

## ADULT PRISONS &amp; JAILS

PREA Report - Final

January 16, 2018

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> June 7-8, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Alger Correctional Facility			
<b>Facility physical address:</b> N6141 Industrial Park Dr. Munising, MI 49862			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 906-387-5000			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Catherine Bauman			
<b>Number of staff assigned to the facility in the last 12 months:</b> 256			
<b>Designed facility capacity:</b> 895			
<b>Current population of facility:</b> 882			
<b>Facility security levels/inmate custody levels:</b> Level II and Level IV			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> Jeffrey Contreras		<b>Title:</b> PREA Coordinator/Inspector	
<b>Email address:</b> Contrerasj@michigan.gov		<b>Telephone number:</b> 906-387-5000, ext. 1112020129	
<b>Agency Information</b>			
<b>Name of agency:</b> Michigan Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Michigan			
<b>Physical address:</b> 206 E. Michigan Ave., Lansing, MI 48933			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 517-373-3966			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Heidi E. Washington		<b>Title:</b> Director	
<b>Email address:</b> WashingtonM6@michigan.gov		<b>Telephone number:</b> 517-373-0720	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charles J. Carlson		<b>Title:</b> PREA Administrator	
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## AUDIT FINDINGS

### Narrative:

A Prison Rape Elimination Act (PREA) Audit of the Alger Correctional facility was conducted June 7-8, 2017. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012.

An Entrance Meeting was conducted the morning of June 7<sup>th</sup>, with the following Alger personnel in attendance: Warden Catherine Bauman, Deputy Warden Scott Sprader, Deputy Warden Anthony Immel, Alger PREA Coordinator/Inspector Jeffrey Contreras, MDOC PREA Administrator Charles Carlson, MDOC PREA Analyst Matthew Silsbury, Sergeant Eve Hoover, Administrative Assistant Dean Potila, Acting RN Megan Carr, Acting Resident Unit Manager Joe Naeyaert, Warden's Secretary Karin Hollinger, Acting Principal Jim Belles, Human Resource Officer Marla Pomeroy, Business Manager Becki Nielander and Physical Plant Supervisor Chris Wardowski. Conducting the audit were Certified PREA Auditors Louis Folino (lead), and Rene Adams-Kinkel (secondary). Warden Bauman welcomed the audit team and MDOC PREA officials to Alger, with staff introductions and greetings conducted.

The tentative on-site Audit Agenda/schedule was discussed, with priority objectives emphasized while the auditors were on-site. The auditors provided an overview of their actions to-date, concerning the review of agency policies, facility operating procedures and the facility's Pre-Audit Questionnaire, with accompanying supportive documentation. The auditors expressed appreciation for the cooperation and responsiveness of the Alger staff, leading-up to the actual on-site review.

Auditor Folino discussed the 3 phases of the audit, and the triangulation procedure utilized in order to conduct an effective and thorough audit. This involves a systematic pre-audit review of agency and facility documentation; an on-site review consisting of a thorough tour of all areas of the facility, observing operations, observing staff and inmate interactions, checking for vulnerable or high-risk areas/conditions, assessing electronic surveillance security systems, etc. While on-site, the audit team will conduct numerous interviews with staff and inmates, some random as selected by the auditors, and others specific as required by the PREA audit protocols. The third and final phase is the compilation of the Final Report. During report compilation, the lead auditor will review extensive notes obtained while touring the facility, and evaluate inmate and staff interview responses as they apply to the PREA Standards, MDOC Policy and PREA Manual, and Alger Operating Procedures. There is anticipated to be necessary on-going communications between the lead auditor and the Regional PREA analyst during the third phase of this audit.

Following the Entrance Meeting the audit team, MDOC PREA officials and key Alger personnel commenced the on-site review. The tour included all areas of the six inmate housing units, i.e. Aspen, Birch, Cedar, Maple, Pine and Spruce; Intake, Health Care, Food Service (Kitchen and Inmate Dining), Administrative Building offices (upstairs and down), Visiting Lobby/Visiting Room, Control Lobby/Control Center/CCTV, Deputy's Area, Education Building, and Maintenance/Warehouse (outside perimeter). During on-site review, the audit team assessed the individual areas for standards compliance, observed individual and group movements, and engaged staff and inmates in informal conversation concerning PREA, the facility culture, staff and inmate safety, staff training and inmate education, etc. The audit team observed an extensive and thorough CCTV system, with multiple monitoring stations with excellent capabilities, proper PREA postings and Audit Notices, inmate housing/cell assignments, unit showers and opposite gender assignments, inmate telephone and internet (J Pay) access, etc.

Upon completion of the on-site review, both auditors immediately started staff and inmate interviews, coordinating such assignments very efficiently with facility personnel. A total of 24 staff interviews and 14 inmate interviews were conducted. The lead auditor conducted the majority of the staff interviews, and spent considerable time with the Alger PREA Coordinator Jeffrey Contreras, and Sgt. Eve Hoover, reviewing in detail every sexual abuse investigation conducted during the last 12 months by the trained facility investigators. The audit team found that interviewed staff evidenced their prior PREA training, to include staff and inmate reporting methods, first

responder duties, ensuring inmate safety and evidence preservation, and general job knowledge. In addition to staff on-site interviews, the lead auditor conducted telephonic interviews with the lead SANE nursing official at Munising Memorial Hospital, and Marquette General Hospital. Additional telephone interviews were required to be conducted with a volunteer and a psychological services staff person, due to scheduling issues while on-site, i.e. Alger shares the psych staffer with other facilities, and the volunteer primarily serves the facility on weekends/evenings. Auditor also successfully tested the MDOC website Online Complaint Form and the MDOC PREA Hotline, prior to the on-site review.

The secondary auditor conducted all of the inmate interviews with at least one inmate interviewed from each unit. The inmates interviewed similarly evidenced their PREA education, prior risk assessments, understanding of the facility's zero tolerance for sexual abuse or sexual harassment, and awareness of reporting methods and services available. Inmates interviewed included random inmates, LGBTI, disabled, white, black and Hispanic, and those scored as high risk for victimization and high risk for abusiveness. There were no inmates placed in segregated housing for protection during the last 12 months, or any Limited English Proficient, or an inmate that had suffered a sexual abuse. It is noted that the inmates expressed a willingness to approach facility personnel or contact facility personnel to report an incident of sexual abuse or sexual harassment.

I wish to express sincere appreciation for Warden Bauman staging such an accommodating audit, with an obvious display of motivation, teamwork and professionalism by Alger personnel. The on-site audit was facilitated further by the presence of the MDOC PREA Administrator and Regional PREA Analyst. All of the on-site staff assistance rendered, documents provided, and prompt considerations afforded to us during the 2-day audit enabled our team to complete all of the primary on-site objectives required.

At the end of the business day on June 8<sup>th</sup>, the audit team conducted an Exit Meeting with MDOC PREA officials, Warden Cathy Bauman, and her administrative personnel, department heads and other designated staff. The auditors briefly described the audit process and the pending report compilation. The audit team could not provide specifics concerning individual standard compliance, as the lead auditor continues to have considerable work to do, in order to properly assess compliance. The audit team commended facility personnel, and provided deserved comments concerning the positive facility culture, the evident teamwork and conscientious attitude of staff, the quiet and controlled nature of the facility, the staff and inmate interactions, the feeling of relative safety by the inmates and staff, the friendly, relaxed professionalism exhibited by the proud employees, and the outstanding sanitation, organization, regimentation and routinization of Alger practices.

It was a pleasure for us to be among so many like-minded employees, concerned to do the right thing by their positions, facility, department, and the inmate population. It is evident that Alger has properly implemented the PREA standards, practices zero tolerance, and responds to allegations promptly, thoroughly, and comprehensively.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Alger Correctional Facility was opened in 1990, and is situated in Munising Township, Alger County, Michigan. The institution has a total of six male inmate housing units. Four are General Population (GP-Cedar, Maple, Pine and Spruce) and two are segregated housing (Aspen and Birch). One of the GP units, Cedar, contains a Reintegration Unit, which serves the inmates transitioning from segregated housing to GP, for those inmates in GP that are not particularly suited, or cannot be safely housed in GP, and for those seeking (voluntary) additional protection measures short of segregated housing. The total designed facility capacity of Alger is 895. When the PAQ was provided to the auditor on May 4, 2017, the population was 882. During on-site review starting on June 7, 2017, the population was reported as 886. Alger houses no Youthful Offenders, or inmates detained for immigration officials.

The perimeter security consists of 12' double fences, multiple strands of razor wire, CCTV, electronic detection, and 24-hour armed vehicle patrols.

The other buildings at Alger include Food Service, Administration, Maintenance/Warehouse, Education, and Health Care. Programming includes general library and law library, barbering, Adult Basic Education (ABE) and General Education Development (GED) classes. The facility also has a substance abuse treatment, psychotherapy and religious activities.

Routine on-site medical and dental care is provided by facility staff. Serious and emergency problems are treated at the Brooks Medical Center at Marquette Branch prison and the Duane L. Waters Health Care Facility in Jackson, Michigan.

## **SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 5

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 0

### **115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Final Determination: (You should not mark “Exceeds Standard” or “Meets Standard” unless you answer “yes” to all of the questions below. The only exception would be instances where the standard or a standard provision is clearly not applicable.)**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.11(a) -**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed Michigan Department of Corrections (MDOC), Policy Directive 03.03.140, Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners, pgs. 1-2; the Alger Operating Procedure, LMF 03.03.140, Prohibited Sexual Conduct Involving Prisoners; the MDOC PREA Manual; and Policy Directive 02.03.100 Employee Discipline.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed the MDOC PREA Administrator, the Regional PREA Analyst and the Alger facility PREA Coordinator/Inspector. All personnel were knowledgeable concerning the MDOC’s Policy concerning PREA.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: During on-site review, the audit team observed numerous purple PREA posters, emphasizing the agency and facility’s zero tolerance policy toward all forms of sexual abuse and sexual harassment. The Auditor’s Notice of Audit was prominently placed within inmate housing units, school building, visiting room, intake area, front entrance area, and big recreation yard. Auditor received documentation indicating that every segregation inmate had received a personal copy of the Notice of Audit in mid-April. Auditor confirmed during tour of the segregation cells that inmates had received a copy of the Notice of Audit.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC has a comprehensive policy (Policy Directive-PD) system, and a local facility procedure system (Operating Procedures-OP), which serves to ensure consistency of operations within a facility, and at each facility. Auditor observations and staff and inmate interviews have established that Alger is in compliance with policy and the local operating procedures concerning PREA. The MDOC PREA Manual mirrors the PREA standards, and serves as an excellent guidebook for facility personnel.

#### **115.11(b) -**

- Has the agency employed or designated an agency-wide PREA Coordinator?  
 Yes  No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  
X Yes  No
- 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? X Yes  No

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC table of Organization, which has established an agency-wide PREA Administrator (PREA Coordinator), responsible for PREA implementation and compliance. The PREA Administrator reports directly to the State Office Administrator, who reports to the Senior Deputy Director of the MDOC. Auditor received and reviewed the Position Description for the agency-wide PREA Administrator.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed the agency-wide PREA Administrator, and the Regional PREA Analyst who has PREA responsibilities concerning the Alger facility. Both PREA senior staffers advised that they had sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor spent two full days of the audit of Alger with the agency-wide PREA Administrator and the Regional PREA Analyst. Both upper-level staff members were observed to be knowledgeable, committed to agency PREA compliance and supportive of Alger's PREA Compliance Manager (PREA Coordinator/Inspector).

The following describes how the evidence above was used to draw the final conclusion regarding compliance: To support Alger's audit efforts, and to accommodate the auditor's needs for information and documentation, MDOC deployed to Alger during the 2 day audit the MDOC PREA Administrator, and the Regional PREA Analyst. The audit team worked closely with facility personnel and MDOC staff. It is evident that MDOC staff have sufficient time and authority to perform their required duties concerning the sexual safety of inmates within the DOC system.

#### **115.11(c) -**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? X Yes  No (Titled in Michigan DOC as PREA Coordinators)
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? X Yes  No

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Pre-Audit Questionnaire which reports that the Alger PREA Coordinator/Inspector has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the PREA Coordinator/Inspector during the on-site review. The PREA Coordinator/Inspector asserted that he does have sufficient time and authority to manage the facility's efforts to comply with the PREA standards.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: During on-site review the audit team observed the PREA Coordinator/Inspector's interaction and familiarity with other facility personnel. Facility personnel interacted with the PREA Coordinator/Inspector and each other in a relaxed, professional manner. During interview with other facility personnel, the majority

of staff were able to identify the PREA Coordinator/Inspector as responsible for coordinating and/or conducting PREA investigations.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: During interview with the PREA Coordinator/Inspector, he advised how he would handle an inmate allegation received of sexual abuse or sexual harassment. Auditor then reviewed the last 12 months investigations, and the PREA investigation spreadsheet which is well organized and maintained by the PREA Coordinator/Inspector. The Warden and PREA Coordinator/Inspector at Alger utilize a cadre of trained investigators to thoroughly review sexual abuse/sexual harassment reports. Based upon auditor's interview of the PREA Coordinator and my personal on-site observations, it is determined that the PREA Coordinator/Inspector has the time and authority to coordinate these efforts, and does so in a commendable manner.

### **115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Alger does not contract with private agencies for the confinement of its inmates. In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the facility PAQ, and a March 14, 2017 document from the Deputy Warden to the auditors, reporting that contracting for confinement of inmates is not occurring at Alger.

### **115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.13(a) -**

- Has the facility developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- Has the facility documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- Does the facility's staffing plan take into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:

- (1) Generally accepted detention and correctional practices? Yes
- (2) Any judicial findings of inadequacy? Yes
- (3) Any findings of inadequacy from Federal investigative agencies? Yes
- (4) Any findings of inadequacy from internal or external oversight bodies? Yes
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes
- (6) The composition of the inmate population? Yes
- (7) The number and placement of supervisory staff? Yes
- (8) Institution programs occurring on a particular shift? Yes
- (9) Any applicable State or local laws, regulations, or standards? Yes
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes
- (11) Any other relevant factors? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Alger PAQ responses, and the MDOC PREA Manual, pages 20-21, which requires Staffing Plans be developed in accordance with the PREA Standards, as noted above. Further, auditor received and reviewed the 2017 Alger Correctional Facility Staffing Plan, dated March 13, 2017.

Since the last PREA Audit, in July, 2016, Alger has reportedly had an average daily population of 885. The Staffing Plan is predicated on an average daily population of 895.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger Warden and the PREA Coordinator/Inspector. Both personnel advised that all facility operations, shifts, reports of incidents, and programs are taken into consideration when determining staffing needs and the need for additional video monitoring. Personnel interviewed provided examples of reported incidents which had occurred at other facilities in year's past, which resulted in Alger implementing additional video surveillance in specific areas.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed sufficient security and other staffing during our two days within Alger. Camera coverage is determined to be excellent, with cameras strategically deployed inside/outside of the facility. Monitoring stations include the Warden's Office, Deputy's Office, Control CCTV, and Shift Commander. Auditor observed the quality and capability of the CCTV system as providing excellent overall coverage to prevent, deter and detect sexual abuse or sexual harassment of inmates. Auditor spent time with the bid CCTV Officer and 7-3 Shift Commander, reviewing and discussing the system's capabilities and procedures.

Alger has established strict inmate movement controls, and daily security measures, e.g. padlocking office doors open when in use or secured/locked when not. Staff appeared routinized to these security practices, which provide a safer correctional environment for the staff and inmates of Alger.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the MDOC PREA Manual, and Alger Staffing Plan, conducted a thorough on-site review, and conducted interviews of key facility staff. Facility personnel are performing their responsibilities accordingly, in response to the PREA Standards, PREA Manual and the Staffing Plan, which is established and reviewed annually, Staffing Plan.

#### **115.13(b) -**

- In circumstances where the staffing plan was not complied with, has the facility documented and justified all deviations from the plan? Yes.



In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the PREA Manual, pages 20-21; the PAQ, with attached Memorandum dated September 15, 2015, detailing the circumstances during which predetermined security posts would be deactivated; and the PAQ's reported six most common reasons for deviating from the staffing plan in the past 12 months, i.e. 1. Early outs/Mandates, 2. Contractor Escorts, 3. Transportation Coverage, 4. Emergency Incidents, 5. Sick Leave, and 6. Training. Alger has thoroughly evaluated their operations, and have determined when and where they can deactivate certain posts, due to scheduled daily activities. The institutional schedule has been established to accommodate required facility security operations, while ensuring fundamental overall security, including PREA monitoring.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who advised that Alger does not deviate from the staffing plan, with exception of predetermined posts. Overtime is authorized, and there is a mandate system to maintain the minimum complement necessary to ensure adequate security coverage.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor encountered multiple security staff working overtime during the audit teams on-site review, evidencing Alger's adherence to their established staffing plan and maintenance of their minimum complement. Auditor did not observe any post or common area accessible to inmates that did not have direct or indirect staff supervision or video monitoring.

#### **115.13(c) -**

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to:
  1. The staffing plan established pursuant to paragraph (a) of t section? Yes
  2. The facility's deployment of video monitoring systems and other monitoring technologies? Yes
  3. The resources the facility has available to commit to ensure adherence to the staffing plan? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Alger PAQ, the 2017 Alger Staffing Plan, and associated documents concerning predetermined variations from the plan. Alger utilizes MDOC form CAJ-1027, Annual Staffing Plan Review, to report their annual staffing review to their Lansing, MI Central Office. Auditor received and reviewed the most recent CAJ-1027 review form, dated December 22, 2016. The form is initiated by the PREA Coordinator/Inspector and receipted for by the Warden.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed the PREA Administrator and the Regional PREA Analyst, who advised that annual reviews (CAJ-1027) are required at all MDOC facilities.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the MDOC and Alger documentation concerning the requirement to conduct annual staffing reviews, and has determined that Alger is in compliance with the PREA standards and MDOC PREA Manual. Staff are performing their duties accordingly.

#### **115.13(d) -**

- Does the facility/agency have 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? Yes.

- Is this policy and practice is implemented for night shifts as well as day shifts? Yes.
- Does the facility/agency 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 functions of the facility? Yes.

Auditor reviewed agency policy requiring unannounced rounds by supervisory staff, i.e. PREA Manual, page 21; and PD 04.04.100 Section RR. Auditor reviewed random post logs during site review and computer entries evidencing supervisory rounds. Policy prohibits staff from alerting other staff that such supervisory rounds are occurring. When interviewed, supervisory personnel advised auditor that they vary their route times and methods, that staff are aware of this prohibition.

- **115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Alger PAQ and MDOC PREA Manual.

Youthful inmates are only housed at Thumb Correctional Facility in MDOC, during the initial classification/reception process. Youthful inmates are not housed at the Alger Correctional Facility. MDOC has policy and procedures in-place concerning the confinement of Youthful Offenders, in compliance with the standard.

**115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.15(a) –**

- Has the facility conducted any cross-gender strip searches by nonmedical staff without exigent circumstances present? No
- Has the facility conducted any cross-gender visual body cavity searches by nonmedical staff without exigent circumstances present? No

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC PD 04.04.140 Searches and Arrests of Prisoners,

Employees and Visitors, Sections V, W and Y, pages 5-6; LMF OP 04.04.140 Searches and Arrests of Prisoners, Employees and Visitors, Sections V and Y, pages 5-7; PREA Manual, Searches of Prisoners, Strip Searches/Body Cavity Searches, page 16; Non Routine Prisoner Strip Searcher Memorandums (2015); Alger PAQ.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy, the PREA Manual, and local Alger operating procedures, which all prohibit cross-gender strip searches of inmates, except in exigent circumstances or when performed by medical staff. Body cavity searches must be performed by a medical practitioner/staff, and need not be the same sex as the prisoner being searched. However, there shall always be at least one additional staff member present who is of the same sex as the prisoner being searched. If additional staff is present, they must be of the same sex as the prisoner. Auditor reviewed two examples of Non Routine Strip Search Memorandums forwarded to the Warden, which reported non routine strip searches conducted. This form includes an entry line where staff are required to report whether all staff present for the strip search were the same sex as the prisoner, and if not why not? The Alger PAQ reports that during the last 12 months there were 0 cases of cross gender strip or body cavity searches of inmates at Alger.

**115.15(b) -**

- Does the facility permit cross-gender pat-down searches of female inmates without exigent circumstances present? NA
- Does the facility restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? NA

In order to make a determination of compliance, the following policies and other documentation were reviewed: The PREA Manual, Searches of Prisoners, page 16.

This audit element is NA, as Alger does not house female inmates.

**115.15(c) -**

- Does the facility document all cross-gender strip searches and cross-gender body cavity searches? Yes
- Does the facility document all cross-gender pat-down searches of female inmates? NA

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.04.110, Search and Arrest in Correctional Facilities, pages 5-6; LMF OP 04.04.110, Search and Arrest of Prisoners, Employees and Visitors, pages 5-6; Training Module, Personal Searches, Section I. A. 2; PREA Manual, Pat Down and Clothed Body Searches, page 16; Non Routine Strip Search memos to Warden, notifying of strip searches and documenting same sex staff witnesses.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger has guiding MDOC policy and local operating procedures for personnel concerning cross gender strip searches, cross gender cavity searches and cross gender pat down searches. The PAQ reports 0 cross gender strip searches or body cavity searches in the last 12 months. MDOC policy is consistent with this standard's requirements.

**115.15(d) -**

- Does the facility have a policy that allows inmates 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
- Are inmates able 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? No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section O, GGG pages 3, 10; LMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section H, page 2 and Section LL, page 7; PREA Manual, Cross Gender Viewing, Knock and Announce, page 15; MDOC KNOCK AND ANNOUNCE postings; MDOC Bi-Lingual Privacy Notice sign; a digital photo of a unit shower equipped with a "PREA shower curtain."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed 9 random inmates and 7 random security staff. Two of the staff members interviewed advised auditor that inmates can be viewed by staff of the opposite gender during showers. Three of the inmates interviewed by the secondary auditor advised that inmates are naked in full view of female staff during showers. One other inmate stated that female staff are sent to the bubble during shower periods. A Correctional Officer engaged in informal conversation on the unit by auditor advised auditor that staff can see in the showers, so they (post officers) often assign female officers that feel uncomfortable to the control bubble. They also do not assign females to shower details, due to the shower configurations.

In order to make a determination of compliance, the following observations were made during auditor's on-site tour of the facility: During shower periods, the audit team were able to view inmate's buttocks and genitalia during on-site review, as we conducted the initial tour on June 7, 2017. This viewing is due to the exterior screening of the security gate, several open handcuff portals; and absence of any type of mid-body shower curtain within the shower area, itself. During one-on-one conversation within one of these housing units, an inmate advised auditor that "we stand with bodies exposed." The only units observed providing fundamental privacy for the inmates from opposite-gender viewing are the several units equipped with PREA-type shower curtains, i.e. clear plastic upper body and lower legs/feet, but with translucent material around mid-body, to provide breast, buttocks and genitalia privacy.

Concerning the policy requirement for opposite gender announcements, all 7 random security staff interviewed advised that it is a practice for females to knock and announce upon entering a housing unit. One of the officers advised that while the announcements are made at the front of the units, inmates cannot hear the verbal announcements at the rear of the units. Three of the 10 inmates randomly interviewed stated that females do not announce upon entering the housing units. Another stated they announce, "majority of the time" while another stated "sometimes."

The audit team observed and heard regular "Female in the area" announcements, during on-site review, and have concluded that staff are in compliance with this standard. It does appear doubtful, however, that such verbal announcements are readily perceivable in the cells, at the rear wings of the housing units, upper and lower tiers, especially during unit activities.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MDOC policy, PREA Manual and Alger operating procedures require that the Warden shall ensure that the facility's physical plant layout enables prisoners to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing the prisoner's breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Based upon the audit teams' on-site tour observations, staff and inmate interviews and informal input from post staff and a unit inmate, it was concluded that Alger was not in compliance with this standard, concerning opposite gender viewing during showers.

Staff are making the appropriate, required opposite gender announcements, in accordance with policy, and the standard, when entering a male housing unit. Yet there is evidence from

staff and inmates, and auditor first-hand observations, which indicate that a more effective method of announcing could be implemented. It is suggested that Alger consider a control bubble PA announcement by the bubble officer; an activation of a PA recording; the activation of a distinguishable bell, whistle, or other signal; or other means, in order to more effectively communicate female presence on the units.

**The auditor issued an Interim Report on July 24, 2017, reporting that the Alger facility required corrective action in order to meet the requirements of this standard element, i.e. 115.15 (d), concerning opposite gender viewing during showers as noted above. Subsequent to the issuance of the Interim Report, the auditor, Regional MDOC PREA Analyst and Alger Administration worked collaboratively towards developing a corrective action plan which meets all elements of the standard. Modifications are being made by the implementation of 14" of shower curtain material above the handcuff portals, and sufficient material below the portals in order to prevent opposite gender viewing of inmate's breasts, buttocks or genitalia. The auditor has reviewed Alger's digital photographs of the proposed material to be installed, and the agency PREA Administrator has provided a Letter of Reassurance, January 12, 2018, documenting MDOC's and Alger's intention to fully comply with the standard, by the implementation of the shower material as noted above in all facility showers not presently in compliance. Further, the MDOC and Alger have committed to the installation of handcuff slot doors to the remaining shower gates not presently equipped with cuff-slot doors, to prevent opposite gender viewing thru the cuff slots.**

#### **115.15(e) –**

- Does the facility refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes.
- If an inmate's genital status is unknown, does the facility determine this during conversations with the inmate, 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.04.110, Search and Arrest in Correctional Facilities, Section K, page 2; PD 04.06.184 Gender Identity Disorder (GID), Gender Dysphoria (GD), Section E, page 1; PREA Manual, Searches of Prisoners-Determining a Prisoner's Sex, page 16.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random staff interviewed were knowledgeable concerning the prohibition of searching a transgender or intersex inmate for the sole purpose of determining that inmate's genital status. Several LGBTI inmates were interviewed, including one who identifies as being transgender. None of the inmates interviewed advised that they had ever been searched for the sole purpose of identifying their genital status.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy is clear that there are prohibitions against searching transgender and intersex inmates for the sole purpose of identifying their genital status. Staff have received PREA training and their interviews have confirmed this awareness. The inmate interviews have supported the conclusion that Alger is in compliance with this standard element.

**115.15(f) –**

- 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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC Power Point Custody Searches Training Program; Training Module: The Application of Search Procedures for GID and Transgender Prisoners (in-service training); MDOC TADS Spread Sheets documenting that all custody staff have received GID Transgender Personal Searches training, (23 pages).

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: All random staff that were interviewed advised auditors that they had received cross-gender/transgender pat-down search trainings. Both an online module and a class, hands-on session, were reportedly presented. Staff described the praying-hands search technique to be utilized.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor has reviewed the CBT training program, Custody and Security in Corrections (Part 2), which covers Pat-Down Searches, Strip Searches and Clothed Body Searches. Auditor has reviewed the in-class training program Instructor's Manual for: Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners. This hands-on training curriculum developed by MDOC in 2013 requires that "Academy Style" complete and comprehensive searches be conducted each and every time. Staff interview results support that the documented training as reviewed by auditor has been provided and staff are trained in using such search methods.

**115.16 Inmates with disabilities and inmates who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.16(a), (b)**

- Does the agency take appropriate steps to ensure that inmates with the following 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:
  - Inmates who are deaf or hard of hearing? Yes
  - Inmates who are blind or have low vision? Yes
  - Inmates who have intellectual disabilities? Yes
  - Inmates who have psychiatric disabilities? Yes
  - Inmates who have speech disabilities? Yes

- Other: \_\_\_\_\_
- Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates who: Yes
  - Have intellectual disabilities? Yes
  - Have limited reading skills? Yes
  - Who are blind or have low vision? Yes
- *Note: An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.*

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed Section "OO" Page 7 of MDOC Policy Directive 03.03.140 Prohibited Sexual Conduct Involving Prisoners which provides for educational materials for all inmates. The PREA Manual, page 18, requires educational materials for the entire inmate population, to include interpreter services. Auditor reviewed the July 20, 2015 MDOC memorandum, and the MDOC Director's memorandum to all Wardens, notifying them to seek translation and interpreter services thru individual Purchase Orders. This to include written correspondence. Auditor reviewed a Braille version of the PREA pamphlet, available for issuance to blind inmates. Auditor reviewed the MDOC Prisoner Guidebook, which contains the PREA brochure/trifold and PREA Hotline information in English and in Spanish. Auditor reviewed the Alger Privacy Notice postings in English and Spanish, notifying inmates of female presence within the facility.

Auditor reviewed the March 14, 2017 memo from the Alger PREA Coordinator/Inspector advising that all inmates arriving to Alger are screened by the Security Classification Committee (SCC) to ensure all incoming inmates have received the appropriate PREA education. Any issues of having not received the required orientation, or inmates that are Limited English Proficient (LEP), or have disabilities, are addressed by the SCC at that time.

Auditor reviewed the November 9, 2016 Alger Purchase Order with Pallero Translations for Interpreter Services and Sign Language Services.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed the MDOC Agency Head (designee/PREA Administrator) who advised that the agency has taken a number of steps recently, by posting both English and Spanish PREA posters, the Prisoner Guidebook is available for issue in Spanish, the PREA video is close-captioned in Spanish and Arabic. We empowered facility to enter into contracts for sign-language services and translations services for the populations that need the translation.

There were no LEP, inmates currently housed at Alger, available for interview. Auditor inquired of random staff and inmates during interview, whether there were presently any LEP inmates at Alger. There was no evidence of any LEPs at Alger.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed MDOC PREA Hotline posters posted throughout the facility, in English and Spanish. Privacy Notices, i.e. opposite gender post assignments, within the housing units were also observed, which are provided in both languages on the same posting.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Documentation reviewed indicates Alger has contingency plans for interpreter, written communications, sign language, and disability issues, in order to take appropriate steps to ensure all inmates are informed of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

**115.16(c) -**

- Does the agency refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC PREA Manual, page 18, Prisoners with Disabilities or Limited English Proficiency; and MDOC Policy Directive 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section "OO" page. 7

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed seven random personnel. The responses indicated unawareness by staff of inmate interpreters ever being used at Alger to assist in first-response duties or investigation of sexual abuse or sexual harassment allegations. Auditor notes that there were no LEP inmates currently housed at Alger, and staff were generally unaware of the proper procedures to be followed or the interpretation services available. Auditor educated staff concerning acceptable practices, with staff understanding the sensitive/serious nature of the allegations requiring staff interpreters or a translation service, versus the use of inmate interpreters or inmate readers, or other types of inmate assistance. The audit team interviewed one disabled inmate, who advised the audit team that he had received the information concerning sexual abuse that he was able to understand, and that he would report to staff such an occurrence.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger has provided documentation evidencing their contract to provide necessary translation services, in accordance with MDOC instructions, and the PREA Manual.

**115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.17(a) -**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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



- 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.
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section? Yes.
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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.
  - 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.
  - Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 02.06.111 Employment Screening, Section D., page 1; PREA Manual, pages 19-20; the five PREA questions on the MDOC Employment Application; and the five PREA questions, i.e. questions 11-15, on the Corrections Supervisor Application.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The auditor interviewed the Human Resources Manager. This staff person advised auditor that criminal record background checks, LEIN-Law Enforcement Information Network, are conducted on all new employees and contractors who may have contact with inmates. Annually, LEIN checks are conducted on all custody staff. Other personnel have LEIN checks conducted every 3 or 5 years. Auditor reviewed HR spreadsheet evidencing LEINs conducted for all new hires/contractors since June 1, 2016.

Auditor was informed by HR that employees have a continuing affirmative duty to disclose any such previous misconduct, Employee Handbook, Rule 16-Felony; Rule 22-Misdemeanor or any other restrictions. Rule No 38 provides the employees with reporting requirements.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Based upon auditor's review of documentation, it is evident that Alger has a system of review which is in compliance with this PREA standard, MDOC policy and the PREA Manual. The HR interview and review of requested spreadsheets and individual examples of LEIN checks conducted establishes that Alger substantially exceeds the requirement of the standard.

**115.17(b) -**

- 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 inmates? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the a State of Michigan Employment

Application, at: [http://agency.governmentjobs.com/michigan/job\\_bulletin](http://agency.governmentjobs.com/michigan/job_bulletin), which includes 5 PREA inquiries, Questions 10-14; a promotional application, which includes PREA inquiries, Questions 12-16; MDOC PD 02.06.111 Employment Screening, page 2 E.; and the PREA Manual, pages 19-20.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a Human Resources management employee. This employee asserted that all applicants and promotional candidates are PREA-screened accordingly, in compliance with the PREA Manual and MDOC policy. This employee was very knowledgeable concerning all aspects of employee recruitment, screening, and employee initial and in-service background checks. Auditor requested and reviewed spreadsheet to confirm contractors and volunteers have had LEIN (Law Enforcement Information Network) background checks conducted.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy and the PREA Manual, employment applications and supervisory applications, and a sample of random, completed applications to verify established procedures are being complied with.

#### **115.17(c) -**

- Before hiring new employees who may have contact with inmates, does the agency:
  - Perform a criminal background records check? Yes.
  - 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 02.06.111 Employment Screening, Sections F, K and R., pages 2-3; and MDOC PREA Manual, Human Resources, pages 18-20.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger Human Resources Manager, who provided auditor with facility spreadsheets evidencing LEIN checks conducted on facility employees, contractors and volunteers. Auditor reviewed with HR staff the employment applications requiring applicants to respond to PREA inquiries. Alger has conducted criminal background record checks on 31 applicants, or 100% of applicants, during the last 12 months.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Policy review, interview responses and documentation review indicate standard compliance and MDOC policy compliance. Alger has an established practice of conducting LEIN checks annually on all custody staff, with other personnel LEIN-checked every 3 or 5 years. Auditor reviewed facility documentation evidencing approved/denied for all facility personnel, contractors and volunteers, during the last 12 months.

#### **115.17(d) -**

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC PD 02.06.111 Employment Screening, pages 2-3; and

PREA Manual, pages 18-20. Auditor reviewed completed employment applications and spreadsheets evidencing 11 contractors presently actively serving Alger, and LEIN-cleared. Also 13 volunteers currently active and LEIN-cleared. Auditor reviewed email exchanges between MDOC Headquarters and the Alger facility evidencing the process of conducting criminal background records checks of employees, contractors and volunteers.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed Alger Human Resources staff, who explained the procedures of the background checks for custody staff, contractors and volunteers. During the past 12 months 20 LEIN checks were conducted on contracted staff who might have contact with inmates. Auditor reviewed facility forms and spreadsheets with the Human Resource staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Based upon auditor's review of MDOC Policy, PREA Manual and facility procedures, Alger complies with the standard. All employees, contractors and volunteers submit required applications, are appropriately screened and cleared prior to having contact with inmates. Facility documentation evidences an organized and well documented process.

**115.17(e) -**

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 02.06.111 Employment Screening; and MDOC PREA Manual. Auditor reviewed spreadsheets evidencing LEIN checks conducted on all employees, contractors and volunteers.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed Alger Human Resources staff. Auditor was oriented to the LEIN checks conducted on every employee, contractor and volunteer, either annually, every 3 years or every 5 years.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Review of facility documentation supports compliance with agency policy, the PREA Manual and PREA Standards.

**115.17(f) -**

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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 employees? Yes.
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 02.06.111 Employment Screening, Section E. page 2; and PREA Manual, Human Resources page 19.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed Alger Human Resources staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC Employment Application Forms, and samples of employee applications to verify applicant responses to the PREA inquiries. Auditor also reviewed promotional applications to verify compliance with MDOC policy. HR staff explained all aspects of the hiring processes to auditor, and provided documentation, (MDOC Employee Handbook, Rules 16, 22 and 38), which requires a continuing affirmative duty of personnel to disclose any such previous misconduct.

**115.17(g) -**

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 02.06.111 Employment Screening, Section J on page 2; and PREA Manual, page 19.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor has reviewed MDOC PD 02.06.111, Employment Screening and the PREA Manual, which address material omissions which "...may result in termination."

**115.17(h) -**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 02.01.140 Human Resource Files, Section CC, page 5; and the MDOC PREA Manual, page 20. Auditor also reviewed 4 examples of prior cases of authorized release of information to other institutional employers. All releases of information were processed by authorized MDOC HR personnel or MDOC PREA officials.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed Alger Human Resource staff, who reiterated compliance with MDOC PD 02.01.140, that Alger would release such information contingent upon obtaining a signed release from the former employee.

**115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)

- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.18(a) - (b)**

- 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 inmates from sexual abuse? Yes.
- When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PREA Manual, Facility and Technology Upgrades, page 21; MDOC Project Review and Approval form, CAH-135; and a completed CAH-135 for HVAC improvements to Alger during 2017. Auditor notes that the CAH-135 form contains a “PREA Consideration” category to designate the justification for a requested project submission.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger Warden, who discussed prior upgrades to the electronic monitoring systems throughout Alger. The facility proceeded with such expansion of CCTV in order to provide additional protection to inmates from sexual abuse.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor and secondary auditor conducted a thorough on-site review of the Alger Correctional facility. A significant number of cameras provide excellent deterrent, detection and video retrieval capability. The cameras were noted to be strategically placed, and supportive of on-post personnel. Auditor spent time in the Control Center with regular post personnel who oriented auditor to the many features of the CCTV system.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Audit team observed the video monitoring system cameras throughout the facility during on-site review. Auditor also was informed of recent camera upgrades (June 2015) which were intended to address areas identified due to PREA incidents which had occurred at another facility. Auditor noted the multiple CCTV control stations within the facility, and had the regular Control Center Officers and Commissioned Officers walk me thru the established procedures and capabilities of their system. The posted staff and management personnel were very familiar and knowledgeable concerning their electronic surveillance and monitoring systems.

**115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.21(a) -**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Manual, pages 10, 25-26, and 28-29; and the MDOC Crime Scene Management and Preservation curriculum from the 2015 In-Service Training Manual.

The following people were interviewed and the following interview findings were considered: Auditor and secondary auditor interviewed random staff, whose responses reflected prior training and an awareness of first responder duties, in securing the scene, separating participants, preserving evidence, and notifying supervisory personnel.

The following observations were made during my on-site tour of the facility: Auditor observed adequate security supervision in all areas visited. The audit team engaged numerous personnel in informal conversation concerning PREA and their general duties on their specific post(s). Staff were observed to be performing their duties in a conscientious and professional manner. Staff encountered were friendly and accommodating to the audit team. On-post personnel were helpful in assisting the auditors in understanding facility routines and procedures.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the PREA training curriculum; the MDOC Sexual Violence Response and Investigation Guide (pocket version); the PREA Manual concerning Specialized Investigator Training, Response to Reported/Detected Sexual Abuse, and Sexual Abuse/Sexual Harassment Investigations. Staff responses to interview questions indicated an excellent knowledge of first responder duties to address sexual abuse allegations/incidents, in order to preserve useable physical evidence.

**:115.21(b) -**

- Is this protocol developmentally appropriate for youth where applicable?
- 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?

**Not Applicable. Alger does not confine Youthful Offenders**

### **115.21(c) -**

- Does the agency offer all victims of 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Manual, Medical/Mental Health Services Following an Allegation of Sexual Abuse, page 26; MDOC PD 03.04.100 Health Services, Section UU, page 10; LMF OP 03.04.125 Medical Emergencies, Section U, page 4; and the Alger March 14, 2017 Memorandum reporting to auditor the reliance on two community hospitals to provide SAFE/SANE services in event of a sexual abuse incident.

In order to make a determination of compliance, auditor interviewed the Registered Nurse, RN, who coordinates SANE services at Munising Memorial Hospital, and the Marquette General Hospital Director of Clinical Services. Neither area hospital has a Certified SANE, although the majority of the female nurses at Munising are SANE trained, and can assist the attending physician who would do the actual evidence collection. The SANE-trained RNs would do the evidence kits, in assisting the physician. In the event there is not a SAFE/SANE staff member on duty at Munising Memorial, the inmate would be sent to Marquette General for SAFE/SANE services. In the past 12 months, there were no inmates sent to either community hospital due to sexual abuse.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy, the PREA Manual and local Alger operating procedures provide for transport of an inmate who is alleged to have been sexually abused to a local hospital for a forensic medical examination. Auditor interviewed both community hospitals' SANE coordinators, who confirmed the hospitals forensic medical examination procedures that would be offered to an Alger inmate, should an Alger inmate be received in the Emergency Room. The hospitals would utilize their current SAFE/SANE services/procedures for an inmate patient, as they would in providing such services to community citizens. Such services are offered without financial cost to the victim.

### **115.21(d) - (e)**

- 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.
- *NOTE: For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape*

*crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.*

- If requested by the victim, a victim advocate, qualified agency staff member, or qualified
- community based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Manual, page 27, Victim Advocate; the MDOC Deputy Director's Victim Advocate memorandum dated November 28, 2016; the email dated May 4, 2016, seeking Victim Advocate, VA, assistance from a local community agency in Marquette, Michigan, forwarded by the Alger MDOC PREA Analyst; the roster of 14 trained and certified Alger VA staff employees; and the 10 hour training curriculum consisting of 14 courses, established by the Office for Victims of Crime, Training and Technical Assistance Center (OVCTTAC) for staff Victim Advocates. Auditor also viewed an individual training document, CAR-854 Training Report, evidencing employee VA training. Completion of the VA course results in a Training Certificate authorized by the website, <https://www.ovcttac.gov>.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger PREA Coordinator/Inspector. This employee advised auditor, consistent with the Pre-Audit Questionnaire documentation provided, that facility efforts to obtain community agency VA services proved negative. Alger therefore trained and certified a cadre of facility staff, in compliance with MDOC/OVCTTAC standards, in order to provide required VA services, as needed. In the absence of on-duty medical or mental health personnel, certified VA staff can function as Victim Advocates. Auditor notes that all medical and mental health staff are required to also complete the noted VA online training course. Auditor notes that Alger has a complement of 14 trained Victim Advocate employees.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger responded to the absence of available community agency VA services, by identifying appropriate employees to be trained and certified for possible VA duties required in the event of a sexual abuse. The documentation evidences an established 10-hour MDOC training curriculum of facility personnel to serve as qualified agency staff members, with the establishment of a 14-member team of Alger certified Victim Advocates. Such personnel would support the victim through the forensic medical examination process and investigatory interviews and provide support emotional support, crisis intervention, information, and referrals. Alger is therefore determined to be in compliance with the Deputy Director's memo, the PREA Manual, and this standard.

#### **115.21(f) -**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Michigan State Police, MSP, Letter/Memorandum of Understanding, MOU, dated September 30, 2015; the MSP email, dated November 16, 2016, concerning PREA compliance; the MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section LL; and MDOC PREA Manual, page 30.



The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MSP have investigative policies and procedures in place concerning evidence preservation, and have committed by way of a MOU with MDOC, to comply with the requirements of this PREA standard. They further will allow Victim Advocate services to be provided during any forensic examinations by an authorized MDOC staff person.

**115.21(g) -**

- The requirements of paragraphs (a) through (f) of this section shall also apply to:
  - (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and
  - (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Auditor reviewed cited documentation as noted in 115.21 (e). Documentation indicates the MSP have a MOU with MDOC to comply with applicable PREA standards, which are included within the MOU.

**115.21(h) -**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC Deputy Director's memorandum dated 11-28-16, providing instruction to MDOC facilities in order to establish trained and certified facility VA personnel. Auditor reviewed MDOC PREA Manual, page 27, which requires individuals screened for appropriateness to serve in a VA role, and who have received education concerning sexual assault and forensic examination issues in general.

Appropriate personnel must receive the standardized OVCTTAC online training, and are utilized in situations where no medical or mental health staff are on-duty, in accordance with MDOC direction.

**115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.22(a) -**

- 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section J, page 2; MDOC PD 01.01.140 Internal Affairs, Sections C, D, G, I, M, O, pages 1-4; MDOC PREA Manual, Allegations, Investigations, Personnel Actions System (AIPAS); and Alger investigative spreadsheets for the last 12 months.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed the MDOC Agency Head (designee/PREA Administrator), who advised that the requirement to conduct investigations on all reported cases of sexual abuse or sexual harassment is written into MDOC policy. If an employee receives an allegation, they forward to appropriate supervisor or PREA Coordinator/Inspector, notify Warden and Warden assigns a PREA-trained investigator. The investigator generates questions, formulates conclusions and investigative report, with accompanying documentation, goes back to Warden for final facility review. If the PREA Coordinator/Inspector concludes the conduct may be criminal conduct, the investigation is referred to the Michigan State Police (MSP).

The following describes how the evidence above was used to draw the final conclusion regarding compliance: There were 63 total sexual abuse or sexual harassment allegations received in the last 12 months. All allegations received were investigated, with 11 referred for criminal investigation (all sexual abuse allegations are reported to the MSP by Alger). Auditor reviewed all sexual abuse investigations with the PREA Coordinator/Inspector, and reviewed the spreadsheet and a sampling of 2016-2017 sexual harassment investigations. All cases were properly processed, with a trained investigator assigned, documentation initiated, the Warden notified, direct and circumstantial evidence collected and preserved, and conclusions documented.

MDOC PREA Manual requires all allegations involving personnel be entered into the Allegations, Investigations, Personnel Actions System (AIPAS). MDOC Internal Affairs is notified upon this data entry, and coordinates all facility investigations (sexual abuse and sexual harassment).

#### **115.22(b) -**

- 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, make the policy available through other means? Yes.
- Does the agency document all such referrals? Yes.

#### **115.22 (c)-**

If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 01.01.140 Internal Affairs, Section C, page 1; PREA Manual, Criminal and Administrative Investigations, page 28; MDOC website,

01 Administration and Organization: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Sections KK and LL, pages 6-7; MSP Letter to MDOC Director, date September 30, 2015, affirming MSP's responsibility to investigate criminal conduct in MDOC facilities.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger PREA Coordinator, who advised auditor that sexual abuse or sexual harassment allegations involving potentially criminal behavior are referred to the MSP for criminal investigation.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC has Policy Directives which require criminal investigations of potentially criminal conduct be conducted by the MSP. These Policy Directives are published on the MDOC Website, which describe the agency and investigating entity's roles. The MDOC website was reviewed by auditor. Auditor reviewed all of the allegations of sexual abuse which were referred to the MSP, which is in compliance with MDOC policy, and this standard.

**115.22(d) -**

- Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the PREA Manual, page 10; MDOC PD 01.01.140 Internal Affairs; and PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger complies with MDOC policy concerning the conducting of criminal and administrative investigations involving sexual abuse or sexual harassment. The conduct of the investigations, whether addressed by Alger investigators or MSP investigators, is as documented in the aforementioned policy directives, and the MSP documentation reviewed by auditor.

**115.22(e) -**

- Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

NA

**115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.31(a) -**

- Does the agency train all employees who may have contact with inmates on:
  - Its zero-tolerance policy for sexual abuse and sexual harassment? Yes.
  - How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes.
  - Inmates' right to be free from sexual abuse and sexual harassment; Yes.
  - The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes.
  - The dynamics of sexual abuse and sexual harassment in confinement? Yes.
  - The common reactions of sexual abuse and sexual harassment victims? Yes.
  - How to detect and respond to signs of threatened and actual sexual abuse? Yes.
  - How to avoid inappropriate relationships with inmates? Yes.
  - How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes.
  - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the 2016 and 2017 MDOC In Service Training Plans; the New Employee Training Plan; the Menu Course Catalog w/Sexual Abuse and Sexual Harassment in Confinement, Modules 1 and 2, CBT course, with exam; the Instructors Module for the PREA CBT; the TADS Training Spreadsheets/Course History Report, documenting Alger employee PREA training completion for 2016-2017; the Correctional Facilities Administration, CFA, Program A, Security Regulations, Prison Contact-Sexual Abuse, Overfamiliarity and Unauthorized Contact; and the MDOC PREA Manual, Training, pages 9-10.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random staff interviews conducted by the audit team indicated personnel had received the required PREA training, as staff responses evidenced knowledge concerning the facility's zero tolerance policy, their duty to fulfill their responsibilities concerning PREA, and inmates' rights. Staff noted that they have annual trainings, and PREA trainings are both CBTs and in-class sessions.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor received and reviewed the 2016-2017 TADS (Training Automated Documentation System) spreadsheet, reporting the completion of the required PREA course, Course Code 45117, Sexual Abuse and Sexual Harassment in Confinement, by all 256 Alger employees. This documentation also reports whether the employees have successfully passed the examination, with a passing score of 70%. Employee interviews conducted have indicated that employees have received and understand the PREA training.

**115.31(b) -**

- Is such training tailored to the gender of the inmates at the employee's facility? Yes.
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC PREA Manual, Training, page 10.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual requires employees reassigned from a facility that houses only male prisoners to a facility that houses only female prisoners to receive additional training, and vice versa. The Alger PREA Coordinator has advised that there were no such employee transfers from a female correctional facility into Alger during the last 12 months, but that Alger would provide this required additional training.

**115.31(c) -**

- Have all employees 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor received and reviewed the TADS spreadsheets reporting that all 256 Alger employees had received the required PREA training. Alger staff also receive semi-annual refresher PREA training.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the pertinent Alger training records, and interviewed random Alger personnel. The secondary auditor also interviewed random employees. Interview results have supported the documentation reporting that the required PREA training is being presented and is understood by personnel.

**115.31(d) -**

- Has the agency documented, through employee signature or electronic verification that employees understand the training they have received? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC PREA Manual, Training, page 10 requires that employees document through an employee signature or electronic verification that employees have received and understood the PREA training.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor has reviewed the Alger training records, to include the electronic verifications by personnel. Audit interviews have indicated that staff have received and understood the PREA training.

**115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**115.32(a) -**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor has reviewed MDOC PD 03.02.105, Volunteer Services and Programs, pages 1 and 4, Sections E, R, S; LMF OP 03.02.105 Volunteer Authorization and Approval Process, Number 12, page 2; PD 03.03. 140 Prohibited Sexual Conduct Involving Prisoners, pages 1 and 8. PREA Manual, page 10, Volunteer and Contractor; Program A, Correctional Facilities Administration, Prisoner Contact-Sexual Abuse, Sexual Harassment, Overfamiliarity and Unauthorized Contact, page 30; and the Alger Facility Guidelines for Volunteers/Contractors.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor randomly selected a volunteer to be interviewed. This volunteer is aware of the agency's zero tolerance policy, his reporting responsibilities and overfamiliarization issues. The volunteer advised that he had signed for the training and received a PREA booklet, from the Volunteer Program Coordinator at Alger. Auditor interviewed a contracted employee who advised that he has received the MDOC CBT PREA training; a classroom PREA training presented by his company; and completed a Webinar/power-point PREA program. This contracted employee was knowledgeable concerning PREA duties and responsibilities, and had prior direct knowledge while employed at another facility of PREA situations involving inmates and other staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the extensive Alger documentation available evidencing the PREA training of facility contractors and volunteers. Auditor reviewed the Individual Training Histories and Individual Training Program Reports, CAR-854s, of 11 contracted staff. This documentation verified contractor completion, and included a signature verification. Interviews of a contractor and volunteer indicated both contractors and volunteers receive the required PREA training at Alger.

**115.32(b) -**

- Though 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 inmates, have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 03.03.140 Sexual Conduct Involving Prisoners; PD 03.02.105 Volunteer Services and Programs, Sections Q and R of Volunteer Orientation, pages 3 and 4; and available training documentation.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a contracted employee (Supervisor), and a volunteer. Responses indicated prior PREA training was completed by the individuals. The contracted employee advised that the contractor provides additional PREA training to their employees, i.e. Food Service.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The level and type of the PREA training provided is based on the services provided and level of inmate contact, i.e. contracted Food Service personnel receive additional Alger facility PREA training, and refresher training, beyond that of the volunteer interviewed. The contractor also provides additional PREA training to their employees. Auditor notes that contracted Food Service staff have direct, daily supervisory duties with inmate work crews. The additional training is therefore appropriate, and necessary.

**115.32(c) -**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor has reviewed pertinent MDOC Policy Directives, PREA Manual and contractor and volunteer training documentation.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a contracted employee and a volunteer. Both individuals advised that they had received prior PREA training, and that they had received for that training completion.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: During multiple trips into the Food Service Department during the 2-day audit, auditor observed numerous inmates supervised by both male and female work supervisors in the main kitchen area, and inmate dining room. Auditor noted that staff were properly supervising the inmate work details in a professional manner. No inappropriate conduct or overfamiliarization was observed.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger is required to comply with required MDOC PREA training and other applicable Policy Directives, for all contractors and volunteers. The training documentation reviewed is thorough, documenting dates, subjects, hours, and including signatures. Contractor and volunteer interviews indicate such training is being presented as required, and is being completed, as the training records reflect.

**115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.33(a) -**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes.
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed LMF OP 04.01.140 Prisoner Orientation,

Section 2, page 2; PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section 00, page 7; PD 04.01.105 Reception Facility Services, Section M, page 4; MDOC RGC PD 04.01.140, Charles E. Egeler Reception and Guidance Center, pages 1-2; PREA Manual, Prisoner Education, page 11; MDOC Sexual Abuse poster w/Hotline number, 517-335-5355; MDOC website, at: [www.Michigan.gov/corrections](http://www.Michigan.gov/corrections); LMF Prisoner Guidebook with Guidebook Receipt; CAR-1036, Prisoner Education Verification Form; LMF's Intake File Review Form; and MDOC trifold, Identifying and Addressing Sexual Abuse and Sexual Harassment.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The secondary auditor interviewed Intake Staff, who advised that the all incoming inmates are reviewed immediately upon intake, by the Security Classification Committee (SCC), which is chaired by a Deputy Warden. The SCC confirms whether the inmate has had PREA education, and if not, the inmate receives the PREA trifold, and the Program/Classification Director is contacted to schedule the PREA education. Random inmates interviewed advised the secondary auditor that they had received PREA information upon arrival to Alger

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed PREA posters and a Notice of Audit posted within the Intake processing area.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed samples of the LMF Prisoner Orientation Guidebook Receipt, and reviewed a sample of completed Intake File Review forms, which document initial processing, PREA screening, and verification of PREA education. The inmates randomly interviewed confirmed that the SCC does conduct immediate inmate PREA orientation upon intake. The secondary auditor observed the SCC conducting the inmate intake process on June 7, 2017. As required, the SCC was chaired by a Deputy Warden during these observations. Prior samples of Intake File Reviews completed at Intake also bear the Deputy Warden's signature/initials. Alger's PAQ reports that 100%, or 785 inmates received during the last 12 months at Intake were provided information about the facility's zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The MDOC Prisoner Guidebook/ Alger Prisoner Guidebook of Information and Rules contains the MDOC PREA Trifolds, How to Avoid Sexual Violence in Prison, and Identifying and Addressing Sexual Abuse and Sexual Harassment-A Guide for Prisoners. The Prisoner Guidebook also contain copies of the PREA posters and a Notice from MDOC with instructions for inmates to call tips into Crime Stoppers. The Alger Guidebook also has a Sexual Abuse is Not Part of Your Sentence page, containing the Sexual Abuse Hotline number (517-335-5355), or to report online at: [www.Michigan.gov/corrections](http://www.Michigan.gov/corrections). The auditor notes that the Guidebooks, Trifolds and PREA postings are available for issue in either English or Spanish

### **115.33(b) -**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding:
  - Their rights to be free from sexual abuse and sexual harassment? Yes.
  - Their rights to be free from retaliation for reporting such incidents? Yes.
  - Agency policies and procedures for responding to such incidents? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed LMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section SCC, page 2; LMF OP 04.01.140 Prisoner Orientation, PREA Prisoner Education Verification, and pamphlet-How to Avoid Sexual Violence in Prison; Program Classification Report memorandum from the Alger PREA Coordinator advising that the SCC reviews all incoming inmate files to determine whether they had received the comprehensive PREA education. Those who have not received the required



PREA education are referred to the Classification Director to schedule a viewing of the "Taking Action" PREA video. The Alger PAQ reports that 742 inmates received the PREA education during the past 12 months.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed an Intake Staff person and random inmates. Interview results demonstrated that the intake process and PREA education practices are consistent, that incoming inmates are screened, oriented, and educated accordingly, concerning the agency's zero tolerance policy, their rights to be free from sexual abuse, sexual harassment and retaliation, and regarding agency policies for responding to such incidents.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor observed numerous PREA posters throughout the facility, providing inmates with guidance in reporting incidents of sexual abuse or sexual harassment.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the MDOC and Alger policies and Operating Procedures, and sample documentation, then observed on-site the conducting of a SCC inmate review. The audit team interviewed Intake Staff and random inmates to confirm that the established procedures have been implemented and are being complied with. The evidence indicates that inmates are seen by the SCC immediately upon intake, are appropriately screened and oriented, and provided PREA education by staff persons, peer educators and through the Taking Action video presentation.

**115.33(c) -**

- Have all inmates received such education? Yes.
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed LMF OP 04.01.140 Prisoner Orientation; LMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, section SCC, page 10; and a sample of a completed Intake File Review form, which documents the intake processing of all incoming inmates.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed Intake Staff, and observed the Intake process conducted during a MDOC bus arrival transport day (June 7<sup>th</sup>, 2017). The Intake staff reviewed their intake processing practices, the Intake Review Form, and noted that MDOC facilities have an established practice of stamping the external cover of the inmates file with "PREA ED", indicating that the inmate has received the comprehensive PREA education. All inmates have received the comprehensive education within 30 days of intake, at Alger, during the last 12 months.

**115.33(d) -**

- Does the agency provide inmate education in formats accessible to all inmates including those who:
  - Are limited English proficient? Yes.
  - Are deaf? Yes.
  - Are visually impaired? Yes.
  - Are otherwise disabled? Yes.
  - Have limited reading skills? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC Deputy Director's Memorandum, dated 7-20-15, directing all facilities to retain services for foreign language translations, and, as appropriate, American Sign Language services, ASL; Alger Purchase Order, dated 11-9-16, for Pallerio Translations, for Interpreter Services and Sign Language for FY 2017; LMF OP 04.01.140 Prisoner Orientation, Section C and D, page 1; PREA Manual, Prisoner Education, page 11; Spanish versions of the Prisoner Guidebook, Privacy Notice (females in the area), PREA posters, and PREA Trifold; Braille PREA Trifold.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: There were no Limited English Proficient, LEP, inmates presently confined at Alger.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team verified that numerous PREA posters and Privacy signs, in Spanish, were prominently posted throughout the facility. The auditor was provided a Spanish version of the Prisoner Guidebook, and a Spanish PREA trifold.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger has the necessary documentation to evidence they are prepared to address communication/translation issues with the inmate population, whether the inmates are LEP, deaf, visually impaired, otherwise disabled, as well as for inmates who have limited reading skills. Section D of LMF OP Prisoner Orientation provides for a staff member to read the Prisoner Guidebook aloud or provide an audio version, upon request, to a prisoner who can read neither English or Spanish.

#### **115.33(e) -**

- Does the agency maintain documentation of inmate participation in these education sessions? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC form CAJ-1036 Prisoner Education verification, and several completed CAJ-1036s; and the Intake Review File, which documents the SCC review of all incoming inmate transfers to Alger.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Intake staff were interviewed and confirmed that an Intake File Review form is completed upon the entry and initial review of all inmates into Alger.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed two inmates in-processed into Alger on June 7, 2017. The Deputy Warden chairing the SCC completed the Intake File review for the incoming inmates, documenting his participation in the orientation/education sessions.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The audit team reviewed the MDOC and Alger policy and procedures, the forms utilized to document PREA orientation and education sessions, and observed two intake PREA assessments of inmates into Alger. Alger personnel, as a matter of daily routine, comply with the documentation requirements of MDOC and their facility in the orientation and education of the inmates at Alger.

#### **115.33(f) -**

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 04.01.140 Prohibited Sexual Conduct Involving Prisoners, Sections E and F, pages 1 and 2; LMF OP 04.01.140 Prisoner Orientation, Sections E and F, pages 1-2; LMF OP 03.03. Prohibited Sexual Conduct Involving Prisoners, Section JJ, page 7; PREA Manual, Prisoner Education, page 11

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor observed numerous PREA posters prominently mounted throughout the facility. All inmates receive Prisoner Guidebooks and PREA trifold.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility takes action, in accordance with policy and procedure, to properly orient and educate the inmates immediately upon entry into Alger. Thereafter, inmates retain their Guidebooks and PREA trifolds. Additionally, posters are mounted throughout the facility, and Hotline numbers are available. Copies of PD 03.03.140 "Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners" and the handbook "An End to Silence" is available to prisoners at the facility library. Copies of the handbook may be provided to prisoners upon request.

#### **115.34 Specialized training: Investigations**

- X Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.34(a) -**

- In addition to the general training provided to all employees pursuant to §115.31, 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Basic Investigator, Interview and Investigation Techniques and Fundamentals, 2014 Trainer's Manual; the National Institute of Corrections, NIC, PREA/Investigating Sexual Abuse in a Confinement Setting Course; MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section DD, page 5; PREA Manual, Specialized Training-Investigator, page 10.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger PREA Coordinator, who has completed both the PREA Basic Investigator Course and the NIC courses. He advised that only trained PREA investigators are assigned to conduct sexual abuse and sexual harassment investigations. He advised that other staff had successfully completed the NIC course, to include the Alger Warden, and other key security personnel.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy and the PREA Manual require specialized investigative training. Alger utilizes a large number these investigators, 14, that have successfully passed this training course, to conduct assigned investigations.

**115.34(b) -**

- Does this specialized training include:
  - Techniques for interviewing sexual abuse victims? Yes.
  - Proper use of Miranda and Garrity warnings? Yes.
  - Sexual abuse evidence collection in confinement settings? Yes.
  - The criteria and evidence required to substantiate a case for administrative action or prosecution referral? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Basic Investigator Training Manual, Interview and Investigation Techniques and Fundamentals.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the PREA Coordinator/Inspector, who coordinates PREA investigations, and who also conducts investigations. He advised that the specialized training included techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria required to substantiate a case for administrative or prosecution referral, i.e. a preponderance of the evidence.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the curriculum of the specialized investigator training course, and ensured that the standard's training requirements were met. Auditor reviewed the Alger PAQ and interviewed the PREA Coordinator, who is in a lead position concerning investigative operations at the facility.

**115.34(c) -**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor has reviewed the training rosters for all of the 14 Alger investigators who have completed the required specialized investigator training. Auditor has further reviewed the 16 staff members (14 authorized investigators plus the Warden and a Sergeant) who have completed the NIC investigative course.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the training reports of all of the authorized Alger PREA investigators who have completed the MDOC Training Division's specialized training for sexual abuse investigators, in accordance with this standard.

**115.34(d) -**

- Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed a letter from the Michigan State Police, MSP, dated September 30, 2015, addressed to the MDOC Director of Corrections. This letter, or MOU, confirms the MSP role, responsible for investigating criminal allegations of sexual abuse in MDOC prisons. The MSP asserts that they are in compliance with PREA, 115.21 (a), (b), (c), and (e).

### **115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.35(a) -**

- 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? Yes.
  - How to preserve physical evidence of sexual abuse? Yes.
  - How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes.
  - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD )2.05.101 In Service Training, page 1; PD 02.05.100 New Employee Training Program, Pages 1-3; Course History Reports/Spreadsheets for Health Care/Mental staff for 2016-2017; PREA CBT Training Modules 1 and 2, for Health Care, and Mental Health; PREA Manual, Specialized Training-Health/Mental Health Care, pages 10-11.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a health care employee and a mental health care employee. Both employees advised that they had successfully completed the required specialized PREA training, and both received the Victim Advocate training, in order to serve in that capacity in the event of a sexual abuse incident within the facility. Auditor confirmed that the mental health staff member had completed the specialized CBT by checking the Course History Report for Mental Health staff. He had passed the course on 3-27-15. The health care employee advised that she had completed both the MDOC PREA CBT and the Victim Advocate training, as offered by Alger. Auditor also verified completion of both courses by the health care employee.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy, the MDOC specialized CBTs, and the Alger training rosters for health care and mental health staff. Alger training documentation and the PAQ report 16 medical and mental health care practitioners, or 100%, have received the required specialized training. Auditor also reviewed a sample of a health care employee CAR-854, Individual Training Program Report, dated 1-23-17, which is signed by the employee, indicating he had passed the 2- hour specialized CBT course for mental health personnel. Auditor interviews with a random health care and a random mental health employee established that the employees had received the required training and were knowledgeable concerning detecting and responding to signs and reports of sexual abuse.

**115.35(b) -**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? NA

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed Alger PAQ and discussed forensic examinations with agency PREA officials. Such exams are conducted by qualified health care personnel, SAFE/SANE, at community hospitals, i.e. Munising Memorial or Marquette General. Alger staff do not conduct such examinations.

**115.35(c) -**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor has received and reviewed the Course History reports for medical and mental health care personnel. These reports constitute the spreadsheets, for personnel, by classification, and indicate whether the employee has successfully passed the exam.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed both a medical and a mental health care employee. Both staff members advised that they had completed the required PREA training.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the training documentation provided by Alger with the PAQ. Auditor interviewed two employees and checked to verify they had received the training as stated. Auditor notes that the mental health staff person is not a full time Alger employee, but a MDOC employee shared by several regional facilities. It was necessary to conduct a phone interview with this mental health staff person who serves Alger, due to his obligations at other facilities. Auditor confirmed that he had received the required specialized training, as documented on the Alger Course History Report for mental health personnel.

**115.35(d) -**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes.
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the PREA Manual, Specialized Training-Health/Mental Health Care, page 10, which requires all medical and mental health personnel to also receive the general PREA training which is offered to all other agency employees.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interview and health care and a mental health practitioner. Both asserted that they had received the required PREA training.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MDOC PREA specialized training modules incorporate the general PREA training into the 2 modules of the 2-hour specialized courses required of medical/mental health staff.

#### **115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.41(a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes.
- Are all inmates assessed upon transfer to the audited facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section-Risk Assessments, "O", page 3; LMF OP 05.01.140 Prisoner Placement and Transfer, pages 3-4; PREA Manual, Placement Screening, pages 11-13; PREA Risk Assessment Manual, page 4; Completed Risk Assessments Worksheets, CAJ-1023, (initial, w/i 72 hours) and Risk Assessment Reviews (w/i 30 days of inmate's arrival).

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed Staff Responsible for Risk Screening and a random sample of inmates. The risk-screening staff member advised auditor that an initial risk assessment is conducted for every inmate upon entry into Alger. The CAJ-1023, Risk Assessment Worksheet is completed and a computer entry made. The secondary auditor observed two inmate intake receptions on June 7, 2017, and witnessed the SCC conducting these reviews, asking the PREA risk assessment questions of the incoming inmates.

Random inmates (8), interviewed by the audit team indicated that Alger did not ask the PREA Risk Assessment questions upon their entry into the facility. Only one random inmate, a recent May 8, 2017 arrival, stated he was asked the risk assessment questions.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed all pertinent MDOC and Alger policies and procedures, with secondary auditor observing two intake screenings of incoming inmates and interviewing Intake staff and random inmates. The audit team was informed by the Regional PREA Analyst that MDOC implemented a policy requirement effective April 27, 2017 that all facilities would conduct risk assessments upon arrival of an inmate, from any source, e.g. routine transfer, initial assignment, federal, county, parole, etc. Prior to that date, the MDOC facilities largely relied upon the risk assessments conducted at the MDOC Charles Egeler Reception and Guidance Center (RGC). Alger implemented the intake risk screening

early, on March 29, 2017. Auditor has determined that Alger has demonstrated a record of sustained compliance by the auditor observing actual risk assessments conducted during on-site review, and by OMNI screenshot reviews of fifteen initial risk assessments and 30-day risk assessment reviews conducted during the period April into July 2017. The OMNI system has a feature that automatically time-dates any entry by a staff person, thereby confirming the date-time of any entry researched. Auditor has confirmed that all 15 risk assessments and reviews conducted as reported by Alger have been conducted accordingly, and documentation within the OMNI system supports that this procedure has been effectively implemented. Subsequent to July, 2017, auditor selected 5 random inmate commitments to Alger monthly (August thru November, 2017) to verify required risk screenings consistently being conducted by personnel. The inconsistent initial risk screening practices evidenced by the results of the inmate interviews at the outset of the policy implementation in March, 2017 have been eliminated, with Alger demonstrating that the initial risk screenings have been consistently administered subsequent to auditor's on-site audit, based upon auditor's review of Alger's computerized entries thru the end of November, 2017.

#### **115.41(b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 05.01.140 Prisoner Placement and Transfer, PREA Risk Assessment, Section CC, page 5; LMNF OP 05.01.140 Prisoner Placement and Transfer, Section K, page 3; PREA Manual, Page 13; PREA Risk Assessment Manual, When/Where the Risk Assessments Are Completed, page 4; and three Risk Assessment Worksheets, CAJ-1023, completed by the SCC on incoming inmates on March 29, 2017.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Intake staff were interviewed by the audit team. The intake staff advised that they conduct risk screening (CAJ-1023), of all arriving inmates. This is required to be done within 72 hours of arrival, but is regularly completed immediately upon arrival, by the SCC. Eight random inmates that had arrived at Alger prior to March 29, 2017, stated they were not asked the risk screening questions upon arrival. The one inmate interviewed that had arrived subsequent to the implementation of the SCC conducting risk screening of all inmates, on March 29, 2017, did confirm that he was asked the risk screening questions upon arrival.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed two inmate intakes being processed on the morning of June 7, 2017. The SCC at that time conducted the required PREA risk assessments.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The audit team conducted specialized staff interviews and random inmate interviews. The audit team observed SCC risk screenings of inmates arriving to Alger, and reviewed documentation, CAJ-1023s and electronic OMNI entries verifying risk assessment completion, evidencing that the required risk screenings are being conducted consistently at Alger, as implemented on March 29, 2017. Due to the auditor's interview results of random inmates indicating that initial risk screenings were not being conducted, and auditors review of the facilities OMNI entries which served to confirm inconsistent practices, auditor reviewed 15 random initial receptions at Alger thru July, 2017, and another 5 random inmate receptions at Alger monthly, from August thru November, 2017. Based upon this further review, Alger personnel have demonstrated a sustained period of compliance, effectively conducting PREA risk assessments during the first 72 hours of arrival.



### **115.41(c)**

- Are all PREA screening assessments conducted using an objective screening instrument? Yes.
- 

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PREA Risk Assessment Manual, and MDOC PD on Prisoner Placement and Transfer.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the form CAJ-1023 PREA Risk Assessments Worksheet, and numerous completed CAJ-1023s. The CAJ-1023, PREA Risk Assessments Worksheet, contains the required inquiries to be asked of all inmates in order to conduct a thorough risk assessment.

### **115.41(d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:
  - (1) Whether the inmate has a mental, physical, or developmental disability? Yes.
  - (2) The age of the inmate? Yes.
  - (3) The physical build of the inmate? Yes.
  - (4) Whether the inmate has previously been incarcerated? Yes.
  - (5) Whether the inmate's criminal history is exclusively nonviolent? Yes.
  - (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes.
  - (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes.
  - (8) Whether the inmate has previously experienced sexual victimization? Yes.
  - (9) The inmate's own perception of vulnerability? Yes.
  - (10) Whether the inmate is detained solely for civil immigration purposes? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Risk Assessments Manual, and the CAJ-1023 form, PREA Risk Assessments Worksheet.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed an Alger staff person responsible for conducting intake screening. The staff person advised the audit team that the risk screening considers the inmate's age, physical build, criminal history and prior

incarcerations, perceived sexual orientation, previous sexual victimization and perception of vulnerability.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed two inmate risk screenings of arriving inmates conducted by the SCC on June 7, 2017.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MDOC PREA Risk Assessment Manual has established risk screening criteria consistent with standard 115.41. Alger personnel utilize the CAJ-1023, PREA Risk Assessments Worksheet, and electronic data into the OMNI system to record the responses to the risk screening inquiries. Auditor has observed both the completed CAJ-1023s, as signed by SCC personnel, and the entered data into the automated system.

### **115.41(e)**

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency:
  1. prior acts of sexual abuse? Yes.
  2. prior convictions for violent offenses? Yes.
  3. history of prior institutional violence or sexual abuse? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Risk Assessments Manual, page 12; and the PREA Risk Assessments Worksheet, CAJ-1023.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the applicable policy documentation, and completed CAJ-1023s. Auditor notes that the risk screenings elicit responses for both potential aggressor and victim categories. For aggressor, based upon inmate responses and documented histories, an inmate may be classified as an "A", for aggressor; or a "PA" for potential aggressor. Victim classifications are similar, i.e. "V" for victim; and "PV" for potential victim. In either category, an inmate may be scored as "NS" or No Score.

### **115.41(f)**

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess every inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Risk Assessments Manual, page 4; PD 05.01.140 Prisoner Placement and Transfer, page 5; LMF OP 05.01.140 Prisoner Placement and Transfer, page 4; and the PREA Manual, page 13.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: A staff person responsible for risk screening was interviewed. He advised that inmates are required to be reassessed within 30 days, but that they try to conduct them within 2 weeks of intake.

The audit team interviewed 9 random inmates. The majority of the inmates interviewed recalled being risk-screened at RGC upon commitment to MDOC. Of those 9, only one stated that he had been risk screened at Alger, on May 8, 2017, yet the inmate stated he had been at Alger since December, 2016. He stated that he was not asked those PREA questions again, between May 8, 2017 and auditor interview of June 7, 2017. Auditor has confirmed that the facility has a procedure in place to ensure that all incoming inmates are now risk-screened,

starting with an effective date of March 29, 2017, and that risk assessment reviews are being conducted and documented within 30 days of arrival.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Findings indicate that staff are conducting the required 30-day reassessments, and recording this action and information into the OMNI computerized system, which the auditor has reviewed for both the initial risk assessment entries and the risk assessment reviews. Alger reports on their PAQ that 742, or 100% of the inmates received during the last 12 months were reassessed within 30 days after their arrival. Based upon auditor's review of random inmate reception risk assessments, and the required 30-day risk assessment reviews conducted subsequent to the on-site review, i.e. July thru November, 2017, auditor has concluded that evidence demonstrates that Alger has documented a sustained period of compliance, evidencing that the required risk assessments and risk assessment reviews are being administered as required by the standard.

#### **115.41(g)**

- Does the agency reassess an inmate's risk level when warranted due to a:
  - Referral? Yes.
  - Request? Yes.
  - Incident of sexual abuse? Yes.
  - Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section O, page 3; PREA Manual, page 13.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditors interviewed a staff person responsible for conducting risk screening, and a random sampling of inmates. The staff person advise that Alger would reassess an inmate's risk level as needed, due to a referral, incident of sexual abuse, or receipt of additional pertinent information. None of the 9 random inmates interviewed were reassessed due to referral, request, an incident of sexual abuse, or additional information received.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC Policy requires a risk assessment review, as does the PREA Manual. Staff interviewed evidenced a knowledge that a reassessment was required, under the circumstances cited above. It is apparent to auditor that staff have an understanding of the uses, intentions and benefits of conducting risk assessments.

#### **115.41(h)**

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The MDOC PREA Manual, page 13.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: A staff person responsible for

conducting risk screening was knowledgeable concerning the inmates right to not disclose complete information or to answer questions during risk screening.

#### **115.41(i)**

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section U, Confidentiality of Reports and Investigations, page 4; PREA Manual, page 13.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed a staff person responsible for conducting risk screening, the facility PREA Coordinator/Inspector, the MDOC Regional PREA Analyst, and the MDOC PREA Administrator. All employees advised that the information is available in the OMNI software system, with restricted access to personnel by position, e.g. Counselors, Unit Managers, Deputy Wardens and Control Center Supervisors. The facility therefore has instituted appropriate controls of the dissemination of such sensitive information.

#### **115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform:
  - Housing Assignments? Yes.
  - Work Assignments? Yes.
  - Education Assignments? Yes.
  - Program Assignments? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 05.01.140, PREA risk Assessment, Section CC, page 5; PREA Manual, page 14; and the MDOC Deputy Director's Memorandum, dated March 22, 2017, concerning facilities utilizing the PREA risk-level designations accordingly when making work assignment decisions, e.g. not pairing Potential Aggressors with Potential Victims, etc.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed a staff

person responsible for conducting risk screening and the PREA Coordinator/Inspector. The Alger Counselor, with risk screening duties, advised that the housing unit officers refer to the PREA designations when making housing assignment or cell changes. The PREA Coordinator advised that the Control Center reviews the PREA designations when making cell assignments.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor observed inmate rosters containing PREA designations, such as PA-Potential Aggressor, PV-Potential Victim, NS-No Score, etc. While additional risk assessment information is considered confidential, Alger has made the inmate PREA designations available to key personnel involved in the work and housing unit assignments of inmates.

#### **115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 05.01.140 Prisoner Placement and Transfer, Sections CC and EE, page 5; LMF OP 05.01.140 Prisoner Placement and Transfer, Sections K and M, pages 3 and 4; PREA Manual; Decisions Based on PREA Risk Assessment Results, page 14; MDOC Deputy Director Memorandum to facility Wardens, dated 3-22-17, directing staff to consider PREA designations for all matters, to include work, education and program assignments; Alger unit rosters which includes PREA designations to assist personnel in making housing assignment/changes.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: A staff person responsible for conducting risk screening was interviewed. This employee advised that the PREA designations are used by housing staff to make housing assignments, accordingly, and that individualized determinations would be made concerning placement and programming assignment. The staff person advised that there has not been any transgender or intersex inmates, to his knowledge, and that such placements and programming assignments can be difficult to manage.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor observed PREA designations upon unit rosters, for housing staff information.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC Policy, Alger local procedure and the PREA Manual direct that staff make individualized determinations concerning inmate placement, in order to ensure their safety. A staff interview of an employee tasked with conducting risk screening confirmed this required handling of inmates at Alger. Auditor observed the PREA designations on the unit rosters, for staff referral.

#### **115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes.
- When making housing or other program assignments for transgender or intersex

inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 04.06.184 Gender Identity Disorder in Prisoners, page 1; PREA Manual, Transgender, Intersex, and Gender Identity Disorder/Gender Dysphoria (GD), page 12; a Grievance/review submitted by a reported Gender Identity Disorder, GD, inmate; a 2017 Health Care Review of a self-reported GD; and a completed 2016 CHJ-339 form, Individual Management Plan for Gender Dysphoria, required by PD 04.06.184, Gender Identity Disorder in Prisoners.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the PREA Coordinator/Inspector. He advised that Alger individually reviews each case, in deciding housing and program assignments. He stated that Alger considers whether placement would present management or security problems. Alger has adjusted showers for some in the past, to accommodate their requests. The required Gender Identity Disorder, GID, evaluations are conducted bi-annually, and reviewed by the PREA Coordinator, Deputy Wardens, Health Care Services and the Warden, according to the PREA Coordinator. The audit team interviewed an inmate that identifies as transgender. This inmate stated staff have not asked questions about his safety. He informed secondary auditor that he has never been placed in a housing area only for transgender inmates.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC Policy and the PREA Manual. Auditor reviewed a completed Health Care Review (2017) and a 2016 original CHJ-339 form, Individual Management Plan for Gender Dysphoria, completed on an Alger inmate. Auditor reviewed a 2016 Grievance package of documentation reporting allegations of inmate sexual harassment of a GID inmate during showers. This grievance was unsubstantiated, but the facility directed the reporting inmate to have separate shower times, due to his grievance and complaint of sexual harassment. In 2017, grievant reported to Health Care Services personnel during a required Bi-annual GID evaluation, that he no longer wanted separate showers. The available documentation demonstrates that Alger is in compliance with applicable MDOC policy, the PREA Manual, and this standard, by providing transgender/gender dysphoric inmates individual considerations, and considering security and management issues.

#### **115.42 (d)**

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC policy, Gender Disorders in Prisoners, and determined Alger is in compliance with the policy. The PREA Manual, page 12, requires twice yearly reassessment by health care or mental health personnel to review any threats to safety of the inmate. Auditor reviewed a completed 2016 CHJ-339 form, Individual Management Plan for Gender Dysphoria; a 2017 Health Care Review of a GD inmate; and a completed 2016 Bi-annual GD evaluation form.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PREA coordinator advised auditor that placement and programming assignments for transgender or intersex inmates are basically reviewed every month. A staff person interviewed who is responsible for risk screening stated that transgender and intersex inmates are required to have twice yearly reassessments conducted to review any threats to safety experienced by the inmate.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy, the PREA Manual and a completed bi-annual Health Care Services Review form, evidencing twice yearly reviews of a Gender Identity Disorder inmate. Staff interviewed were aware of the bi-annual requirement for reassessments to be conducted by health care or mental health personnel. The bi-annual forms have documented inmate's preferences for showering, or other accommodations or concerns, i.e. "no special accommodations".

#### **115.42 (e)**

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing assignments? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: the PREA Manual, Transgender, Intersex, and Gender Identity Disorder/Gender Dysphoria (GD), page 12; a completed bi-annual Health Care reassessment of an Alger GD inmate,

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PREA Coordinator stated to auditor that the inmate's own views are "definitely" given serious consideration. A staff person responsible for risk screening advised that the inmates own views are considered. A Transgender/GD inmate interviewed advised the audit team that his own views were not considered.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Documentation has established that Alger is in compliance with the PREA standard, MDOC policy and the PREA Manual. A completed bi-annual GD reassessment clearly references past and present inmate views concerning special accommodations, or concerns. The PREA Coordinator and Prison Counselor expressed awareness that the inmate's own views are to be given serious consideration. The inmate interview statement that his own views were not considered is not supported by credible evidence obtained and reviewed by both auditors, which served to refute statements made to auditor by the inmate interviewed.

#### **115.42 (f)**

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor has reviewed a 2016 grievance investigation which resulted in an unsubstantiated conclusion of sexual harassment. This was filed by a GD inmate alleging sexual harassment from other inmates during showers. The facility nonetheless directed separate shower times for the inmate. In 2017, during a required biannual GD reassessment, this inmate informed Health Care personnel that he no longer wanted or needed separate shower times. No other special accommodations were documented. The evidence indicates that staff are aware of policy requirements, are executing their duties accordingly, and inmate's own views are being given serious consideration. Staff actions are being properly documented

#### **115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency universally refrain from placing:
  1. lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes.
  2. transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes.
  3. intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes,

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 05.01.140 Prisoners Placement and Transfer, page 6; and the PREA Manual, page 12.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the agency PREA Director and Regional PREA Analyst who indicated that LGBTI inmates are not segregated from other inmates. The Alger PREA Coordinator advised that the facility is not subject to a consent decree, legal settlement or legal judgment requiring that it establish dedicated units for LGBTI. He also stated that inmate assignments are individually reviewed, that inmates' safety and management and security needs are considered. Two LGBTI inmates interviewed denied being placed into any Alger units specifically dedicated to housing LGBTI inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed that the several Alger LGBTI inmates were not segregated by housing unit, whether in General Population or segregated housing. All evidence indicates that Alger is in compliance with MDOC policy, the PREA manual and this standard, by not housing LGBTI inmates in one unit, wing, etc.

### **115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.43 (a)**

- Does the facility refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes.
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while



completing the assessment? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.05.120 Segregation Standards, Sections D and J, pages 1 and 2; the PREA Manual, Protective Custody, pages 16-17; and a memorandum from the PREA Coordinator, dated 3-20-17, advising the auditors that no inmates were placed in involuntary segregated housing due to PREA related purposes.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who advised that there were no instances of an inmate placed in segregated housing in the last 12 months to protect that inmate who was alleged to have suffered sexual abuse.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team toured a housing unit, Cedar, on June 7, 2017, which serves the facility as a reintegration unit. It affords enhanced security and separation from the main population, with the inmates still maintaining GP status, and privileges. It can house inmates being transitioned from segregated housing, and inmates requiring/requesting additional security than the regular GP units.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger has a practice of assigning inmates to housing, accordingly, by PREA designations. Similarly, Alger does not rely upon segregated housing to provide security for any inmate alleging sexual abuse or sexual harassment. Other housing alternatives are utilized.

### **115.43 (b)**

- Do inmates placed in segregated housing because they are at high risk of sexual victimization have access to:
  - Programs to the extent possible? Yes.
  - Privileges to the extent possible? Yes.
  - Education to the extent possible? Yes.
  - Work opportunities to the extent possible? Yes.
  
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document:
  - (1) The opportunities that have been limited? Yes.
  - (2) The duration of the limitation? Yes.
  - (3) The reasons for such limitations? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.05.120 Segregation Standards, property, Program and Activity Access, pages 4-6; PREA Manual, Protective Custody, page 17; Alger PREA Audit standard element, notifying auditor that Alger has not placed an inmate in segregated housing during the last 12 months, due to the program and privilege restrictions inherent with segregation housing status.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: A staff member who supervises inmates in segregated housing was interviewed. This staff member advised that there is an incentive-based program in segregated housing, that provides inmates an avenue, thru good conduct, to attain additional privileges. There were no inmates in segregated housing available for interview, that were housed there for risk of sexual victimization, or who had alleged to have suffered sexual abuse. Alger reports that there were no instances of such segregated housing usage during the last 12 months.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC Policy and the PREA manual restrict the use of segregated (seg) housing for involuntary housing purposes, for those that have allegedly suffered sexual abuse, or those at risk of victimization. Alger has advised that they do not use seg housing for such purposes, and have not done so for the last 12 months. Auditor's Notice of Audit was hand-delivered to every seg inmate on April 14, 2017, seven weeks prior to this audit. Auditor did not receive any correspondence from any inmate claiming to be held involuntarily in seg housing for PREA purposes, or to have lost programs, privileges, education or work opportunities due to such segregation. The PREA Manual provides that inmates placed in temporary segregation due to high risk of sexual victimization continue to have access to programs, education, privileges and work opportunities to the extent possible. Alger is therefore in compliance with policy, the PREA Manual and this standard.

#### **115.43 (c)**

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes.
- Does such an assignment not ordinarily exceed a period of 30 days? Yes.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: As noted above, (a-b), Alger is in compliance with policy, PREA Manual and this standard, and have not confined an inmate to seg for PREA purposes during the last 12 months. Auditor has reviewed a Policy Variance, CAJ-296, concerning PD 04.05.120 Segregation Standards, dated 11-14-15. In this approved variance, the MDOC Director has authorized that an extension beyond the normal seven days maximum in seg housing can be approved: "When the prisoner is the subject of a Prison Rape Elimination Act (PREA) investigation. In such cases, the investigations shall be completed as soon as possible."

The Warden advised during interview that seg is hardly ever used for involuntary separation or protection purposes, but that an inmate aggressor may be housed in seg, as necessary. The priority is to protect the victim.

#### **115.43 (d)**

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document:
  - (1) The basis for the facility's concern for the inmate's safety? Yes.
  - (2) The reason why no alternative means of separation can be arranged? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.05.120 Segregation Standards, Temporary Segregation, Section J, page 2; PREA Manual, Protective Custody, page 17.

Alger reports on their PAQ there were no inmates confined to involuntary segregated housing who were at risk of sexual victimization in the last 12 months. During interview, the Warden and PREA Coordinator advised that Alger's practice is to not use seg housing for such protection or separation purposes.

### **115.43 (e)**

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population every 30 days? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.05.120 Segregation Standards, Section BBB, page 12; and LMF OP 04.05.120 Segregation Placement, page 1.

In the event an inmate(s) were placed in involuntary segregated housing, because he is at risk of sexual victimization, MDOC policy and local Alger operating procedures provide for weekly and monthly reviews of the inmate's status.

### **115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report:
  1. Sexual abuse and sexual harassment? Yes.
  2. Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes.
  3. Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section W, page 5; PREA Manual, Prisoner Reporting, page 23; MDOC Prisoner Guidebook (2014), page 16; MDOC PREA posters and English and Spanish versions of the PREA trifolds.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed random inmates, who expressed general knowledge of inmate reporting methods. Responses included filing a grievance, informing officers or other staff/any staff, writing a kite, and calling the hotline. One inmate expressed that "They run a tight ship here, we are only out 2 hours, don't see how there would be time."

Random staff members interviewed advised of inmate reporting methods, such as writing kites to staff, to include the PREA Inspector or Warden; verbally notifying Counselor, Unit Manager, Officers, Sergeant, teacher or work supervisor; filing a PREA Grievance; using the Hotline; calling a third-party in the community; or using Jay Pay to file on-line complaint. Staff responses indicated the employees were very knowledgeable, with one officer assuring the auditor that "They (the inmates) have the information."

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed numerous PREA posters and postings throughout the facility, to include all inmate housing units and common areas. The posters contain the Sexual Abuse Hotline number of 1-877-517 PREA (7732); and on-line reporting address of: [www.michigan.gov/corrections](http://www.michigan.gov/corrections).

The PREA trifolds, Identifying and Addressing Sexual Abuse and Sexual Harassment, A Guide for Prisoners, issued to all inmates in either Spanish or English, inform the inmates to report any sexual abuse or sexual harassment verbally or in writing to any staff member; to Health Care or to the Psychological Services Unit (PSU); to the MDOC Sexual Abuse Hotline; thru the Grievance process; by filing a complaint on-line at [www.michigan.gov/corrections](http://www.michigan.gov/corrections); by writing the MDOC PREA Administrator, in Lansing, MI; or by writing the Legislative Correction's Ombudsman, LCO..

The audit team observed appropriate staff mailboxes on each housing unit, and Jay Pay stations in order for inmates to have the ability to file an on-line complaint.

The following describes how the evidence above was used to draw the final conclusion regarding compliance:

Auditor triangulated PAQ responses and documentation received, along with on-site tour observations and staff and inmate interview findings. Auditor considers Alger as Exceeding Standards for 115.51 (a) due to the multiple methods of reporting in place, the many locations utilized to inform the inmates of reporting options, the organization and oversight of the inmate complaint system, and due to the reporting knowledge of inmates evidenced during the random interviews. Auditor notes the general willingness to approach facility personnel concerning sexual abuse or sexual harassment concerns. This reflects positively on the staff and inmate professional relationships, and the facility culture.

### **115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes.
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes.
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes.
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? NA

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section W, page 5; the PREA Manual, page 23-25; MDOC Prisoner Guidebook, page 16; the MOU between MDOC and the Legislative Corrections Ombudsman, LCO, dated 12-17-14; and multiple PREA investigations.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger PREA Coordinator, who advised that the inmates had multiple reporting methods, and they also

could contact the Legislative Corrections Ombudsman, LCO, to report sexual abuse or sexual harassment. The inmates could do so anonymously. To report sexual abuse or sexual harassment, random inmates interviewed advised the audit team that they would notify staff, use the Hotline, write a kite, notify friends or family, or file a grievance. The majority of inmates interviewed stated they were aware that they could anonymously report such incidents. Others stated they did not know or were not sure that the inmates could remain anonymous upon request.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: PREA Hotline postings and instructions were observed posted in all housing units. The auditor randomly tested a MDOC Hotline phone and found the toll-free number posted to be operational.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy documentation and the Prisoner Guidebook, which contains instructions for writing the LCO, and in using the Hotline to report sexual abuse or sexual harassment. The PAQ and PREA Coordinator interview have indicated that the inmates can write the LCO to report sexual abuse or sexual harassment. The inmates are aware of the many reporting methods available to them. Auditor reviewed three samples of inmate correspondence to the MDOC Headquarters, with one being forwarded to the MDOC PREA Office, and two forwarded to MDOC Internal Affairs. All three resulted in notification to the Alger facility and a prompt investigation of the inmate's allegations conducted. The PAQ indicates that inmates detained solely for immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Alger does not detain such inmates solely for immigration purposes, however.

#### **115.51 (c)**

- Does staff accept reports made verbally, in writing, anonymously, and from third parties? Yes.
- Does staff promptly document any verbal reports? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section W, page 5; PREA Manual, Prisoner Reporting, page 23, and Sexual Abuse/Sexual Harassment Investigations, page 28; and 4 PREA investigations conducted by Alger personnel.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed random staff to assess how staff would respond to verbal reports received. Staff indicated that the inmates could report verbally, in writing, anonymously, and from third parties. Staff advised they would promptly document verbal reports received, in the unit log book or by filing a critical incident report, following immediate notification to their supervisor, or control center. One staff member stated they would not document a verbal report, but would verbally notify their supervisor.

The audit team interviewed random inmates to determine whether they were aware of the multiple reporting methods. The inmates were knowledgeable concerning making verbal reports to staff members, writing kites to staff, calling family members, calling the Hotline, and using the mail. Staff and inmate relationships at Alger appeared positive, evidencing a good institutional culture. Such an environment is conducive in promoting inmate compliance, and a willingness to report concerns, violations and threats, e.g. sexual abuse and sexual harassment. The audit team sensed no reluctance of the part of the inmates interviewed to report to staff. Staff observations during on-site tour, and during interviews evidenced a professional duty to perform their assignments and to do the right thing concerning inmate issues, including PREA concerns. Staff expressed awareness of their duty to accept and report reports of sexual abuse or sexual harassment received, regardless of source or method.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The audit team reviewed MDOC policy, the PREA Manual, PAQ, and four separate PREA investigations initiated by inmates submitting 3 PREA Grievances and one verbal report to a Health Care employee. All four reports resulted in prompt handling by the PREA Coordinator, notification to the Warden, assignment of investigator, investigation, and the submission of required documentation. The staff and inmate interviews conducted by the audit team obtained supportive evidence demonstrating that both staff and inmates had received the required PREA training/education, and were aware of the reporting methods available. Alger staff were knowledgeable concerning their duty to promptly notify a supervisor, and to document all reports received.

### **115.51 (d)**

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Reporting Sexual Conduct, pages 22-23; PREA Manual, Reporting and Recording Sexual Abuse and Sexual harassment, pages 22-23; MDOC website, with on-line PREA Complaint Form; MDOC Hotline; and MDOC Computer Based Training Module, CBT, 2016, Sexual Abuse and Sexual Harassment in Confinement;

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random staff were interviewed by the audit team. Results revealed staff comfortable in reporting reports received of sexual abuse or sexual harassment thru official channels to Supervisor, and also by using the PREA Hotline, MDOC website on-line reporting form, and to the Ombudsman. Auditor sensed no hesitation of staff reporting inmate misconduct, inmate incidents or information received of sexual abuse or sexual harassment.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Several staff members interviewed mentioned to the audit team that the PREA posters “are everywhere” which reminds the inmates and staff of their availability and intended use. The audit team observed the PREA posters prominently posted throughout all housing areas and many other areas of the facility, e.g. Visitor Lobby, Control Vestibule, Deputies Area, Intake, Health Care Lobby and Education Corridor.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual, page 22-23, directs staff to report information received concerning sexual abuse or sexual harassment, to: their supervisor, using the Chain of Command; the MDOC Sexual Abuse Hotline; the MDOC website, Sexual Abuse/Sexual Harassment Compliant form; in writing to the MDOC Internal Affairs Division; or to the Warden. Staff interviews indicated that employees had been properly trained and were aware of the multiple reporting methods available to them.

The PREA Manual, page 23, requires staff: **When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation.** MDOC PD 03.03.140, page 5, directs that: **If reported verbally to an employee, the employee shall document it in writing as soon as possible, and report it to appropriate supervisory staff.**

### **115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material

ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

### **115.52 (a)**

- Is the agency exempt from this standard? No
- NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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, an inmate does not have an administrative procedure to address sexual abuse.

Agency is not exempt from this standard. The MDOC does have an administrative process to address inmate grievances regarding sexual abuse.

### **115.52 (b)**

- Does the agency impose NO time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) yes.
- Does the agency refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC Director's Memorandum, dated 12-5-16, establishing the Prison Rape Elimination Act (PREA) Grievance Process. This process includes all provisions of the PREA standard, 115.52, (b-g), with an effective date of January 1, 2017. Auditor reviewed MDOC form CAJ-1038A, PREA Prisoner Grievance Form (Step I), and CAJ-1038B, PREA Prisoner Grievance Appeal Form (Step II).

The following describes how the evidence above was used to draw the final conclusion: The MDOC Grievance Process includes all provisions of the PREA Standard, 115.52. There are no time limits imposed, and the agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

### **115.52 (c)**

- Does the agency ensure that—
  - (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? Yes.
  - (2) Such grievance is not referred to a staff member who is the subject of the

complaint? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The MDOC Grievance Process includes provides for an inmate to submit a grievance without submitting it to a staff member who is the subject of the grievance, and such a grievance is not then referred to a staff member who is the subject of the complaint.

#### **115.52 (d)**

- 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 inmates in preparing any administrative appeal.) Yes.
- If the agency claims an allowable extension of time to respond of up to 70 days when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? Yes.
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC Director's Office memorandum establishing the PREA Grievance Process, which includes the specific time limitations and requirements of the PREA standard, 115.52 (d).

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Standard 115.52 (d) requires a final agency decision within 90 days concerning sexual abuse grievances. There were 11 PREA grievances filed within the last 12 months. All 11 sexual abuse grievances submitted were responded-to within 90 days, with no extensions requested. Auditor reviewed each individual PREA sexual abuse investigation conducted during the last 12 months with the PREA Coordinator. The spreadsheet and files evidence the date received, investigator assigned, and the date the findings were sent to the inmate. It is evident, based upon review of submitted grievances and prompt staff action to investigate, that Alger responds appropriately and in a timely manner to PREA complaints.

#### **115.52 (e)**

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? Yes.
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, 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.) yes.
- If the inmate declines to have the request processed on his or her behalf, does the



agency document the inmate's decision? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the PREA Prisoner Grievance (Step I) which includes a filing section for Third-Party filing; the PREA Coordinator's Memorandum dated 3-14-17, reporting that during the last 12 months, Alger had not received any third-party grievances/complaints, or declination of third-party assistance.

#### **115.52 (f)**

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? Yes.
- After receiving an emergency grievance alleging an inmate 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? Yes.
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? Yes.
- After receiving an emergency grievance described above, does the agency issues a final agency decision within 5 calendar days? Yes.
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed all PREA sexual abuse grievances filed, to include reported Emergency PREA Grievances, filed in the last 12 months, and all PREA investigations of those sexual abuse grievances. The Alger PAQ reports seven emergency grievances filed during the last 12 months, with all inmates receiving an initial response within 48 hours and final decisions within five days.

#### **115.52 (g)**

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: In addition to reviewing the MDOC Director's Memorandum implementing the PREA Grievance process, auditor reviewed PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section Y, page 5; PD attachment of 03.03.105B, Class II Misconducts, pages 1-2; MDOC Prisoner Guidebook, Class II Misconducts, pages 12-13; and a 2017 inmate Misconduct charging an inmate with submission of false allegations in a PREA grievance.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The Alger PAQ indicated that one inmate during the last 12 months had been disciplined for having filed a PREA grievance in bad faith. During on-site review, auditor was further briefed on this one misconduct action, and auditor reviewed the subject

investigation and disciplinary reports. All actions taken and documentation reviewed by this auditor evidence that Alger personnel are in compliance with the MDOCs PREA Grievance process, and the standard.

### **115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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? NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed excerpt from "An End to Silence," an inmate handbook developed by the Michigan Coalition to End Domestic and Sexual Violence, 3893 Okemos Rd, Suite B2, Okemos, MI 48864; auditor reviewed Alger PREA Coordinator memorandum to auditors, dated 3-30-17, concerning the "An End to Silence" handbook.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed an Inmate Who Reported a Sexual Abuse. This inmate denied being offered or informed of counseling services available outside the facility. The auditor proceeded to conduct a further review of this inmate's various claims and allegations presented to auditor, by conferring with Heath Care personnel, and other staff. The audit team was satisfied, based upon further review, that the inmate's responses and statements could not be considered credible.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed "An End to Silence" postings on the housing unit bulletin boards, in order for the inmates to informed of outside emotional support services available, to include the Michigan Coalition to End Domestic and Sexual Violence address and telephone numbers.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC and Alger documentation concerning "An End to Silence" handbook, and observed "An End to Silence" postings in General Population and segregated housing units. "An End to Silence" handbook and resources are reviewed at

orientation of Alger inmates. GP inmates can access the "An End To Silence" handbook during General Library Callouts, and the seg inmates can request the literature through the Law Library request form. The postings were provided to Alger by the MDOC PREA Administrator, on 6-18-15. Alger provides Victim Advocate services through trained and certified Health Care, Mental Health and other staff selected for such training and duties, due to the absence of such available services in the local community, and as per MDOC direction.

### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 05.03.11 Prisoner Mail, Section R, pages 4-5; LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section O, page 3; PD 05.03.130 Prisoner Telephone Use, Sections B and E, page 1, Section M, page 3, Section X, page 5; and Attachment B, Universal List, which allows all inmates to have access; and MDOC Prisoner Guidebook, Telephone Use, page 21.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed random inmates, who indicated a generalized knowledge of reporting methods, monitoring practices and agency response to receiving reports of sexual abuse or sexual harassment.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The Prisoner Guidebook notifies inmates of monitoring practices, in accordance with PD 05.03.130, Prisoner telephone Use, and of agency mandatory reporting requirements. In accordance with the Telephone Use Policy, telephone calls made to any number listed on the Universal List, Attachment B of PD 130, are not monitored. Monitoring is therefore not done on calls made to the Crime Stoppers Tip Line (\*767), or the MDOC Sexual Abuse Hotline (517-335-5355). Alger is determined to be in compliance with the standard, due to their notifications to the inmates concerning monitoring and mandatory reporting practices.

### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor has reviewed the MDOC Director's Letter, dated 7-22-16, seeking an MOU with community agencies, e.g. Michigan Coalition to End Domestic and Sexual Violence and the Detroit Rescue Mission Ministries, to provide inmates with confidential emotional support services related to sexual abuse. Auditor has reviewed an email, dated 5-9-16, from the Women's Center, in Marquette, MI, advising the MDOC PREA Analyst that their agency was unable to provide such requested services to the Alger facility inmates.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor has reviewed MDOC and Alger documentation

demonstrating that the agency and facility have attempted to obtain emotional support services from community agencies, without success. The agency and facility have adjusted to such an absence of community services by utilizing key personnel to serve as Victim Advocates, and by educating the inmates in seeking health care (Prisoner Guidebook, page 28), mental health care (Prisoner Guidebook, page 29), and by the posting of “An End To Silence” notices in all the housing units. The PREA trifolds encourage the inmates to notify facility staff in the event of sexual abuse or sexual harassment issues or concerns.

### **115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.54(a)**

- 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 an inmate? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MOU between the MDOC and Legislative Corrections Ombudsman (LCO); the MDOC website, [www.michigan.gov/corrections](http://www.michigan.gov/corrections); the MDOC Director’s Memorandum of 4-27-16 establishing the PREA Grievance process; and a facility investigation conducted resulting from a third party report to the LCO.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed random staff and inmates during the on-site review. Both the staff and inmates’ responses indicated to auditors that they understood that third party reports of sexual abuse or sexual harassment could be made, and such complaints would be investigated.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed PREA posters throughout Alger, to include all housing units and public areas (Visitor Lobby, Visiting Room). These posters have the Hotline phone numbers and the MDOC website address for use by Parolees, Detainees, Staff and the Public.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor successfully tested the MDOC website PREA Online Complaint Form on May 25, 2017, two weeks prior to the Alger audit. Auditor also successfully tested the MDOC Hotline on June 6, 2017. Auditor interviews indicate both staff and inmates are knowledgeable concerning third party reporting ability. The PREA Grievance process provides for third party reporting. The MDOC Prisoner Guidebook contains a PREA insert containing the MDOC Hotline phone number (517-335-5355), and the MDOC website, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), for filing a PREA Online Compliant Form. The Prisoner Guidebook also contains the English and Spanish PREA trifolds, with directions: Your family/friends may report complaints electronically at: [www.michigan.gov/corrections](http://www.michigan.gov/corrections).

The MOU with the LCO has established an outside agency resource for the inmate population, their families/friends, or staff to utilize for reporting of sexual abuse or sexual harassment. The PREA trifold, part of every Prisoner Guidebook, contain direction on filing a written complaint with the LCO. Auditor reviewed a PREA investigation initiated by a third party (family) report made to the LCO. This complaint was immediately provided to MDOC and a prompt and thorough investigation was conducted by MDOC in 2016. While the investigation concluded that the family member had made a fabricated claim, the process was shown to be operating as intended.

### **115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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 regarding retaliation against inmates 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 information regarding any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, pages 4-5; LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section P, page 4; PREA Manual, Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, Page 22; MDOC Employee Handbook, pages 34-36, 40-41; and two PREA investigations.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed random staff who indicated they would immediately report any information or reports concerning sexual abuse, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff responses appeared genuine and reflected staff training and a high level of professionalism, in reporting any/all incidents.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor interviewed random staff, reviewed MDOC policy and Alger Operating Procedures, the PREA Manual, and several examples of employees receiving

information involving alleged sexual abuse or sexual harassment. The two cases reviewed, both 2016, involved a Health Care employee and a Mailroom employee receiving information, and then reporting it to their superiors, which resulted in thorough and complete PREA investigations.

### **115.61 (b)**

- Apart from reporting to designated supervisors or officials, does staff refrain 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, page 3; MDOC PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section U, page 4; and PREA Manual, page 22-23; MDOC PREA training curriculum/CBTs.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff were randomly interviewed, who responded indicating awareness of their reporting responsibilities. Staff were confident with their responses to the auditors, indicating their understanding of the seriousness and sensitivity of such matters, and the need for timely first responder actions.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Agency policy and procedure requires prompt reporting by personnel, and the maintenance of confidential information. The computer based PREA training instructs that sexual abuse information is considered confidential and should only be shared in accordance with agency policy or law, e.g. with the facility PREA Coordinator, MSP, etc. The PREA Manual, page 22, requires that: Information related to sexual abuse or sexual harassment allegations shall not be revealed to anyone other than to the extent necessary for treatment, investigation or other security and management decisions.

### **115.61 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes.
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 03.03.140, Section BB, page 5; LMF OP 03.03.140, Section V, page 5; the PREA Manual, page 23; and an example of staff reporting/investigation of PREA allegations.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a Health Care employee, who advised that she is required to report sexual abuse, to inform the inmates of her duty to report and her limitations of confidentiality. The employee stated that all health care staff are mandatory reporters. She stated she was not aware of such reported incidents during this audit period.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy and Alger operating procedures, and the PREA Manual, which requires: Health care and mental health practitioners to report allegations of sexual abuse that occurred in an institutional setting, whether or not the institution is part of the department. The practitioner shall inform the prisoner of the practitioners' duty to report and that confidentiality is limited. Auditor reviewed a 2016 PREA case wherein an inmate made an allegation to a health care employee, with the employee notifying supervisory personnel and the subsequent PREA investigation conducted. Documentation reviewed and staff interviewed have established that Alger is in compliance with this standard.

#### **115.61 (d)**

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The Alger PAQ and associated documentation advises that the facility does not house inmates under the age of 18; PD 03.03.140 Section CC, page 5; LMF 0303.140, Section V, page 5; PREA Manual, page 23.

MDOC policy, Alger procedures and the PREA Manual provide for reporting to the designated state or local services agency a victim considered to be a vulnerable adult under a state or local vulnerable persons statute.

Auditor interviewed the MDOC PREA Administrator and the Regional PREA Analyst, who advised auditor that all allegations are investigated.

#### **115.61 (e)**

- 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.

The auditor reviewed PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, pages 5-7; LMF OP 03.03.140, page 4; the MDOC Director's Memorandum establishing the PREA Grievance Process, effective January 1, 2017; the PREA Manual, page 22; and all the sexual abuse PREA investigations conducted during the last 12 months.

Auditor interviewed the Warden who advised that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility's designated investigators.

During on-site review of the PREA investigations conducted during the last 12 months, auditor learned that all the investigations are coordinated by the PREA Coordinator, who also investigates a number of cases himself, e.g. two sexual abuse and eleven sexual harassment investigations in the last 12 months. The Warden is notified at the outset of each investigation, and often coordinates investigative assignments with the PREA Coordinator/Inspector. Both the Warden and the PREA Coordinator are very well informed

and aware of facility PREA allegations, status of investigations, inmate's reporting/involved, staff first responder actions, the need for inmate separations from other inmates or staff, etc.

### **115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.62(a)-**

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 05.01.140, Prisoner Placement and Transfer, Section EE, page 5; LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, procedures, pages 8-11; PREA Manual, Protective Custody, page 16; and a PREA investigative case sample from 2016.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who advised that staff are aware to take immediate actions to separate the inmates, and make safe, to contact the Inspector, Warden and Deputies, and staff start the interview process. There are considerations for preserving the crime scene, obtaining the allegations. Consider reintegration. Health care evaluation always, and a follow-up with documentation. The MDOC Agency Head (designee), advised the audit team that all department heads take any allegation of imminent danger very seriously and act immediately, reviewing the allegation to determine if there is merit or no merit, to relocate employee to another housing unit, area or facility. Staff can use temporary segregation as a last resort to protect the inmate.

Random staff were interviewed by the audit team. Responses indicated a trained and knowledgeable work team. Examples of immediate responses included separate the inmates, secure him to make him safe, put in safe environment (maybe a dayroom), secure the scene, be calm, listen to them, call the Sergeant, notify the Supervisor, Unit Manager or Counselor. All staff stated they would act immediately upon receiving such information, or risk of imminent sexual abuse.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The Alger PAQ reports that during the last 12 months, there were no instances where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The PREA Manual requires: **When a prisoner is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action by ensuring no contact between the alleged abuser and the alleged victim.** Auditor reviewed a 2016 PREA investigation during which the PREA Coordinator and Warden reviewed an allegation made by an inmate against a staff person. The Warden advised the assigned investigator via email that her and the PREA Coordinator's review of the allegation had determined that there was no need for a staff reassignment, at that time, pending further investigation. The Warden's review and conferral with the PREA Coordinator, and assignment of investigator all occurred the day following the facility receiving the inmates' allegation. The investigation was completed with a report to the Warden within 30 days. Auditor was informed by the Regional PREA Analyst that there were no occasions during the last 12 months which



required a staff reassignment due to a PREA investigation, or an inmate placement in segregated housing.

### **115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material way with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.63 a)**

Upon receiving an allegation that an inmate 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.

#### **115.63 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes.

#### **115.63 (c)**

- Does the agency document that it has provided such notification? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section V, Reporting Prohibited Conduct, page 4; PREA Manual, page 23.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who advised that Alger would investigate if there were reportedly incidents of sexual abuse that had occurred inside Alger, but were reported by an inmate at another institution. The Warden advised the auditor that there have been no such cases in the last 12 months. The PREA Coordinator has advised auditor in a March 23, 2017 memorandum that there were no cases of Alger inmates reporting that were sexually abused at another facility.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MDOC Policy provides direction to all facilities in handling reports of sexual abuse, whether they had allegedly occurred within the facility and the inmate has since departed, or whether the inmate reports to his current facility that he was sexually abused at another facility, e.g. county jail, a federal facility, another MDOC facility, substance abuse center, etc. MDOC and the Alger facility have policy which requires

notification to another facility within 72 hours of receiving a report of sexual abuse alleged to have occurred there. If the sexual abuse is alleged to have occurred at Alger, the facility would initiate a full investigation, the two facility PREA Coordinators would confer, the MDOC Regional PREA Analyst and the PREA Administrator would be notified, and consideration would be given to utilizing external PREA investigators or Internal Affairs investigators.

### **115.63 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section HH, page 6; PREA Manual, page 23; a PREA investigation conducted in June-August, 2016.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who advised that her facility PREA Coordinator/Inspector would confer with the other facility's PREA Coordinator, and pursue a full investigation based upon the information received. Alger would inform MDOC PREA officials, and possibly consider using other DOC investigators if is an investigation involving personnel. The Agency Head (designee), advised the audit team that the Warden is always part of the communication chain. If an allegation is received that an inmate was sexually abused at another facility, MDOC policy requires that the investigation is conducted at the facility where the alleged abuse occurred. The receiving facility would do what they can do at the new facility and they refer the information to the facility where the alleged sexual abuse occurred.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy and the PREA Manual, and interviewed the Warden. Auditor reviewed the entire investigative package of the one PREA Sexual Harassment case, which was conducted in 2016, pertinent to this standard, 115.63 (d). In this case, the inmate was housed at Alger several years prior. He filed a PREA grievance in 2016, alleging sexual harassment by other inmates while at Alger. He filed the grievance on June 1, 2016. The Alger PREA Coordinator receipted for this grievance June 29, 2016. The Warden of Alger assigned an investigator on June 29, 2016. The inmate refused to respond to questions of the investigator and would not cooperate with the investigation. He provided no specific details to support his grievance allegations. The investigative report was completed on August 3, 2017. The inmate was notified, via the CAJ-1021 form, Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action, on August 3, 2017 (unsubstantiated).

Auditor notes that this investigation was conducted identically as with other Alger PREA investigations of sexual abuse or sexual harassment. In addition, another facility was involved and the inmate was not housed at Alger during the investigation. Every sexual abuse investigation reported during the last 12 months, were reviewed by auditor. In addition, auditor reviewed a sampling of the sexual harassment investigations. Alger staff, to include the Warden, PREA Coordinator/Inspector and assigned investigators follow an established protocol, which is very comfortable to them, and it is evident that they conduct thorough and comprehensive investigations, satisfying all elements of PREA.

### **115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)

- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to:
  - (1) Separate the alleged victim and abuser? Yes.
  - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes.
  - (3) 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.
  - (4) 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.04.125 Medical Emergencies, Section F, Medical Emergencies in a CFA or an FOA Facility, page 2; PREA Manual, Response to Reported/Detected Sexual Abuse, page 25; LMF 01.05.120, Critical Incident Reporting; MDOC Sexual Violence Response and Investigation Guide (Employee Pocket/Reference Guide);

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed a Security Staff/Non-Security Staff Who Have Acted as a First Responder. This employee provided a very detailed response, evidencing prior training and/or experience. The employee advised that: The site would become a crime scene, clothing of assault perpetrator and assault victim would be secured, no access to water for washing of clothing and self. Immediately contact control and Inspector. Interview inmate after separating. Alleged attacker handcuffed and secured. Control Center would contact medical and mental health. Control Center will make the notification calls. Processing crime scene, tape off and take pictures. Unit Control can "top lock" a cell to close off crime scene.

The audit team also interviewed random staff who provided similar appropriate responses, when/if acting as a first responder: Separate inmates; ensure scene is secured; do not drink or brush teeth; preserve evidence-clothing and body fluids; get other staff there; report to supervisors; maybe hospital; close cell-cordon off scene; don't eat/drink or take shower or anything like that; do not use toilet or allow washing; lock in a cell; separate right away; call Sergeant; assess situation; save evidence in paper bags; do interviews; limit people at scene; start chain of evidence; ensure inmate does nothing (washing, etc.) until health care sees him; videotape room; keep as confidential as possible; alert supervisor.

There were no actual victims of sexual abuse within the last 12 months, or any allegation/incident which involved separating an alleged victim from an abuser, or a crime scene or the preservation of evidence. There were 11 allegations of sexual abuse within the last 12 months. All were investigated, and auditor reviewed all cases with the PREA Coordinator on June 7, 2017. Auditor reviewed the investigative packages to verify that staff were responding accordingly when notified of an alleged sexual abuse. Alger staff have a consistent practice of immediate review, staff notifications, and taking precautions at the outset of receiving reports/allegations, prior to commencement of an actual investigation.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor received a MDOC Sexual Violence Response and Investigation Guide (pocket reference guide issued to all Alger personnel). This pocket guide provides detailed First Responder instructions for employees. These pocket guides were available for any staff to obtain from an open box located outside the Control Center. Staff responses during interviews evidenced prior PREA training, and awareness of employee performance responsibilities concerning responding to sexual abuse allegations, or an actual sexual abuse incident. Policy, procedures and the PREA Manual provide direction for Alger personnel.

### **115.64 (b)**

- 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Response to Reported/Detected Sexual Abuse-First Responder Duties, page 25; LMF 03.04.125 Medical Emergencies; PD 03.04.125 Medical Emergencies, page 2.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed random staff who indicated an excellent knowledge of staff first responder duties, to include non-security staff first responders.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The Alger PAQ reports that there were no cases in the last 12 months during which the non-security staff member requested that the alleged victim not take any actions that could destroy physical evidence. There are 6 reported cases in the last 12 months during which non-security staff were the first responders, and notified security of reports of alleged sexual abuse. Auditor has reviewed all investigative files alleging sexual abuse during the last 12 months, and confirmed appropriate actions taken by non-security staff in reporting allegations of sexual abuse to security personnel.

### **115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.65(a)-**

- Has the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners; LMF 03.04.125, Medical Emergencies; LMF 03.03.140 Prohibited Sexual Conduct Involving Prisoners; LMF 01.05.120 Critical Incident Reporting; and PREA Manual, Response To Reported/Detected Sexual Abuse, First Responder Duties/Facility Plan, page 25-26; Medical/Mental Health Services Following An Allegation Of Sexual Abuse, pages 26-27; Victim Advocate, page 27; Confidential Support Services, page 28; Sexual Abuse/Sexual Harassment Investigations, pages 28-31; Disciplinary Sanctions/Corrective Action, page 31-32; and Sexual Abuse Incident Review, pages 32-33.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The Warden advised auditor that a facility plan is in place, and is evidenced in the PREA Guidebook issued to all personnel, i.e. MDOC Sexual Violence Response and Investigation Guide.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor observed an open box of PREA Guidebooks available for personnel located directly outside the Control Center. These valuable pocket reference guides were reportedly distributed to all MDOC facilities in 2015.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy and the Alger Operating Procedures provide detailed instructions for a coordinated response to sexual abuse incidents or allegations of sexual abuse. As noted by the Alger Warden, The PREA Guidebook provides direction for First Responders, Health Care and Mental Health Care responsibilities, Investigators and Investigations, communications, and documentation (Critical Incident Reports/Misconduct Reports). During on-site review auditor interviewed and interacted with the facility Warden and facility PREA Coordinator/Inspector. Both administrative personnel demonstrated to auditor that the facility personnel, overall, were very responsive when addressing allegations or reports of sexual abuse or sexual harassment. The documentation available and reviewed by auditor, to include the 11 sexual abuse investigations and multiple sexual harassment investigations has served to confirm Alger's compliance with policy and this standard.

### **115.66 Preservation of ability to protect inmates from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.66 (a)**

- Have both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf refrained from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the

outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Manual, Collective Bargaining, page 22; and the Collective bargaining excerpts from the six Units representing MDOC employees: 1. Michigan State Employees Association (MSEA), 2. American Federation of State, County and Municipal Employees (AFSCME), 3. United Auto Workers (UAW), 4. Michigan Corrections Organization (MCO), 5. Michigan Public Employees Service Employees International Union (SEIU)-Scientific and Engineering Unit, 6. Michigan Public Employees-Service Employees International Union (SEIU)-Technical Unit.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The Agency Head (designee) advised the audit team that there is no language in any of the contracts with the multiple Michigan unions which restricts the right of assignment of personnel, even in bid positions. There is no contract language which prohibits the facility from removing a person for cause.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the contractual language of all six separate bargaining unit agreements to confirm that language exists which protects managements rights to reprimand, suspend, discharge, or to take other appropriate disciplinary or corrective action against an employee for just cause.

#### **115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes.
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section T, page 4; LMF 03.03.140, Prohibited Sexual Contact Involving Prisoners, Section N, page 3; PREA Manual, Protection from Retaliation, pages 17-18; and Alger PREA Audit Element Memorandum from PREA Coordinator, dated 4-19-17.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a Prisoner Counselor, PC, who advised auditor that he has done retaliation monitoring in the past. He

interviews the inmate in his office, every week for 13 weeks, inquiring about any retaliation, and checks on their well-being. The PC observes them, conversates with them, tries to read them. The 13 weeks could be longer, or extended by another month or two if needed. The PC would contact the Inspector (PREA Coordinator) and request an extension if the PC believed it was necessary. The PC stated he has only done one retaliation monitoring. He stated it is a form, which he will email to the Inspector at the end of the 13 weeks. (Auditor has reviewed the PREA Retaliation Interview form).

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team has observed the PCs and their offices on the units, during on-site review.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed a April 19, 2017 Memorandum authored by the PREA Coordinator and addressed to PREA Auditors, advising that: "The Prisoner Counselors are the facilities designated staff that are responsible for possible retaliation from reporting sexual abuses or harassment." The PREA Coordinator also listed the PCs by name. MDOC Policy and Alger procedures require such monitoring. The auditor has reviewed all investigative sexual abuse spread sheets and sexual abuse files, confirming that designated PCs are assigned to monitor retaliation, entries verify the date the PC was assigned, and the Date Scheduled to be Completed. There is also a Retaliation Monitoring Completion column, noting the completion dates of each.

### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC PREA Manual, Protection from Retaliation, [pages 17-18).

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who advised auditor that the facility can do a number of things to protect inmates and staff from retaliation. Alger maintains the right to assign staff, accordingly. Alger can make bed moves and housing unit moves. Staff can monitor for inmate Misconducts or Grievances. Use the cameras to monitor yards, monitor phone calls. Increase inmate's security level or consider segregation. The MDOC Agency Head (designee) advised the audit team that both inmates and staff are well-educated concerning the prohibition concerning any retaliation. The MDOC has a disc matrix for staff and a monitoring piece at the onset of any allegation for a minimum of 90 days, or more if needed. The PREA Coordinator will assign retaliation monitoring to the most appropriate person to monitor, e.g. unit counselor supervisor on unit. They would monitor work assignments, misconducts, and transfers. The form includes weekly visits with the inmate.

The PC advised auditor during interview that he would monitor the inmate himself, watching for anything out of the ordinary, in addition to conducting the required retaliation monitoring for 90 days.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor interviewed the Warden and the facility PREA Coordinator. Both staff indicated they were knowledgeable concerning the requirements and procedures for retaliation monitoring, and various methods used to protect the inmates. Auditor notes that the PREA Coordinator assigns a specific Prison Counselor to conduct retaliation monitoring, and maintains the investigative spread sheets, documenting retaliation monitoring begin dates, and completion dates.

The PREA Manual provides for staff fearing retaliation to contact the State Employee Service Program for emotional support services, or by submitting a complaint/grievance. Inmates fearful of retaliation can be provided emotional support services as outlined in the Confidential Support Services section (page 28) of the PREA Manual. On the housing units, a posting for the "An End to Silence" services, provides information concerning obtaining emotional support services. This handbook is available in the GP Library, and can be obtained by segregation inmates via normal Law Library request form.

### **115.67 (c)**

- For at least 90 days following a report of sexual abuse, does the agency:
  1. Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes.
  2. Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes.
  3. Act promptly to remedy any such retaliation? Yes.
  4. Does the agency monitor:
    - a. Any inmate disciplinary reports? Yes.
    - b. Inmate housing changes? Yes.
    - c. Inmate program changes? Yes.
    - d. Negative performance reviews or reassignments of staff? Yes.
  
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section T, page 4; LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section N, page 3; PREA Manual, Protection from Retaliation, pages 17-18; PREA Coordinator Memorandum, dated 3-22-17; numerous completed 2016-2017 PREA sexual abuse investigations.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The Warden advised auditor during interview that a 90-day retaliation review would be initiated, with staff monitoring the inmate for signs of retaliation. Auditor interviewed a Prisoner Counselor who advised auditor of his procedures in conducting the 90-day retaliation reviews, completing the CAJ-1022, Sexual Abuse Monitoring form, and having the ability to request an extension to the PREA Coordinator for additional retaliation monitoring time if the counselor believes it is necessary.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy, Alger operating procedures and the PREA Manual, which requires a 90-day retaliation monitoring period, with monitoring continued beyond 90 calendar days if the initial monitoring period indicates a need. The PC attested to this extension provision during auditor interview. The CAJ-1024 forms, Sexual Abuse Investigation Worksheet, contain a specific section for retaliation monitoring, i.e. assignment of designated staff person to conduct the 90-day retaliation monitoring upon receipt of an allegation, date assigned, and whether subject is the reporting staff, reporting



inmate, or alleged prisoner victim. This assignment of staff to conduct retaliation monitoring, date initiated and date completed is documented upon the PREA Abuse spread sheets reviewed by auditor for the 2016-2017 audit period. The CAJ-1022 form, Sexual Abuse Retaliation Monitoring, includes weekly entries for Counselor-inmate face-to-face contact, and review of disciplinary reports, program changes, housing changes, performance evaluations and staff reassignments. Auditor reviewed samples of completed retaliation monitoring forms (CAJ-1022), submitted by various Alger PCs, as included in the PREA Sexual Abuse Report investigative packages.

The PREA Coordinator has advised auditor in a 3-22-17 Memorandum that there have been no reports of retaliation during the last 12 months. Based upon auditor's interviews, review of MDOC and Alger policy and procedures, the PREA Manual, and completed retaliation monitoring forms, auditor has concluded that Alger exceeds standard compliance due to the thoroughness, efficiency and staff awareness of this important aspect of investigative procedures, and inmate safety. Involved personnel conscientiously attend to these requirements. The documentation is entered, communicated and logged by the PREA Coordinator for the Warden's, MSP and MDOC's information. Copies of the CAJ-1022 forms are always included in the investigative report package of documents.

#### **115.67 (d)**

- In the case of inmates, does such monitoring also include periodic status checks?  
Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Protection From Retaliation, page 17.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a Prisoner Counselor, PC, charged with monitoring retaliation. He advised auditor that he monitors the inmate himself, watches him for anything out of the ordinary, conversates with them, asks questions.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor noted Counselors and counselor offices on the housing units during on-site review. Such assignment to their caseload, and routine housing unit familiarity, makes the PCs ideal personnel to carry-out the assigned retaliation monitoring.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual requires periodic retaliation status checks of inmates who have reported sexual abuse or have been the alleged victim of a report of sexual abuse. During interview, the PC described to auditor how he has monitored an inmate for retaliation, and would do so in the future.

#### **115.67 (e)**

- 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: LMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section N, page 3; PREA Manual, Protection from Retaliation, page 18;

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Warden, who

advised that housing unit moves could be made, staff could be reassigned, use cameras to monitor, or institute a 90-day retaliation monitoring period, if an individual expresses a fear of retaliation. The Agency head (designee) advised the audit team that should an individual who cooperates with an investigation report retaliation, if there is determined to be any merit to the report, the facility would initiate a whole new investigation.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual requires the facilities to take appropriate measures to protect an individual that expresses a fear of retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The Warden was interviewed and she advised that all resources available would be utilized to ensure the protection of an individual who had cooperated with an investigation and expressed fear of retaliation.

### **115.67 (f)**

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Protection from Retaliation, Page 17; a CAJ-1022 form, Retaliation Monitoring.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual states: **If the investigation determines that the allegation is No Evidence/Unfounded, the retaliation monitoring shall discontinue.** Auditor reviewed a 2017 CAJ-1022 form submitted by an Alger PC documenting on the 6<sup>th</sup> week of retaliation monitoring, that the monitoring was discontinued due to false allegations/no evidence.

### **115.68 Post allegation protection custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.68**

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.

### **115.68 (a)**

- Does the facility refrain from placing inmates are alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes.
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while

completing the assessment? Yes.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual, Protective custody, page 16-17, states:

Prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exists. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed.

If no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 "Segregation Standards" for a time period not to ordinarily exceed 30 calendar days.

The PAQ compiled for auditor reports that there were no inmates confined to involuntary segregation during the last 12 months, for protection purposes. The Warden was interviewed by auditor and advised that Alger hardly ever uses segregation to separate inmates, but that an aggressor in an incident may go to segregation. When asked the duration of time that an inmate at high risk may be placed in involuntary segregated housing, the Warden replied, "Hopefully never." Auditor notes that no inmates were confined to involuntary segregation due to high risk/protection issues during the last 12 months, and there were no substantiated cases of sexual abuse at Alger during the last 12 months. In the event of such need for separation/safety of high risk individuals/victims, the Alger Warden advised auditor during on-site review that alternative housing units, such as the Reintegration Unit (Cedar Unit) is appropriate housing to ensure inmates' safety/separation/control.

### **115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.71(a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? Yes.
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct involving Prisoners, Section DD, page 5-6; LMF OP 03.03.140, Section Y, page 5; PREA Manual, Prisoner Reporting, page 23, and Criminal and Administrative Investigations, pages 28-29; MDOC Sexual Violence and Investigation Guide, Investigations section; samples of 2016-2017 PREA Investigations.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger PREA Coordinator/Inspector, who coordinates all PREA investigations. The PREA Coordinator advised that investigations are started and processed immediately upon receiving an allegation of sexual abuse or sexual harassment. The PC advised that third party and anonymous reports are processed for investigation the same as any other reports of sexual abuse or sexual harassment.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor reviewed every sexual abuse investigation, and multiple sexual harassment investigation while on-site, with the PREA Coordinator. All files reviewed evidenced a prompt initiation of an investigation, and thorough and objective investigative reports conducted by the assigned Alger investigators.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy and the PREA Manual, which mirrors the standard. This required process is in effect at Alger, with staff responding promptly to any/all such complaints received, and approaching all inquiries in a thorough and objective manner. Auditor has reviewed all sexual abuse investigations conducted during the last 12 months, which include anonymous and third-party reporting. The organization of the individual investigative reports, and the organization of the investigative assignments and coordination by the PREA Coordinator is excellent. Auditor notes that the Warden is immediately briefed by the PREA Coordinator at the outset of any reports received. The Warden then confers with the PREA Coordinator concerning the allegations received, and an investigator is assigned, in writing, by the Warden.

#### **115.71(b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section DD, pages 5-6; PREA Manual, Specialized Training-Investigator, page 10; Alger list of trained PREA investigators; MDOC Basic Training Course for PREA Investigators; NIC on-line Investigative Training Course.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PC advised auditor during interview that all investigators used to conduct PREA investigations at Alger have completed both the MDOC Basic Investigative Course, and a NIC on-line Investigative Training course. The PC advised that the MDOC investigative course is an 8-hour course conducted off-site, and includes a section on PREA, interviewing techniques, Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the MDOC Interview and Investigation Techniques and Fundamentals curriculum, and the course description for the NIC training, i.e. PREA: Investigating Sexual Abuse in a Confinement Setting. Auditor reviewed individual completion certificates for the MDOC investigative trainings, and spread sheets documenting successful completion of the MDOC and NIC courses by all Alger investigators (13). In addition, the Warden and a Sergeant that assists the PC with PREA coordination, have also completed the NIC 3-hour CBT course. Auditor has reviewed all PREA sexual abuse investigations, noting the investigators assigned, and as reflected on the Alger spread sheets. All staff assignments are to those that have completed the required MDOC course, plus the NIC on-line course. Alger has invested in a relatively large number of facility investigators, and the Warden's distribution of investigative assignments appears equitable, and beneficial, based upon the PREA Coordinator's input and this writer's assessment.

**115.71(c)**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Contact Involving Prisoners, Section MM, page 7; LMF OP 03.03.140, Section Y, page 5; PREA Manual, Specialized Training-Investigator, page 10, and Sexual Abuse/Sexual Harassment Investigations, pages 28-29;

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the PREA Coordinator/Inspector, who coordinates and also conducts PREA investigations. The PC advised auditor that staff receive an allegation, take the inmate out of the situation, collect evidence, initiate investigative process, use SANE services at hospital (rape kit) if necessary. Evidence to be collected may include hair, semen, clothing, linens, phone conversations, video, mail, and J Pay. Set up an investigative plan, to include interviews of victim, perpetrator, and witnesses, collect evidence, work with MSP, collect all evidence and information together and report to Warden.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: In addition to documentation cited above and PREA Coordinator interview results, auditor reviewed all sexual abuse investigations/reports, and a sampling of sexual harassment investigations. All reports are initiated and proceed along the same format/protocol, in an organized and progressive manner, well documented at every step of the process. Direct and circumstantial evidence, as described by the PREA Coordinator, is considered and documented within the investigative reports. Alger's use of 14 investigators assists the facility in addressing reports of sexual abuse and sexual harassment. Using varied investigators has served to spread these duties among multiple staff, likely resulting in the further professional development of such key personnel, and a unified, team approach to such matters, in order to enhance consistency of the process.

**115.71(d)**

- When the quality of evidence appears to support criminal prosecution, does the agency consult with prosecutors before conducted compelled interviews? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Sexual Abuse/Sexual Harassment Investigations, page 29; MDOC PREA Administrator letter to PREA Auditors, dated 7-21-16; MDOC Basic Investigator Training: interview and Investigation Techniques and Fundamentals curriculum, Section 2.a. Criminal.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The Alger PC advised auditor that the Michigan State Police, MSP, would be contacted when evidence is discovered that a prosecutable crime may have taken place. The PC would confer with the MSP concerning the details of the allegation or incident.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the PREA Manual which directs that cases which appear to support criminal prosecution, that the facility shall coordinate all such investigative interviews with law enforcement to ensure that interviews conducted by the department, if any, will not be an obstacle for subsequent criminal prosecution. The investigator training includes a section on criminal investigations, and the MDOC conferring and coordinating such cases with the MSP, as they are the designated agency to handle such cases. The PREA Administrator provided a letter, dated 7-21-16, advising the PREA Auditors that the MSP has the responsibility and jurisdiction to investigate and refer appropriate cases to the prosecutor's office.

#### **115.71(e)**

- 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 inmate or staff? Yes.
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Sexual Abuse and Sexual Harassment Investigations, page 29.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the PREA Coordinator/Inspector, who coordinates all PREA Investigations at Alger, and also conducts PREA investigations of both sexual abuse and sexual harassment. He advised auditor that he judges the credibility of an alleged victim, witness or suspect based upon the evidence provided.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility, and final conclusion reached, based upon the evidence: Auditor reviewed all sexual abuse investigations, and samples of the sexual harassment investigations in order to assess the investigators credibility assessments of the alleged victims, suspects or witnesses. Auditor has concluded, based upon the investigative documentation available; auditor's interview of the PREA Coordinator; and the PREA Manual, which requires that: **The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as "prisoner" or "staff,"** that the Alger PREA investigators make objective credibility assessments, based upon the evidence available, and not based upon whether the alleged victim, witness or suspect is an inmate, staff member or third party.

#### **115.71(f)**

- 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section DD, pages 5-6; LMF OP 03.03.140 Section Y, page 5; PREA Manual, pages 23, 29-30; and Alger PREA Coordinator Memorandum, dated 3-22-17.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: the Alger PC interviewed by auditor stated that he reviews all information present and makes the best decision he can, based upon the evidence. The PC advised that the Alger investigators document everything, all pertinent information, to include e mails.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed sexual abuse and sexual harassment investigations conducted by trained Alger investigators during the last 12 months. Auditor interviewed the PREA Coordinator, receiving information that there were no cases involving substantiated allegations that were referred for prosecution, during the last 12 months.

**115.71(g)**

- 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.

**115.71(h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Basic Investigator Training Curriculum, concerning Investigative Reports (8 hours); MDOC PREA Administrator Memorandum to PREA Auditors, dated 7-21-16; PREA Manual, Sexual Abuse/Sexual harassment Investigations, Criminal and Administrative Investigations, pages 29-30; PREA Coordinator memorandum to PREA Auditors, dated 3-22-17.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PREA Coordinator advised auditor during interview that no PREA investigations were referred to the MSP for criminal investigation or prosecution, during the last 12 months.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual requires that: Criminal investigations shall be documented in a written report that contains a thorough description of physical, forensic, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. The Alger PAQ, Alger PREA Coordinator Memorandum to PREA Auditors and the PREA Coordinator interview have all attested to the fact that there have been no PREA investigations referred for prosecution, since August 20, 2012. The PREA Administrator memorandum advises that MDOC facilities do not directly refer cases for prosecution, but that the responsible law enforcement agency, the MSP, are responsible for conferring with prosecutors involving criminal case prosecution.

**115.71(i)**

- Does the agency retain all written report referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, page 30.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: the PREA Manual requires that: All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated, plus five years.

### **115.71(j)**

- Does the agency ensure that the departure of an alleged abuser from the employment or control of the agency does not provide a basis for terminating an investigation? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Section MM, page 7; LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section HH, page 6; and PREA Manual, page 22.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PC was interviewed, and advised that Alger would complete the investigation entirely and forward reports to the MSP and MDOC Internal Affairs, regardless of whether the employee terminates employment.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual, Collective Bargaining, provides for referral to law enforcement and relevant licensing bodies, regardless of whether the staff member resigned. The MDOC PD and Alger OP direct that an investigation not be closed simply due to the resignation, transfer or termination of the accused staff person.

### **115.71(k)**

- Are any investigations conducted by any State entity or Department of Justice component conducted pursuant to the requirements of this standard (115.71)? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Documentation provided and reviewed in 115.71 a-j supports compliance with this element, and as asserted by Alger's PAQ. In MDOC the MSP are responsible to conduct criminal investigations. MDOC Internal Affairs may also conduct PREA investigations. Both state agencies conduct investigations in accordance with the standards' requirements (MSP Memorandum to MDOC Director, dated 9-30-17, committing to MSP compliance with all applicable PREA standards).

### **115.71(l)**

- 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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: MSP Letter, dated 9-30-15, notifying MDOC Director of the MSPs commitment to investigate MDOC PREA investigations in accordance with applicable PREA standards; PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section KK, page 6; examples of Alger PREA Sexual Abuse investigations with law enforcement notifications, and notification to MDOC Internal Affairs Division.; emails to/from MSP concerning PREA investigations during the last 12 months.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed the Alger Warden, who advised that facility staff keep the MSP informed, and use the state email system. The Deputy Wardens also have such contacts with the MSP to keep them informed. The PREA Coordinator advised auditor that he confers with MSP, normally thru email, and these communications are cited in investigative reports. The PC/Investigator advised that he does



anything he can to assist the MSP by providing them information required. The Regional PREA Analyst and MDOC PREA Administrator have advised auditor that every facility has the MSP on-site (MSP offices located within the facility). The facility uses the email system to keep each other informed of progress. Auditor has reviewed multiple Alger PREA investigative reports and has noted printed copies of email exchanges, and documentation within the investigative reports concerning MSP communications/involvement.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor observed MSP personnel entering/exiting their designated offices located within the Alger facility.

### **115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

### **115.72(a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? Yes
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the PREA Manual, pages 22 and 29, citing a preponderance of evidence as the standard of proof necessary when determining whether allegations of sexual abuse or sexual harassment are substantiated. Auditor reviewed the Basic Investigator Training curriculum, which states that a "Preponderance of the evidence (in theory 51%) is the general principle that is used administratively.

Auditor interviewed the Alger PREA Coordinator/Inspector, who advised auditor that facility investigators use a preponderance of evidence, or 51% rule, as the standard of evidence required in order to substantiate sexual abuse or sexual harassment.

The PREA Manual, Sexual Abuse/Sexual Harassment Investigations, page 28 states: All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on-prisoner sexual harassment allegations as described in the definitions of this manual, whether received verbally, in writing, anonymously or from third parties shall be entered into the Department's computerized investigation data base and investigated. Auditor has reviewed PREA investigative reports which have been initiated by third-party, anonymously, by inmate Grievances, and by Ombudsman notifications to the facility through MDOC Headquarters.

### **115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**115.73(a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes.

**115.73(b)**

- If the agency did not conduct the investigations, does it request the relevant information from the investigative agency in order to inform the inmate?

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section GG, page 6; LMF OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, , Section BB, page 5; PREA Manual, Prisoner Notification Following an Investigation, page 30; and notifications, CAJ-1021, PREA Prisoner Notification of Sexual Abuse and Sexual Harassment Findings and Action forms, to inmates resulting from PREA investigations conducted in 2016 and 2017.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: During interviews with the auditor, the Warden and the facility PREA Coordinator advised that Alger notifies an inmate who makes an allegation of sexual abuse or sexual harassment when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Auditor reviewed all sexual abuse investigative reports and a sample of sexual harassment investigations. All reports included a CAJ-1021 form, notifying inmates of the outcome of the investigation. The investigative spread sheets for Sexual Abuse and Sexual Harassment investigations conducted during the last 12 months includes a column indicating the date when the prisoner received the notification of investigative results (CAJ-1021).

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Alger's PAQ advises that there were 11 administrative investigations of alleged sexual abuse that were completed by the facility/agency in the last 12 months. For all eleven cases, the subject inmate was notified. The dates of the notifications are documented upon the investigative spreadsheets for Sexual Abuse and sexual Harassment, and noted within the investigative reports, with the CAJ-1021s included/copied-into the investigative packages. Auditor has reviewed all sexual abuse investigations to confirm the aforementioned actions taken by Alger investigative personnel, and as reviewed by the Warden. For all sexual abuse allegations received, and investigations conducted, Alger notifies the MSP, and provides copies of their investigative reports to the MSP for their review, and conferral as necessary. Auditor has reviewed these standard communications contained within the investigative reports, and hard-copies of the email exchanges of information.

Alger has a disciplined and thorough practice concerning investigative protocol as noted above. Alger is in compliance with the standards, MDOC policy, local Operating Procedures and the PREA Manual, concerning required notifications made to the inmates, following an investigation of allegations. Auditor notes that there have been no cases investigated in the last 12 months that have involved substantiated sexual abuse.

**115.73(c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, does the agency subsequently inform the inmate whenever:
  - The staff member is no longer posted within the inmate's unit? Yes.
  - The staff member is no longer employed at the facility? Yes.
  - The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes.
  - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes.

**115.73(d)**

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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.
  - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Prisoner Notification Following an Investigation, page 30-31; CAJ-1021 form, from 2015, evidencing a notification of staff no longer employed at the facility, and MSP investigation of allegations received.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: There were no cases in last 12 months where a notification to an inmate was provided involving staff reassignments, termination, or criminal charges, or other inmate criminal charges. Auditor reviewed a case prior to the last 12 months, i.e. 2015, which evidenced such a CAJ-1021 notification being provided to an inmate concerning a staff action.

**115.73(e)**

- Does the agency document all such notifications or attempted notifications?

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the Alger PAQ, which reports that 63 notifications were made to inmates during the last 12 months. The dates of notifications are indicated on the investigative spreadsheets as reviewed by auditor, with copies of the completed CAJ-1021 forms included within the investigative packages of documentation.

**115.73(f)**

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The PREA Manual, page 31, states: The Department's obligation to provide notification as outlined in this section shall terminate if the prisoner is paroled, discharged from his/her sentence, is vacated or the prisoner is pardoned.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the PREA Manual provision concerning this standard. Auditor also reviewed the Sexual Abuse investigations spreadsheet, which indicates one inmate was paroled in 2017 prior to receiving written notification (CAJ-1021), of insufficient evidence/unsubstantiated concerning an allegation submitted and investigated by Alger personnel (1-29-17 thru 4-3-17).

### **115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.76(a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes.

#### **115.76(b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes.

#### **115.76(c)**

- 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.

#### **115.76(d)**

- 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.
  - Relevant licensing bodies? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Alger PAQ; Auditor reviewed the MDOC Employee Handbook, Sections 47, 50, 51 and 52, addressing employee conduct; PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section LL, page 7; PD 02.03.100 Employee Discipline, page 1 and Attachment A (Discipline Standards); PREA Manual, Disciplinary Sanctions/Corrective Action, page 31; and Michigan Department of Licensing and Regulatory Affairs/MI Health Professionals-Report of Change in Staff Privileges, form BPL/IID-205.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC Employee Handbook which prohibits overfamiliarity (fraternization), sexual conduct with offenders, and sexual harassment of offenders. The Attachment A, Discipline Standards, includes Rules 50-52, which address Sexual Conduct with Offender (Discharge is the required "Discipline without aggravation or mitigation." Sexual Harassment of Offender and Over-Familiar or Unauthorized Contact discipline are addressed as "Determined by Chief Deputy Director or designee and may be sanctioned up to and including discharge."

The PREA Manual states that: Discharge shall be the presumptive disciplinary sanction for staff who engage in sexual abuse of a prisoner. The PREA Manual directs that other violations of policy shall be commensurate with policy and the nature and circumstances of the acts committed, the staff member's disciplinary history and sanctions imposed for comparable offenses committed by other staff with similar histories. Discharges or resignations by staff who would have been discharged if not for the resignation shall be reported to law enforcement authorities. Reporting such conduct to relevant licensing bodies shall take place as deemed appropriate and as required by statute.

The Alger PAQ reports that during the last 12 months there were 0 staff members who have been disciplined, terminated or reported to law enforcement authorities or licensing boards for violating agency sexual abuse or sexual harassment policies.

#### **115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.77(a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates and reported to:
  - Law enforcement agencies, unless the activity was clearly not criminal? Yes.
  - Relevant licensing bodies? Yes.

#### **115.77(b)**

- 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 inmates? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Definitions, Section A, page 1, Section FF, page 6; PREA Manual, Disciplinary Sanctions/Corrective Action-Volunteer and Contractor, page 31; Alger PAQ and PREA

Coordinator memorandum to PREA Auditors dated 3-22-17; PREA Sexual Abuse investigative packet.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The Warden advised auditor that a Stop Order (not allowed on Alger facility property) would be placed on any contracted employee or volunteer in the event of violation of agency sexual abuse or sexual harassment policies. The facility could pull the individual's LIEN clearances and/or put them on a no-hire list in order to notify other facilities/agencies. The CCTV system could be utilized for such investigation and monitoring purposes, if misconduct is suspected.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed all pertinent MDOC policy and the PREA Manual which contain specific language and direction for the facilities to follow, in compliance with this standard. The auditor was advised that there were no cases of contractors or volunteers reported to law enforcement for engaging in sexual abuse with Alger inmates during the last 12 months. Auditor did review a case from several years ago initiated by anonymous information received. In that case, an investigation was authorized by the Warden, a STOP ORDER approved, and the discharge and referral for prosecution of the contracted employee communicated to the Michigan State Police. All matters related to this investigation were properly implemented and documented, in compliance with established policy and standard 115.77.

### **115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.78(a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes.

#### **115.78(b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes.

#### **115.78(c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section FF, page 6; PREA Manual, Prisoner Discipline, page 32; PD 03.03.105 Prisoner Discipline, Attachment A, Class 1 Misconducts, and Attachment D, Sanctions for Class 1 Misconducts; LMF OP 03.03.105 Prisoner Discipline, Disciplinary Sanctions, Section R, page 3; and Alger PAQ.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The Warden advised auditor during interview that sexual misconduct involving inmates is a Class 1 offense and can result in segregated housing status. The Warden noted that the sanctions are proportionate to the nature and circumstances of the abuses committed, whether actions were consensual or not. Mental disability or mental illness is considered when determining sanctions, according to the Warden.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the PREA Manual, and all applicable MDOC policy and local Alger operating procedures, including Class 1 Misconduct attachments. All MDOC policy and procedures are consistent, and in compliance with elements (a-c) of the standard. The Alger PAQ reports that there have been 0 administrative findings/criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility in the last 12 months.

#### **115.78(d)**

- 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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: LMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Sections MM and NN, page 7; PREA Manual, page 32.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a medical staff person who advised that mental health provides mental health services, including therapy and counseling, to both abusive inmates and inmate victims. Such services are not conditionally provided to the inmates, but are offered to all. A mental health employee interviewed by auditor advised auditor that mental health staff provide therapy, counseling or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse to offending inmates. These services are available and offered to all inmates. Participation is voluntary, and there are no negative consequences for failure to participate.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MDOC Policy Directive 03.03.140 provides for both victims and offenders to be referred to mental health services staff for assessment, counseling and other necessary mental health services. The PREA Manual contains language allowing for facility mental health staff to consider whether to require the offending prisoner to participate in such interventions as a condition of access to programming, etc. Mental health staff have advised auditor that such services are offered and provided to all inmates, unconditionally, and without negative consequences.

#### **115.78(e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed; Michigan Penal Code (excerpt) iii, "The actor is in a position of authority over the victim and the actor used this authority to coerce the victim to submit;" PREA Manual, Prisoner Discipline, page 32;

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy and the PREA Manual are in compliance with the standard, emphasizing that prisoners are unable to consent to sexual contact with MDOC employees, volunteers or contractors, due to the staff person's position of authority. Inmates may therefore only be disciplined upon a finding that the staff member did not consent to such contact.

#### **115.78(f)**

- 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.

#### **115.78(g)**

- Does the agency refrain from considering non-coercive sexual activity between inmates to be sexual abuse? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.105 Prisoner Discipline, Attachment A; PREA Manual, Prisoner Discipline, pages 31-32.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual states that reports of sexual abuse made in good faith shall not constitute false reporting. If an inmate intentionally makes a false allegation of sexual abuse that is investigated and determined to be No Evidence/Unfounded, the prisoner may be disciplined in accordance with MDOC policy. Auditor was advised that one inmate was disciplined for filing a false report (unfounded) during the last 12 months. Auditor reviewed the investigative file and noted the documentation on the Alger Sexual Abuse spreadsheet concerning this 2017 allegation/investigation.

The PREA Manual prohibits prisoners from having any sexual contact with other prisoners. Inmates who voluntarily engage in sexual behavior are subject to discipline in accordance with MDOC PD 03.03.105 Prisoner Discipline, Attachment A, No 033, Sexual Misconduct. The PREA Manual addresses consensual sexual misconduct, advising that such contact does not fall under the requirement of PREA unless there is evidence to support that the sexual contact is a result of coerced consent or protective pairing defined in the PREA Manual.

#### **115.81 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**115.81(a)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes.

**115.81(b)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes.

**115.81(c)**

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 04.01.105 Reception Facility Services, Section KK, page 7; PD 03.04.100 Health Services, Section T, pages 3-4; LMF OP 03.03 140 Prohibited Sexual Conduct Involving Prisoners, Section R, page 4, and Sections MM and NN, page 7; PD 04.06.180 Mental health Services, Section F, pages 1-2; PREA Manual, Medical/Mental Health Screening, page 14; PREA Coordinator Memorandum to PREA auditors, dated 3-24-17; examples of Alger 14 day referrals to mental health staff upon Intake, 2016 and 2017.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: A Prisoner Counselor (PC) was interviewed, and advised that during intake screening, an inmate that has experienced prior sexual victimization, whether in an institutional setting or in the community, would be offered a mental health referral. For those inmates that had previously perpetrated sexual abuse, the staff would recommend mental health assessment for Sex Offender Programming, SOP, mandatory programming required by the Parole Board.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The audit team observed two intake screenings of inmates at Alger, on June 7, 2017, during which the inmates were queried concerning prior sexual victimizations, and prior abusiveness. Inmates with high scores of victimization or abusiveness are immediately offered a follow-up meeting with medical or mental health staff, to be seen within 14 days of the intake screening.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed comprehensive MDOC policy and Alger operating procedures addressing the intake screening and referral of inmates reporting prior sexual victimization, and abusiveness. At Intake, a CHJ-464 form, Intake Screening for History of Sexual Abuse or Physical Abuse, is completed. A CHX-212 form, Mental Health Referral form, is to be completed for such cases, when incoming inmates agree to accept a mental health referral. Auditor has reviewed multiple intake referrals and email exchanges from 2016 and

2017, evidencing this process as successfully implemented and practiced at Alger. The Alger PAQ reports that 100% of inmates that disclosed prior victimization or perpetrated sexual abuse during screening were offered a follow-up meeting with a medical or mental health practitioner.

#### **115.81(d)**

- 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Sexual Conduct Involving Prisoners, Section U-Confidentiality of Reports and Investigations, page 4; LMF OP 03.03.140, Section O-Confidentiality of Reports and Investigations, page 3; PREA Manual, PREA Risk assessments and Risk Assessment Reviews, page 13.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MDOC policy, Alger operating procedures and the PREA Manual specify that information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. That risk assessment information shall not be shared with prisoners. Staff that intentionally compromise such information shall be subject to discipline. The audit team was briefed on the staff access to the automated system. Access to such confidential information in the computerized OMNI system is limited or restricted based upon the staff members classification, e.g. Warden, Prison Counselors, Unit Managers, medical/mental health, etc.

#### **115.81(e)**

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section AA, page 5; LMF 03.03.140, Section U, page 5; PREA Manual, Medical/Mental Health Screening, page 14.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed medical and mental health employees. The medical staff member advised auditor that she had never run across such a situation concerning a prior sexual victimization, but that she would obtain informed consent before reporting about a prior sexual victimization that did not occur in an institutional setting. The mental health staff person informed auditor that if the incident occurred in MDOC, he would report it. If it was an underage situation, he would not report that.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy, Alger procedures and the PREA Manual require that: Medical and mental health care staff shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting. A copy of the prisoner's informed consent shall be maintained for the PREA audit. Both the health care and

mental health employees interviewed also function as Victim Advocates for victims of sexual abuse. Both employees were very knowledgeable concerning their individual duties, PREA responsibilities, and concerning obtaining informed consent as required by this standard.

### **115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.82(a)**

- Do inmate 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Section X, page 5; PD 03.04.125 Medical Emergencies, Section F, page 2; PD 04.06.180 Mental Health Services, pages 1-2; MDOC OP 03.04.100 Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities; LMF op 03.04.125 Medical Emergencies, Section U-Sexual Assaults, page 4; PREA Manual, Initial Victim Services, page 26; Alger PC Memorandum to Auditors, dated 3-24-17, concerning availability of medical and mental health personnel.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical staff advised auditor that the health care department has a 4-minute window to respond to a medical emergency. The nature and scope of the services are determined according to the staff's professional judgment. But medical would send inmates to the hospital anyway, even without any physical injury evident. Inmate victims receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staffer advised that there have been no sexual abuse incidents at Alger during the last 12 months.

The mental health practitioner interviewed stated that inmate victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff would examine inmate right away and refer to mental health personnel. Mental health would see the inmate ASAP. Employee stated that there are not always mental health staff on duty, as Alger shares such personnel with several other facilities. Alger staff could use telemedicine to send info to mental health staff not in the facility. The nature and scope of services are determined according to the staff's professional judgment.

There were no incidents of facility sexual abuse during the last 12 months, or allegations of sexual abuse which were substantiated resulting from a facility PREA investigation. Therefore, there were no inmates available to interview who had reported a sexual abuse.

#### **115.82(b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take

preliminary steps to protect the victim pursuant to § 115.62? Yes.

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.04.125 Medical Emergencies, Section F, page 2; LMF OP 03.04.125 Medical Emergencies, Section J, page 3; LMF OP 05.01.140 Prisoner Placement and Transfer, Section M, page 4; PREA Manual, Medical/Mental Health Services Following an Allegation of Sexual Abuse-Initial Victim Services, page 26.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The audit team interviewed a random security staff member who advised auditor of the following actions to be taken as a first responder to an allegation of sexual abuse: Site would become crime scene, clothing of assault perpetrator and assault victim would be secured, no access to water for washing of clothing and self. Immediately contact control and Inspector. Interview inmate after separating. Alleged attacker handcuffed and secured. Control Center would contact medical and mental health. Control Center will make notification calls. Process crime scene, tape it off and take pictures. Unit control can top-lock a cell to close off crime scene. Additional random security personnel demonstrated excellent first responder knowledge, with emphasis on separating the inmates and keeping the alleged victim safe.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC and the Alger facility provide personnel with extensive policy and procedure direction and PREA training. Staff interviews evidence this training and the employees appear comfortable and confident throughout the facility.

#### **115.82(c)**

- Are inmate 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Alger PAQ; PREA Manual, page 26; LMF 03.04.125 Medical Emergencies, Sexual Assaults, page 4; Bureau of Health Care Services sample patient exam form (2015), PREA trifold, Identifying and Addressing Sexual Abuse and Sexual harassment.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a health care staff person who advised that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. A mental health staff person advised auditor that this question was a medical question, which is not his area of responsibility.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: MDOC policy and the PREA Manual specify that timely information and timely access to sexually transmitted infections prophylaxis be offered to inmate victims of sexual abuse, in compliance with the PREA Standard. There were no cases of sexual abuse at Alger in the last 12 months. The Alger PAQ provided a sample of a 2015 allegation of sexual abuse, with personally identifiable information redacted, which resulted in a hospital Emergency Room transport, and offered medical and mental health services and follow-up as required by MDOC policy, and the PREA Standard.

#### **115.82(d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.04.125 Medical Emergencies, Sexual Assaults-Section U, page 4; PD 03.04.100 Health Services, Sections UU and VV, page 10; PREA Manual, Medical/Mental Health Services Following an Allegation of Sexual Abuse, page 26.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: MDOC policy and the PREA Manual provide for treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

### **115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers.**

**Exceeds Standard** (substantially exceeds requirement of standard)

**X - Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

**Does Not Meet Standard** (requires corrective action)

#### **115.83(a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes.

#### **115.83(b)**

- 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.

#### **115.83(c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes.

#### **115.83(f)**

Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes.

#### **115.83(g)**

- Are treatment services offered to the victim without financial cost and

regardless of investigation arising out of the incident? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PD 03.04.100H Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities; PD 03.04.100 Health Services, Section UU and VV, page 10; PD 03.04.125 Medical Emergencies, Section F, page 2; PD Mental Health Services, Sections F and H, pages 1-2; PREA Manual, Ongoing Victim Services, page 27; LMF 03.04.125 Medical Emergencies, Section J, page 3, and Section U, page 4.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed a medical and a mental staff person. Both personnel advised that Alger provides all services as noted, consistent with professionally accepted standards of care, and in compliance with MDOC policy. Such treatment services include information about sexually transmitted infection prophylaxis.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed MDOC policy concerning medical and mental health services provided to inmate victims of sexual abuse, and local Alger operating procedures in response to sexual abuse incidents, to include emergency treatment and crisis intervention services. Such services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no cases of substantiated sexual abuse during the last 12 months. Auditor did review a 2015 alleged incident where an inmate was transported to a community hospital and received facility follow-up medical and mental health services due to an allegation of sexual abuse. Interview with a security staff first responder and random security staff provided the audit team with sufficient information to determine that security staff would take preliminary steps to protect the victim and to immediately notify medical and mental health practitioners.

**115.83(d)**

- Are victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? NA-male facility

**115.83(e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? NA-male facility.

**115.83(h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: LMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section NN, page 7; PREA Manual, Ongoing Abuser Services, page 27.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor interviewed medical and mental health employees. The medical staff person advised auditor that she would make a referral to the mental health staff person, who she named, upon learning of an inmate-on-inmate

sexual abuse. The mental health staff person advised auditor that the PREA protocol requires that a mental health evaluation be conducted of all known inmate-on-inmate abusers and to offer treatment if appropriate. The mental health employee would conduct such an evaluation immediately or ASAP, after learning about the abuse history of such an inmate.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual requires: **Ongoing Abuser Services:** Within 60 calendar days of learning of a known prisoner-on-prisoner abuser, mental health staff shall attempt to conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate.

### **115.86 Sexual abuse incident reviews**

- X Exceeds Standard (substantially exceeds requirement of standard)  
Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.86(a)**

- 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.

#### **115.86(b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes.

#### **115.86(c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Sexual Abuse Incident Review, pages 32-33, and multiple completed MDOC CAJ-1025 forms, Sexual Abuse Incident Review.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PREA Coordinator/Inspector was interviewed, advising auditor that he generates the Incident Review forms (CAJ-1025), sets up the Committee and submits the Incident Review form with the entire investigative package of documents to the Warden. Following submission, he would discuss the case with the Warden, review suggestions, ideas, changes. The Warden has authority to approve a Misconduct for false reporting, with one Misconduct issued in the last 12 months. He stated the Incident Review team conducts an overall evaluation of each PREA investigation.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed all 8 administrative investigations of alleged sexual

abuse conducted during the last 12 months, excluding only unfounded incidents. At the end of each investigative package of documents is the completed CAJ-1025 form, PREA Sexual Abuse Incident Review. The Alger PAQ reports that all 8 sexual abuse investigations had a required Incident Review conducted within 30 days of the conclusion of the investigation. Auditor confirmed that all investigations had such an Incident Review within 30 days of investigation conclusion. The investigative package of documents forwarded to the Warden at the conclusion of each investigation includes the IRT form, CAJ-1025; any PREA Grievances, CAJ-1038A; Prisoner/Parolee Grievances, CSJ-247A; Sexual Abuse Investigation Worksheet, CAJ-1024; Prisoner Notification form, CAJ-1021; and PREA Sexual Abuse Retaliation Monitoring form, CAJ-1022.

The organization and presentation of the PREA investigations conducted at Alger is considered outstanding, based upon this auditors' review. Any administrator can follow the chronology of an investigation, review the standardized MDOC forms, and refer to copies of emails, signature sheets, inmate work restriction reports, etc. Through this very credible process, the entire administration is kept informed of complaint areas, possible inmate and staff issues, problematic inmates, the need for staff reassignment or further review, consideration of additional monitoring technology or staffing adjustments, etc.

#### **115.86(d)**

- 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.
  - Consider whether the incident 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.
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?
  - Assess the adequacy of staffing levels in that area during different shifts? Yes.
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes.
  - Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes.

#### **115.86(e)**

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes.

Auditor reviewed the PREA Manual, Sexual Abuse Incident Review, pages 32-33; and several examples of 2016 and 2017 Sexual Abuse Incident Review forms, CAJ-1025.

Auditor interviewed the Warden, who advised auditor that the Incident review team consists of upper level management officials and allows for input from line supervisors, investigators, and medical and mental health practitioners. The facility uses the information from the incident review team in review of the staffing plan, concerning



cameras, issues with individual inmates, housing, single cells and repeat allegations. The review team considers whether the incident was motivated by race, ethnicity, gender identity, gay, bisexual, transgender or intersex identification; examines facility areas where incidents allegedly occurred, assesses staffing levels and shift activities, and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The PREA Coordinator/Inspector at Alger was interviewed, advising that the incident review team examines all required motivations for sexual abuse, alleged areas where sexual abuse reportedly occurred, shift staffing, etc., in order to identify possible problem areas, or need for policy or procedural changes.

### **115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.87(a)**

- 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.

#### **115.87(c)**

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? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, Data Collection, Review and Storage, page 33; the 2015 MDOC Annual PREA Statistics, authored by the PREA Administrator, April 7, 2016; and the MDOC 2014 and 2015 Survey of Sexual Victimization Reports, SSV-2.

#### **115.87(b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Annual MDOC PREA Statistics Report for 2015; PREA Manual, page 33; and the MDOC 2015 Survey of Sexual Violence Report, SSV-2.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the 2014 and 2015 SSV-2 reports submitted by MDOC to the US Department of Justice (DOJ), Bureau of Justice Statistics, and the 2015 MDOC Annual PREA Statistics Report. The PREA Manual requires that: The Department

PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at a minimum, the data necessary to complete the annual Department of Justice Survey on Sexual Violence.

**115.87(d)**

- 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.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, page 33.

The following describes how the evidence above was used to draw the final conclusion regarding compliance. Auditor has reviewed all 8-sexual abuse PREA investigations and a sampling of the sexual harassment investigations conducted during the last 12 months. The statistics compiled by MDOC, in aggregate form, are derived in-part from the Alger investigative files, reports and incident reviews. The PREA Coordinator at Alger submits all completed PREA investigations to the Warden for her review.

**115.87(e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The PREA Manual, Data Collection, review and Storage, Data Collection, page 33, states that: The Department PREA Manager also shall request data on each reported incident from every private facility contracted for the confinement of offenders when applicable. At Alger, there are no private facilities contracted for the confinement of inmates.

**115.87(f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Auditor reviewed the MDOC 2014 and 2015 SSV Reports, as aggregated by MDOC, to include statistics from the Alger facility.

**115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**115.88(a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 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.
  - Taking corrective action on an ongoing basis? Yes.
  - Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes.

**115.88(b)**

- 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? Yes.

**115.88(c)**

- 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.

**115.88(d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: MDOC webpage for PREA at: [www.michigan.gov/corrections](http://www.michigan.gov/corrections), w/ links to 2013 and 2014 SSV Reports, Annual Statistical Reports, and completed MDOC facility audit Final Reports ; 2014 and 2015 Annual PREA Statistics Reports, by MDOC PREA Administrator; PREA Manual, Data Collection, Review and Storage-Review for Corrective Action, page 33;

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The PADO audit team interviewed the MDOC Agency Head/designee, who advised that MDOC reviews the facility investigations, and can keep track of trends. As a result of such reviews, MDOC has placed cameras in more conspicuous areas, and areas where inmates were congregating in order to engage in sexual activities. The PREA training program was enhanced and additional investigators were approved for training and assignments. The Department also added Regional PREA Analyst positions in order to increase training and awareness as well as to assist facilities with implementing the standards. The MDOC PREA Administrator compiles and submits the annual SSV to the MDOC Director for review, prior to posting on MDOC Website. The Alger PREA Coordinator advised auditor during interview that the facility annually reviews statistics and discusses issues. The MDOC PREA Administrator and Regional PREA Analyst were interviewed, and advised the audit team that the MDOC reviews facility grievance information/trends in complaints, and refers back to the facility. MDOC also reviews for PREA compliance issues and training issues. The annual reports contain no names or personally identifying information, just data.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual contains specific requirements and direction

consistent with the PREA Standards. Auditor reviewed the 2014 and 2015 MDOC Annual Statistical Reports and the 2013, 2014 and 2015 SSV Reports. The auditor conducted a thorough review of the MDOC website and PREA Webpage on 3-29-17, finding considerable general information concerning PREA, MDOC policies, and instructions for citizens in reporting allegations of sexual abuse or sexual harassment, e.g. contact the facility, call PREA Hotline at 877-517-PREA (7732), file online complaint, write MDOC PREA Office at MDOC, P.O. Box 30003, Lansing, MI 48909. Auditor observed no personally identifying information or specific material which would present a threat to the safety and security of a facility posted on the MDOC website.

### **115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **115.89(a) -**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes.

#### **115.89(b)**

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.

#### **115.89(c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes.

#### **115.89(d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes.

In order to make a determination of compliance, the following policies and other documentation were reviewed: PREA Manual, data Collection, Review and Storage-Storage, Publication and Retention, pages 33-34; MDOC website, [www.michigan.gov/corrections/](http://www.michigan.gov/corrections/), with links to 2013 and 2014 SSV Annual Reports.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Auditor was advised by the Regional

PREA Analyst that sexual abuse data is retained on secure servers, with staff access restricted by classification.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Manual states that: The Department shall ensure that sexual abuse and sexual harassment data collected is securely retained. The Department shall make all aggregated sexual abuse data as outlined in the data collection section of this manual readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.

The Department shall maintain sexual abuse data collected pursuant to the data collection section of this manual for at least 10 years after the date of the initial collection.

Auditor interviewed the regional PREA Analyst who confirmed that such sexual abuse data is securely retained by MDOC. Auditor reviewed the MDOC website and readily accessed the 2013, 2014 and 2015 sexual abuse data published on its website. There were no personal identifiers present.

