom from Sexual Harassment/Abuse Policy leads one to believe that isolation is a housing designation at the facility. The Highfields' Freedom from Sexual Harassment/Abuse Policy must be updated to indicate the facility does not utilize isolation housing and modify any policy language that alludes to the utilization of isolation housing. The updated policy must be provided to obtain compliance with this standard.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.368 (a) - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 5, Section 4 of the policy now states, "Highfields does not utilize isolation as a housing designation. As a last resort we may

	<p>temporarily place a resident, fully staffed, in the Dart Family Center or other designated area, if less restrictive measures are inadequate to keep residents at risk of sexual victimization safe and only until an alternative means of keeping all residents safe can be arranged."</p> <p>Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Coordinator *PREA Compliance Manager *Investigative Staff *Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *MDHHS Prison Rape Elimination Act (PREA) Investigation Tools *Certificates of Completion, National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting *Site Review <p><u>115.371 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section H states, "Each incident of alleged or reported sexual abuse, sexual assault/rape or sexual harassment must be investigated to the fullest extent possible." Section H of the policy details the investigative process for three categories of allegations: 1) Suspected or alleged client-on-client rape, sexual assault, sexual harassment or forced sexual activity with or without sexual penetration; 2) Suspected or alleged staff-on-client sexual activity or harassment of any type; and 3) Any other intentional client-on-client sexual touching (non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a client of another</p>

client, with or without the latter's consent) and/or alleged or suspected client-on-client sexually abusive contact. Although the policy includes sexual harassment in the Investigation Protocols sections, the language does not really apply to an investigation for a sexual harassment allegation. The MDHHS Prison Rape Elimination Act (PREA) Investigation Tools utilized for the two administrative sexual abuse investigations reflected the investigations were initiated immediately upon learning of the allegations. Investigative Staff advised an investigation would be initiated immediately and as soon as they received the allegation. They indicated the investigation process would be the same for anonymous or third-party reports of sexual abuse and sexual harassment.

115.371 (b) - Investigative Staff advised they have received specialized training in techniques for interviewing juvenile sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The facility provided three certificates of completion for the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, one completed in 2021 and two completed in February 2024.

115.371 (c) - This auditor reviewed two MDHHS Prison Rape Elimination Act (PREA) Investigation Tools for this provision. The Investigation Tools reflect the alleged victim and alleged perpetrator were interviewed, as well as another resident who reported one of the allegations. Neither of the investigations involved the preservation or collection of physical evidence, based on the allegations being reported at least one week after the alleged incidents. There was no indication investigators reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigative Staff advised they would complete the administrative investigation by speaking with all parties and obtaining enough information to get an explanation of what happened. They indicated they would communicate their findings to the director and start the MDHHS PREA Investigative Tool and follow that process. Investigative Staff reported they would not collect, but would preserve, physical evidence.

115.371 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section H states, "Highfields will not terminate an investigation solely because the source of the allegation recants the allegation." Investigative Staff advised they would not terminate an investigation if the source of the allegation recants the allegation.

115.371 (e) - Neither of the two MDHHS Prison Rape Elimination Act (PREA) Investigation Tools involved allegations against staff. Investigative Staff indicated they would talk to the staff member before the Sheriff's Office comes out to get the who, what, when, where beforehand. They advised they would not contact prosecutors before conducting interviews with staff alleged to have committed sexual abuse or sexual harassment.

115.371 (f) - The Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section H states, "Investigators will not make a determination based on the

credibility of the alleged victim." According to Investigative Staff, they would judge the credibility of an alleged victim, suspect, or witness after speaking to each party and taking all evidence at face value. Investigative Staff advised they would not require a resident who alleges sexual abuse to submit to a polygraph examination. The Resident Who Reported Sexual Abuse advised they were not required to submit to a polygraph examination in relation to their allegation.

115.371 (g) - Investigative Staff advised they would review cameras and would interview residents and other staff to determine whether staff actions or failures to act contributed to an incident. They indicated the video surveillance system is accessible to the Superintendent, PREA Coordinator, PREA Compliance Manager, supervisors and Staff-in Charge, and is stored for 90 days. During the Site Review, this auditor observed the video surveillance system from the monitor in the PREA Compliance Manager's office. The system showed access to 25 cameras across the campus, and the views include the ability to pan and zoom into the image. The two incidents investigated during the 12 months preceding the on-site audit allegedly occurred in resident bedrooms, where video surveillance is not available.

115.371 (h) - Investigative Staff advised the criminal investigation would be documented by the ICSO. They indicated the ICSO has given them a summary of the investigation in writing in the past.

115.371 (i) - The Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section H states, "Based on the results of any criminal investigation, facility personnel and prosecuting authorities will meet to determine if prosecution is appropriate." Investigative Staff advised they are not involved in the referral process for criminal prosecution, as that would be handled by the ICSO. Neither of the two allegations previously referenced were referred for criminal investigation.

115.371 (j) - The Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 10, Section F.8. states, "Records of allegations involving an employee must be kept for as long as the employee is employed or the youth is in residence, plus five years." The facility reported this data would be stored on campus for three years, then sent to secured storage for at least ten years. The facility reported no incidents of staff sexual misconduct or allegations that resulted in criminal prosecution for sexual abuse, and this auditor received no information to the contrary. The PREA Coordinator advised the data on campus is saved electronically on a drive that is accessible to the leadership team and administrative assistant only for three years, then sent to records storage off-site and stored for ten years.

115.371 (k) - The Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section H states, "Highfields will not terminate an investigation due to the alleged victim or alleged perpetrator(s) leaving the facility." Investigative Staff advised the departure of the alleged abuser or victim from the employment or control of the facility or agency would not result in the termination of an investigation.

115.371 (m) - The Superintendent, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all advised they would cooperate with outside investigators

and would make contact with the assigned investigator to remain informed on the progress of the investigation.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.371 (e) - Facility investigators indicated they would not consult prosecutors before conducting interviews with staff accused of sexual abuse or sexual harassment. While minimal questioning of staff alleged to have committed sexual abuse or sexual harassment may be acceptable, facility investigators must be aware that compelled interviews with staff could create an issue for the prosecution of a criminal case. The facility will need to contact prosecutors before conducting any compelled interviews with staff accused of sexual abuse or sexual harassment for compliance with this provision, should such an incident occur during the corrective action period.

115.371 (f) - The Highfields' Freedom from Sexual Harassment/Abuse Policy indicates investigators will not make a determination based on the credibility of the alleged victim. However, credibility, which is established through the investigative process, is required to make an accurate decision as to whether the allegations are substantiated, unsubstantiated, or unfounded. The Highfields' Freedom from Sexual Harassment/Abuse Policy will need to be updated to reflect credibility of all parties is reserved until the investigative process, including staff and resident interviews, video review, and review of any other factors, is completed. In addition, the policy will need to reflect the credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The updated policy must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.371 (e) - The facility reported no sexual abuse incidents during the corrective action period. As a result, there was no reported opportunity to contact prosecutors in the event of a sexual abuse incident involving staff.

115.371 (f) - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 11, Section H now states, "The credibility of all parties is reserved until the investigative process, including staff and resident interviews, video review, and review of any other factors, is completed. In addition, the credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff."

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <p>*Investigative Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p><u>115.372 (a)</u> - Investigative Staff advised they use the preponderance of evidence standard when investigating sexual abuse/sexual harassment allegations.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <p>*Superintendent</p> <p>*Investigative Staff</p> <p>*Resident who Reported a Sexual Abuse</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Highfields' Freedom from Sexual Harassment/Abuse Policy</p> <p>*MDHHS Prison Rape Elimination Act (PREA) Investigation Report</p> <p>*State of Michigan Department of Health and Human Services Licensing Investigation Report</p> <p><u>115.373 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 8, Section E.4. states, "Following a client's allegation that a staff member has committed sexual abuse against the resident, Highfields subsequently informs and documents informing the client of the outcome of the investigation." The policy also contains the same language for sexual abuse committed by another resident. The MDHHS Prison Rape Elimination Act (PREA) Investigation Reports provided for the two sexual abuse allegation investigations reflect notification to the alleged victim, and in both instances the findings were "unfounded". However, the facility may not</p>

have a clear understanding of the difference between unsubstantiated and unfounded. In one of the two sexual abuse allegations, there appears to be reason to believe there was sexual contact between two residents. The alleged victim reported they were not physically forced or hurt during the incident, implying the acts were consensual. In contrast, the second sexual abuse allegation reflects both the reported victim and perpetrator denied the incident occurred and that they were "joking around", and the third-party resident who reported the allegation later stated they did not think the abuse occurred. The difference between the two allegations is the likely occurrence of sexual contact, and the investigation process would need to determine if the contact was consensual or coerced. In that circumstance, the findings would be either substantiated or unsubstantiated. A finding of "unfounded" would be used for an allegation where there was no foundation to the allegation. The Superintendent and Investigative Staff advised they notify a resident who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. They indicated they tell the victim verbally and record that the victim was notified in the MDHHS Prison Rape Elimination Act (PREA) Investigation Tool.

115.373 (b) - The facility provided the State of Michigan Department of Health and Human Services Licensing Investigation Report dated October 20, 2021, in reference to a report of physical abuse during a restraint as an example of an outside agency investigation and report. The facility reported no outside agency investigations for sexual abuse allegations, and this auditor found no information to the contrary during the on-site audit.

115.373 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 8, Section E.4. states, "Following a client's allegation that a staff member has committed sexual abuse against the resident, Highfields subsequently informs and documents informing the client of the outcome of the investigation. Highfields must also inform the client (unless the facility has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; Highfields learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • Highfields learns that the staff member has been convicted on a charge related to sexual abuse within the facility." The aforementioned sexual abuse investigations did not involve staff-on-resident sexual abuse. The Resident Who Reported Sexual Abuse advised the alleged perpetrator was not a staff member.

115.373 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 8, Section E.5. states, "Following a resident's allegation that he or she has been sexually abused by another resident in the facility, Highfields subsequently informs and documents informing the client of the investigation outcome. Highfields also informs the client whenever: • Highfields learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • Highfields learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." The aforementioned sexual abuse investigations did not involve a criminal investigation or an adjudication of delinquency. The Resident Who

	<p>Reported Sexual Abuse advised he was told there was no evidence.</p> <p><u>115.373 (e)</u> - As indicated in the analysis for 115.373 (c) and (d), the Highfields' Freedom from Sexual Harassment/Abuse Policy requires that notifications to victim residents be documented, and the aforementioned MDHHS Prison Rape Elimination Act (PREA) Investigation Reports reflect notification to the alleged victims.</p> <p><u>CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:</u></p> <p><u>115.373 (a)</u> - The facility must accurately address whether allegations are substantiated, unsubstantiated, or unfounded. This auditor has provided an explanation of the difference between unsubstantiated and unfounded findings, but facility investigative staff should review their investigator training if there are still questions regarding the definitions between the two findings. The facility will need to provide the MDHHS Prison Rape Elimination Act (PREA) Investigation Reports and the MDHHS Prison Rape Elimination Act (PREA) Investigation Tools for any sexual abuse allegations received for the 90 days following the issuance of the Interim Report, with findings that meet the aforementioned descriptions for compliance with this provision.</p> <p><u>VERIFICATION OF CORRECTIVE ACTION:</u></p> <p>This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.</p> <p><u>115.373 (a)</u> - The facility reported one allegation of resident-on-resident sexual abuse since the on-site audit. The facility provided the MDHHS Prison Rape Elimination Act (PREA) Investigation Report and the MDHHS Prison Rape Elimination Act (PREA) Investigation Tool for a resident-on-resident sexual abuse allegation reported on May 20, 2024. This auditor reviewed the two documents related to the report and found the unsubstantiated finding was appropriately applied.</p> <p>Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Policies and Procedures, Highfields Employee Handbook

*Employee File Reviews

115.376 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 12, Section H.3.e. states, "If it is found/proven that an employee participated in behaviors prohibited by the PREA Policy it could be cause for immediate termination from employment with the facility. Dismissal is the presumptive discipline for staff upon a finding that they engaged in sexual abuse of a youth." The Policies and Procedures, Highfields Employee Handbook, Page 35, Misconduct section states, "As a guide for all employees to follow, Highfields has developed the following additional standards of conduct at the workplace. This list is not intended to be a complete and final list of all possible standards violations for which Highfields may take disciplinary action against an employee. Any employee involved in misconduct or a violation of these general work rules or other forms of inappropriate behavior subject themselves to discipline, up to and including termination." This section of the Employee Handbook does not specify sexual abuse or harassment of a resident, but has language that would make that conduct inclusive of discipline.

115.376 (b) - The facility reported no incidents of employee terminations or resignations as a result of violation of sexual abuse or sexual harassment policies, and a review of employee files did not produce information to the contrary.

115.376 (c) - The Policies and Procedures, Highfields Employee Handbook, Page 36, Misconduct/Type A section states, "Type A offenses warrant disciplinary action up to and including immediate discharge, even on a first offense. Circumstances considered by Highfields when evaluating a Type A violation are the severity of the violation, the intention of the employee, disciplinary history, etc. The Human Resources department will be consulted in all instances involving Type A offenses." The facility reported no incidents of employee terminations or resignations as a result of violation of sexual abuse or sexual harassment policies. As a result, this auditor cannot determine if disciplinary sanctions are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

115.376 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 12, Section H.3.f. states, "Violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation. Be (sic) reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies." The facility reported no incidents of employee terminations or resignations as a result of violation of sexual abuse or sexual harassment policies, and a review of employee files did not produce information to the contrary.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Interviews conducted:</u></p> <p>*Superintendent</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Highfields' Freedom from Sexual Harassment/Abuse Policy</p> <p><u>115.377 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 2, Definition section defines Staff Sexual Misconduct: "Includes any behavior or act of a sexual nature directed toward a juvenile or youthful offender by an employee, volunteer, contractor, official visitor, or other agency representative. Sexual relationships of a romantic nature between staff and youth are included in this definition." Page 13, Section H.3.f. of the same policy states, "Violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation. Be (sic) reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies." The facility indicated on the Pre-Audit Questionnaire that contractors and volunteers are considered employees in regard to all policies. The facility reported no contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents over the prior 12 months and, as a result, this documentation was not reviewed.</p> <p><u>115.377 (b)</u> - The Superintendent advised they would make sure contractors or volunteers who violated their PREA policy had no contact with residents and would provide notification of that decision.</p>

<p>115.378</p>	<p>Interventions and disciplinary sanctions for residents</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Interviews conducted:</u></p> <p>*Superintendent</p> <p>*Medical/Mental Health Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p>

*Highfields' Freedom from Sexual Harassment/Abuse Policy

*Highfields Preventing Sexual Assault Orientation Packet

*Site Review

115.378 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 4, Section A.6. states, "Sanctions: Should an allegation of sexual abuse or harassment be substantiated against a resident, disciplinary action will result including loss of program privileges, restricted movement, and implementation of a behavior treatment plan to address and correct the inappropriate behavior. Sexual activity is a violation of Highfields rules but is NOT deemed criminal sexual assault IF the activity was not coerced." The facility reported no resident discipline for sexual abuse or sexual harassment behavior over the prior 12 months. This auditor asked specifically about records of discipline in relation to the two sexual abuse allegations reported by the facility and was advised discipline was not issued to the residents because the allegations were determined to be unfounded.

115.378 (b) - The facility provided the section of policy cited in the analysis for 115.378 (a) as evidence of compliance with this provision. While this section of policy does not specify that resident discipline is commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories, the policy details the actions that could be taken for resident discipline. The facility reported it does not utilize isolation as a housing designation or disciplinary action, and the Site Review revealed no evidence of isolation housing. The Superintendent advised they would take each resident's individual factors into account when making such determinations. They also indicated the facility does not practice isolation as a housing assignment or as a sanction for program violations.

115.378 (c) - The Superintendent advised they would take each resident's individual factors into account, including functioning levels and mental health histories, when making discipline determinations. The facility reported no resident discipline for sexual abuse or sexual harassment of staff over the prior 12 months.

115.378 (d) - According to Medical/Mental Health Staff, the facility does not provide sex offense specific treatment.

115.378 (e) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 3, Section A.2.i. states, "Clients will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred, and the allegation was made in good faith. Clients may be subject to disciplinary sanctions only pursuant to positive findings that the youth engaged in youth-on-youth sexual abuse. Clients may be subject to disciplinary sanctions for sexual contact with staff only upon findings that the staff member did not consent to such contact." The facility reported no incidents where disciplinary actions were taken against residents for sexual conduct with staff in the 12 months preceding the on-site audit.

115.378 (f) - The Highfields Preventing Sexual Assault Orientation Packet, Page 3 states, "Preventing sexual assault in institutions is a responsibility that Highfields staff take seriously. While youths are encouraged to report even suspected violations, youths are cautioned that knowingly making a false allegation against another person is a legal violation. This means that a youth that intentionally lies when accusing someone of sexual assault and/or related sexually inappropriate behavior will receive consequences that could include criminal charges. Always report truthfully." The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 3, Section A.2.i. states, "Clients will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred, and the allegation was made in good faith. Clients may be subject to disciplinary sanctions only pursuant to positive findings that the youth engaged in youth-on-youth sexual abuse. Clients may be subject to disciplinary sanctions for sexual contact with staff only upon findings that the staff member did not consent to such contact." The facility reported no resident discipline for sexual abuse or sexual harassment over the prior 12 months.

115.378 (g) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 4, Section A.6. states, "Sanctions: Should an allegation of sexual abuse or harassment be substantiated against a resident, disciplinary action will result including loss of program privileges, restricted movement, and implementation of a behavior treatment plan to address and correct the inappropriate behavior. Sexual activity is a violation of Highfields rules but is NOT deemed criminal sexual assault IF the activity was not coerced." The facility reported no resident discipline for sexual abuse or sexual harassment behavior over the prior 12 months.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Medical/Mental Health Staff *Staff Responsible for Risk Screening *Residents who Disclose Sexual Victimization at Risk Screening <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *MDHHS Prison Rape Elimination Act (PREA) Screening Tools

*Random Resident File Reviews

*Site Review

115.381 (a) – The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 4, Section B.2. states, "All residents that disclose any prior sexual victimization during a screening must be offered a follow-up meeting with a medical or mental health practitioner within 14 days. All residents that disclose during screening that they previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. These referrals must be documented." This auditor reviewed nine MDHHS Prison Rape Elimination Act (PREA) Screening Tools for the nine residents present at the time of the on-site audit. One of the screening tools reflected the resident reported prior sexual abuse. Section IV, Number 1 of the screening tool states, "If yes to 9 or 10 in Section II, enter the date the youth is scheduled for mental health follow-up or the date mental health follow up has occurred." The section also contains a check box with "Not scheduled yet" next to it. It is noted the verbiage in this section of the screening tool does not reflect an offer of a follow-up appointment, but rather requires a follow-up appointment. There was no notation in Section IV of the screening tool for the resident who reported prior sexual victimization. Although there was no notation regarding a follow-up appointment on the screening tool, the facility provided a clinical note for that resident dated within the 14-day requirement that documented a follow-up meeting. However, the Resident Who Reported Prior Sexual Victimization advised they were asked if they wanted to talk to someone, and indicated they did not speak to anyone because they did not want a follow-up appointment. Staff Responsible for Risk Screening advised they refer a resident who reports prior sexual victimization to a therapist the same day as the screening tool is completed. This auditor also reviewed files of five former residents as part of the resident file reviews of residents present in the facility over the 12 months prior to the on-site audit. Of those five files, none of the screening tools reflected a resident reported prior sexual victimization.

115.381 (b) – As indicated in the analysis for 115.381 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy provides for residents who report previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. The MDHHS Prison Rape Elimination Act (PREA) Screening Tool, Section IV, Number 2 of the screening tool states, "If yes to 11 or 13 in Section II, enter the date the youth is scheduled form mental health follow-up or the date mental health follow up has occurred." Of the aforementioned nine screening tools, none of the tools reflected previously perpetrated sexual abuse. However, the facility provided the same clinical note referred to in the analysis for 115.381 (a) to substantiate compliance with this provision. Of the five files of former residents reviewed, one of the screening tools reflected the resident reported previously perpetrated sexual abuse; however, there are no notations in Section IV and this auditor was unable to locate any mental health documentation regarding a follow-up appointment in the closed file. Staff Responsible for Risk Screening advised if they were concerned about something they saw they would talk to their supervisor, and they would likely have the resident seen.

115.381 (c) - As indicated in the analysis for 115.341 (e), the PREA Coordinator advised the treatment team, which includes the family counselor, mental health staff, house staff, and themselves, has access to the resident risk screening tools. They advised the risk assessments are kept in the main case file in the Administrative Building, and part of the case file is copied and sent to the housing unit. The PREA Compliance Manager advised each resident has a file where the risk screening tool is kept, and a copy of the risk screening tool is made for the PREA Coordinator. They reported the resident files are maintained in the administrative office by the front desk in a file cabinet. Staff Responsible for Risk Screening advised they did not know if there is a policy regarding access to the risk screening tool, but they believe just the staff working with the resident would have access, including staff in the housing unit. This auditor discussed the security of the resident file location with facility administration, as the resident files, both active and discharged, are not secured in locked cabinets. Facility staff assured this auditor that only authorized personnel would be in that location, and any visitor to the administrative office would be escorted while present in that area. Medical/ Mental Health Staff advised reports for CPS, evaluations, any type of PREA related information, and progress notes are kept in resident files and all records are maintained electronically in the facility database. They advised facility counselors, managers, and supervisors have access to this information.

115.381 (d) - Medical/Mental Health Staff advised they explain to residents that they are mandated reporters, and they ask residents if they know what that means. Medical/Mental Health Staff indicated if a resident shares something about their prior history, they let the resident know they have a duty to report. They indicated the facility does not accept residents over the age of 18 at the time of admission.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.381 (a)(b) - The facility will need to modify its practice and documentation regarding follow-up appointments. These provisions require an offer of a follow-up appointment, not an automatic scheduling of a follow-up appointment if the resident reports prior sexual victimization or perpetration. The facility may choose to update the MDHHS Prison Rape Elimination Act (PREA) Screening Tool to reflect an offer, whether the offer was accepted or declined and, if accepted, the date for the follow-up appointment. The facility can also create other documentation to reflect that information. The updated method for recording the offer of follow-up appointments is required for compliance with these provisions. In addition, the facility will need to provide all screening tools for newly admitted residents for the 90 days after the issuance of the Interim Report.

115.381 (c) - As indicated in the corrective action required for 115.341 (e), resident risk screening tools are not kept in a secured location. The current location behind the front desk in the Administrative Building does not provide adequate security for the sensitive information contained in the risk screening tools. The facility will need to maintain resident files, both active and closed, in a secured location in the Administrative Building, and proof of adequate secured storage is required for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.381 (a)(b) - The facility provided the updated MDHHS Prison Rape Elimination Act (PREA) Screening Tool. Section 6 of the screening tool now includes boxes to indicate whether residents who have a prior history of sexual abuse or sexual perpetration accepts or declines the offer of a follow-up appointment with Medical/ Mental Health practitioners. The facility also provided five MDHHS Prison Rape Elimination Act (PREA) Screening Tools completed after the issuance of the Interim Report. Two of the five screening tools reflected the resident reported a prior history of sexual abuse, and that both residents declined the offer of a follow-up appointment.

115.381 (c) - The facility provided photographs of the new file cabinets used to secure resident files containing resident risk screenings. The photographs show a vertical two-door file cabinet with a key lock for current resident files and a horizontal four-drawer locking file cabinet for closed files. The PREA Coordinator advised they will maintain a set of keys for the file cabinets, and Administrative Staff will maintain a second set of keys.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none">*Medical/Mental Health Staff*SANE Staff*Security Staff and Non-Security Staff First Responders*Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none">*Pre-Audit Questionnaire*Highfields' Freedom from Sexual Harassment/Abuse Policy*MDHHS Prison Rape Elimination Act (PREA) Investigation Tool

*Highfields, Inc. PREA Coordinated Response Plan

*Medical Incident Report

115.382 (a) – The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 8, Section E.2. states, "The facility will provide an outside advocate, if requested by the victim, or qualified staff person, to accompany the victim through the forensic examination process and provide advocacy." In addition, the facility created a fictitious Medical Incident Report to demonstrate staff would transport a resident sexual abuse victim to Sparrow Hospital for a SANE examination. The second page of the Medical Incident Report requires staff to record whether the resident was injured and/or required medical attention. The Highfields, Inc. PREA Coordinated Response Plan, Medical and Mental Health Provider Section "Provide services as required", and SANE examinations and counseling under the oversight of the Superintendent are listed in parentheses. The MDHHS Prison Rape Elimination Act (PREA) Investigation Tool, Page 4 requires the facility to record if the resident was transported for a forensic medical examination, and subsequent pages require the facility to record inquiring of the resident if they have medical needs or concerns, whether there was a follow-up medical examination, whether the resident was offered medical and mental health treatment services, and whether the resident was offered rape crisis advocacy counseling services or those services from a qualified staff member. Each of these sections requires the facility to record the date and time the services were addressed. Medical/Mental Health Staff advised a resident who was sexually abused in the facility would receive medical and mental health services right away, and those services would be based on their individual needs. They indicated staff has been instructed to contact them right away if there is such an incident in the facility. The Resident Who Reported Sexual Abuse advised they were able to see a medical or mental health professional in a timely fashion after the incident was reported.

115.382 (b) – The Highfields, Inc. PREA Coordinated Response Plan, First Responder Actions section lists the following duties: Separate victim and alleged perpetrator; Contact Director and PREA Compliance Manager; Request that the victim not wash, change cloths (sic), etc. (pending forensic exam if applicable); Protect incident scene; Ensure that the alleged perpetrator does not wash, change clothes, etc. (as applicable); Report allegations to Children's Protective Services (CPS) the phone number for centralized intake is 1-855-444-3911; Contact Ingham County Sheriff Department phone (517) 676-2431 or 911; Document all information and activities in an incident report. Notifying medical and mental health practitioners is not included in First Responder duties. Supervision/Administration duties include facilitating transport to Sparrow Hospital for a forensic examination, and Facility Director (which is the Superintendent) or Designee duties include ensuring the victim receives follow-up medical examination and psychological/counseling services. Security Staff and Non-Security Staff First Responders advised they would protect the scene and not let victim or perpetrator wash or use the bathroom. The facility reported no such incidents over the past 12 months and, as a result, review of Security Staff and Non-Security Staff First Responder notifications was not conducted.

115.382 (c) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 10, Section F.4. states, "Following emergency response and completion of the rape kit (if applicable) a client believed or determined to have been the victim of a sexual assault/rape must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred. Resident victims of sexual abuse must be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate." It is noted the facility houses a male population exclusively, so information on emergency contraception is not required. SANE Staff advised they would provide detailed education on sexually transmitted infection (STI)/HIV prophylaxis and dispense the medications once they have informed consent. They indicated they do not complete testing for STI's or HIV, as the testing would be done four to six weeks later by the patient's physician. SANE Staff reported the information would be sent with the patient concerning the schedule of STI testing and immunizations that would be needed. The Resident Who Reported Sexual Abuse advised they were given the phone numbers to CPS and the MSU Sexual Assault program.

115.382 (d) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 11, Section H.1.c. states, "If the assault is alleged to have occurred within the past 96 hours, the victim must be transported to Sparrow Hospital, St. Lawrence Campus Emergency Room for a forensic examination at no cost to the victim. If the assault is alleged to have occurred more than 96 hours earlier, the hospital is contacted for instructions."

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.382 (b) - This provision requires first responders to contact medical and mental health practitioners in the event of a sexual abuse incident. The Highfields, Inc. PREA Coordinated Response Plan, First Responder Actions section will need to be modified to include first responder requirements to contact medical and mental health practitioners, and those actions need to be recorded on the MDHHS Prison Rape Elimination Act (PREA) Investigation Tool. The updated Highfields, Inc. PREA Coordinated Response Plan must be provided to staff and proof of staff training on the updated coordinated response plan must be provided for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.382 (b) - The facility provided the updated Highfields, Inc. PREA Coordinated Response Plan. Page 1, First Responder Actions section now includes contacting the Clinical Services Manager for mental health services and 911 for medical services for a resident victim of sexual abuse. The facility also provided 35 Confirmation of PREA Policy Revisions documents signed by staff, which lists the added or changed policy and procedure language required for corrective action.

Based on the above-noted additional evidence, the facility has demonstrated

	compliance with this standard.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Medical/Mental Health Staff *Resident Who Reported Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Site Review <p><u>115.383 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 10, Section F.6. states, "The victim of sexual assault/rape or attempted sexual assault/rape will be provided mental health assistance and counseling as determined necessary and appropriate. All medical and mental health services will be provided without charge to the resident." The facility reported no substantiated incidents over the past 12 months and, as a result, documentation review of victim services was not conducted.</p> <p><u>115.383 (b)</u> - Medical/Mental Health Staff advised they would complete an interview with a victim resident and would follow up with the management team to see if there are any additional services needed. They indicated their counseling services would be trauma informed and they would likely increase individual sessions with the resident. The Resident Who Reported Sexual Abuse advised they were given the phone numbers to CPS and the MSU Sexual Assault program.</p> <p><u>115.383 (c)</u> - The facility reported no substantiated incidents over the past 12 months and, as a result, documentation review of victim services was not conducted. Medical/Mental Health Staff advised the services available to victims in the facility are consistent with community levels of care.</p> <p><u>115.383 (d)</u> - As the facility houses only male residents, this provision is not applicable.</p> <p><u>115.383 (e)</u> - As the facility houses only male residents, this provision is not applicable.</p>

115.383 (f) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 10, Sections F.4. and F.5. states, "Following emergency response and completion of the rape kit (if applicable) a client believed or determined to have been the victim of a sexual assault/rape must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred. Resident victims of sexual abuse must be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate." "Alleged victims and alleged perpetrators of sexual assault will be encouraged to complete an HIV test. In the case of a substantiated incident of sexual assault, the perpetrator must be requested to complete an HIV test. If the perpetrator will not voluntarily take an HIV test, the Facility Director or designee may seek a court order compelling the test." The Resident Who Reported Sexual Abuse advised they were not offered any tests as a result of the reported allegation.

115.383 (g) - As indicated in the analysis for 115.383 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy indicates medical and mental health services for a victim resident are provided at no cost. The Resident Who Reported Sexual Abuse advised they thought any medical or counseling services would be free of charge.

115.383 (h) - The facility indicated on the Pre-Audit Questionnaire that they do not provide sex offense specific treatment and would seek to have a resident who perpetrated sexual abuse in the facility removed from the program. The facility reported no substantiated incidents over the past 12 months and, as a result, documentation review of offender evaluations was not conducted. Medical/Mental Health Staff advised they would conduct an evaluation on a resident who perpetrated sexual abuse in the facility as soon as possible, possibly within the same day, to determine what services need to be provided, including possible referrals to outside services.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.383 (f) - The language regarding HIV testing limits the testing required of the provision, which is testing for sexually transmitted infections. The Highfields' Freedom from Sexual Harassment/Abuse Policy will need to be updated to reflect these changes, and proof of the updated policy must be provided for compliance with this provision.

115.383 (h) - The facility needs to clarify whether it would conduct a sex offense specific evaluation on a resident who perpetrated sexual abuse in the facility. The facility will need to provide documentation of its position, either by updating the Highfields' Freedom from Sexual Harassment/Abuse Policy to include the facility will conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners, or by written statement indicating the facility would not conduct evaluations on a resident who perpetrated sexual abuse in the facility and would seek the removal of that resident.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.383 (f) - The facility provided the updated Highfields' Freedom from Sexual Harassment/Abuse Policy. Page 10, Section 5 now states, "Alleged victims and alleged perpetrators of sexual assault will be encouraged to test for sexually transmitted infections. In the case of a substantiated incident of sexual assault, the perpetrator must be requested to test for sexually transmitted infections. If the perpetrator will not voluntarily submit to such tests, the Facility Director or designee may seek a court order compelling the tests."

115.383 (h) - The facility provided a position statement regarding whether it would conduct a sex offense specific evaluation on a resident who perpetrated sexual abuse in the facility. The position statement indicates the facility would not conduct a sex offense specific evaluation on a resident who perpetrated sexual abuse in the facility, and the facility would seek the removal of the perpetrator resident from the program.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none">*Superintendent*PREA Compliance Manager*Incident Review Team <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none">*Pre-Audit Questionnaire*Highfields' Freedom from Sexual Harassment/Abuse Policy*MDHHS 30-Day Sexual Abuse Incident Review <p><u>115.386 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 13, Section I.4. states, "Upper-level facility management will review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s)." The facility reported no sexual</p>

abuse incidents requiring review over the 12 months preceding the on-site audit, due to the findings for both reported sexual abuse incidents was "unfounded". The facility provided a blank MDHHS 30-Day Sexual Abuse Incident Review, which the facility advised they would use to conduct a sexual abuse incident review. This form records the date and time of the incident, whether the incident was substantiated or unsubstantiated, the demographics of the victim and perpetrator, who reported the incident, and a review of outside agency findings and video monitoring. The form also records the factors to be considered for this provision, including (1) Considering whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Considering whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assessing the adequacy of staffing levels in that area during different shifts and, (5) Assessing whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (b) – As indicated in the analysis for 115.386 (a), the facility reported no sexual abuse incidents requiring review over the 12 months preceding the on-site audit, due to the findings for both reported sexual abuse incidents was "unfounded". The facility indicated on the Pre-Audit Questionnaire that it would conduct such reviews within 30 days of the conclusion of the criminal or administrative sexual abuse investigation, and the aforementioned MDHHS 30-Day Sexual Abuse Incident Review requires the review be conducted within 30 days of the conclusion of the investigation.

115.386 (c) – The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 13, Section I.8. states, "Upper-level facility management will review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s)." The Superintendent advised in addition to the management team, the Incident Review Team would include the first responders and they would include the CEO, as necessary. They indicated clinical staff is included in the management team.

115.386 (d) – The Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 13, Section I.9. states. "The incident review team will consider the following: a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the areas in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. Prepare a report of its findings, including but

not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager." The Superintendent advised they would review all of the factors annumerated for this provision when conducting an Incident Review and stated vulnerabilities, blind spots, staffing or supervisory issues would be addressed. The PREA Compliance Manager advised they would work in conjunction with the PREA Coordinator to look for any trends or underlying issues and address those issues. They stated the PREA Coordinator would draft a report and keep them informed of the findings. Incident Review Team staff advised they would look at staff supervision, whether the location of the incident has blind spots, and the need to enhance visibility. They reported they would also look at what they know about the residents involved, or if there was something they missed from prior knowledge of the residents' backgrounds. The Incident Review Team staff indicated they would also look at whether the victim resident was targeted based on race or sexual identification.

115.386 (e) - The facility advised on the Pre-Audit Questionnaire that documentation would be included on both the Incident Review Report, as well as the Staffing Plan Review, if warranted.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.386 (a) - As indicated in the analysis for 115.373 (a), it appears one of the two reported sexual abuse incidents should have been found to be unsubstantiated, instead of unfounded. As a result, that allegation should have been subject to a Sexual Abuse Incident Review. The facility will need to provide a completed MDHHS 30-Day Sexual Abuse Incident Reviews for any subsequent sexual abuse incidents that are found to be substantiated or unsubstantiated for the 90 days following the issuance of the Interim Report for compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation to substantiate corrective actions taken for this standard.

115.386 (a) - The facility provided the 30-Day Sexual Abuse Incident Review Report associated with the resident-on-resident sexual abuse allegation reported on May 20, 2024, which was found to be unsubstantiated. This auditor found the review to be appropriate for the allegation.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents reviewed:

*Pre-Audit Questionnaire

*Highfields' Freedom from Sexual Harassment/Abuse Policy

*MDHHS JJ Residential Facility Sexual Abuse and Sexual Harassment Data Collection Tool

*2023 Critical Incident Reports

*Agency Website

*Site Review

115.387 (a) - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 13-14, Section I.6. states, "The facility will collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data will be sufficient to answer all questions on the annually-required Survey of Sexual Violence. Aggregated data will be incorporated into agency PQI processes and will be: a) Reviewed in order to assess and improve sexual abuse prevention, detection, and response practices. b) Made available to the public via our agency website." This auditor accessed the 2023 Highfields PREA Annual Report on the agency website. The Annual Report includes a set of definitions and PREA allegations data for January 1, 2023 to December 31, 2023. The PREA data is broken down into the following categories: Resident on Resident Abusive Penetration, Abusive Contact, and Sexual Harassment, and Staff on Resident Abusive Penetration, Abusive Contact, Sexual Harassment, Indecent Exposure, Voyeurism, Sexual Misconduct, and Exploitation. The facility reported it uses the JJ Residential Facility Sexual Abuse and Sexual Harassment Data Collection tool to collect and aggregate its PREA data.

115.387 (b) - The JJ Residential Facility Sexual Abuse and Sexual Harassment Data Collection tool was provided to substantiate compliance with this provision. This data collection tool is a spreadsheet utilized by the MDHHS PREA Coordinator to aggregate the facility's sexual abuse/sexual harassment data on a monthly basis. The PREA Coordinator advised they provide the data to MDHHS monthly by Survey Monkey, and they pull that data from sexual abuse/sexual harassment investigations and reports. The data collection tool collects data for the categories outlined in the Survey of Sexual Victimization. The facility also keeps a Critical Incident spreadsheet that collects data on critical incidents on a monthly basis and is divided into categories. The Sexual Activity category records monthly tallies of Sexual Activity With a Person, Forced Sexual Activity With a Person, and Other Sexually Inappropriate Behaviors. As reflected in the 2023 Highfields PREA Annual Report, the sexual abuse/sexual harassment data is aggregated on an annual basis.

115.387 (c) - As indicated in the analysis for 115.387 (b), the JJ Residential Facility Sexual Abuse and Sexual Harassment Data Collection tool collects data for the categories outlined in the Survey of Sexual Victimization.

	<p><u>115.387 (d)</u> - As indicated in the analysis for 115.387 (a), the Highfields' Freedom from Sexual Harassment/Abuse Policy, Page 13, Section I.6. reflects the facility collects accurate, uniform data for every allegation of sexual abuse. The PREA Coordinator advised they would maintain and review all PREA documentation, including reports, investigation files, and sexual abuse incident reviews</p> <p><u>115.387 (e)</u> - Not applicable.</p> <p><u>115.387 (f)</u> - Although the facility indicated in the Pre-Audit Questionnaire that it provided the Department of Justice (DOJ) with data from the previous calendar year upon DOJ request, it was clarified the DOJ did not request facility data.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *PREA Coordinator *PREA Compliance Manager <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *2023 Highfields PREA Annual Report *Agency Website <p><u>115.388 (a)</u> - The Highfields' Freedom from Sexual Harassment/Abuse Policy, Pages 13-14, Section I.6. states, "The facility will collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data will be sufficient to answer all questions on the annually-required Survey of Sexual Violence. Aggregated data will be incorporated into agency PQI processes and will be: a) Reviewed in order to assess and improve sexual abuse prevention, detection, and response practices. b) Made available to the public via our agency website." The 2023 Highfields PREA Annual Report reflects two unfounded resident-on-resident incidents of Abusive Contact. There was no documentation of corrective action plans based on the annual report data. The Agency Head advised every incident is an opportunity to learn if incidents could have been prevented. They indicated they would use video review to check for issues with staff supervision, if residents have opportunities to isolate themselves from staff view. The Agency Head reported they look at staff</p>

placement and note what could be done to reduce the chances an incident could occur again. The PREA Coordinator advised they review the facility data annually through the Survey of Sexual Violence (SSV) and provide the facility PREA data monthly to the MDHHS PREA Coordinator. They indicated they also compile the facility annual PREA report. The PREA Compliance Manager advised they work in conjunction with the PREA Coordinator to look for any trends or underlying issues in their PREA data and address any issues, as necessary.

115.388 (b) - The 2023 Highfields PREA Annual Report does not include a comparison of the current year's data and corrective actions with those from prior years. However, the Highfields PREA Annual Reports for 2022, 2019, and 2018 are available on the agency website for year-to-year data comparison. It is noted there are PREA Reports for 2020 and 2021, but the data was generated by MDHHS. The PREA Reports for 2015 and 2017 are PREA Audit Reports, not facility-specific PREA incident data, and the link for the 2016 PREA Report has nothing attached.

115.388 (c) - Although the report is authored by the PREA Coordinator, the Agency Head advised they approve annual reports written pursuant to this provision. As indicated in the analysis for 115.388 (b), the Highfields PREA Annual Report is posted to the agency website.

115.388 (d) - The PREA Coordinator advised they do not include personally identifying information (PII) in the annual PREA report, only the statistics associated with the facility sexual abuse data. The 2023 Highfields PREA Annual Report does not include PII, nor does it include information about redaction. It appears the facility's practice of including strictly statistical data in the annual report would mitigate the need for such a disclaimer.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Coordinator <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *Highfields' Freedom from Sexual Harassment/Abuse Policy *Highfields' Record Retention and Destruction Policy *Highfields PREA Annual Reports - 2015-2023

	<p>*Site Review</p> <p><u>115.389 (a)</u> - The PREA Coordinator advised the facility's incident-based and aggregate data is saved electronically and is stored on a computer drive that is only accessible to the leadership team and the administrative assistant. The PREA Coordinator accessed the electronically stored data for this auditor during the Site Review. It was noted the PREA Coordinator was required to enter a password to access the electronic data.</p> <p><u>115.389 (b)</u> - As indicated in the analysis for 115.388 (b), the 2023 Highfields PREA Annual Report and annual reports from previous years were accessed by this auditor on the agency website.</p> <p><u>115.389 (c)</u> - The Highfields PREA Annual Reports this auditor accessed on the agency website contained no PII. The PREA Coordinator advised they do not include PII in the annual PREA report.</p> <p><u>115.389 (d)</u> - The Highfields' Record Retention and Destruction Policy reflects PREA data is maintained for ten years after closure. The PREA Coordinator advised they keep their PREA data for ten years, and the archived data is stored in a secure off-site records storage facility.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Site Review</p> <p><u>115.401 (a)</u> - Highfields, Inc. has only one residential facility, which is the subject of this audit. The final report for the facility's last PREA audit is dated April 9, 2021.</p> <p><u>115.401 (b)</u> - As indicated in the analysis for 115.401 (a), the agency operates only one residential facility.</p> <p><u>115.401 (h)</u> - This auditor had unimpeded access to all buildings on the facility's campus and was able to observe all areas of the facility.</p> <p><u>115.401 (i)</u> - This auditor requested and received or visually reviewed all records required for this audit.</p> <p><u>115.401 (m)</u> - This auditor was able to conduct private interviews with residents and staff in the administration building's conference room. The room provided a confidential setting for resident and staff interviews.</p>

	<p><u>115.401 (n)</u> - This auditor's contact information was included on the audit notices, which were prominently displayed throughout the facility, including the resident housing units. Although no correspondence was received from residents, facility administration advised residents would have been allowed to send confidential correspondence to this auditor.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Agency Website</p> <p><u>115.403 (f)</u> - This auditor was able to access the final PREA Audit Report dated April 9, 2021 from the facility's last audit on the agency website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	no
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	no
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	no
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	no
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	no
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	no
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	no
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	no
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	no
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	no
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes