

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: 07/21/2017

Auditor Information			
Auditor name: David G. Radziewicz			
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Telephone number: (717) 318-3308			
Date of facility visit: February 1-2, 2017			
Facility Information			
Facility name: Earnest C. Brooks Correctional Facility			
Facility physical address: 2500 S. Sheridan Drive, Muskegon Heights, MI 49444			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (213) 773-9200			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Shirlee Harry			
Number of staff assigned to the facility in the last 12 months: 259			
Designed facility capacity: 1246			
Current population of facility: 1223			
Facility security levels/inmate custody levels: 1, 2, 4 and temporary segregation (5)			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Thomas Page		Title: Inspector/PREA Coordinator	
Email address: paget1@michigan.gov		Telephone number: (213) 773-9200 x 0325	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 206 E. Michigan Ave, Lansing, MI 48909			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (517) 373-3966			
Agency Chief Executive Officer			
Name: Heidi Washington		Title: Director	
Email address: WashingtonM6@michigan.gov		Telephone number: (517) 780-5811	
Agency-Wide PREA Coordinator			
Name: Todd Butler		Title: PREA Administrator	
Email address: butlert4@michigan.gov		Telephone number: (517) 373-3960	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act audit of the Earnest C. Brooks Correctional Facility was conducted from February 1, 2017 to February 2, 2017, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, David Radziewicz, was assisted during this audit by DOJ Certified Auditors Thomas Greishaw and Rene Adams.

The auditor wishes to extend its appreciation to Warden Harry and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the site visit and post audit. The auditor would also like to recognize PREA Administrator Todd Butler, PREA Analyst Mary Mitchell and PREA Coordinator Thomas Page for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor notes that the audit of the Earnest C. Brooks Correctional facility, followed an audit of the West Shoreline Correctional Facility on January 30, 2017 and January 31, 2017. This auditor was an assistant in that audit; however, it is noted that the facilities share several key administrative staff, including, but not limited to, the Warden and Medical Director. These facilities are separated by a road that leads through the campus of three facilities. The auditor notes this fact to clarify that, in the interest of maximizing administrator's time, interviews were conducted with the Warden and Medical Director while onsite at West Shoreline Correctional Facility on January 30, 2017.

Prior to the audit, the auditor was provided a DVD that contained pre-audit documentation. This DVD contained applicable policies and ample sample documentation in support of compliance with the standards and their provisions.

The auditors arrived onsite at approximately 0830 hours on February 1, 2017. An entrance meeting was held with key administrative staff beginning shortly after 0900 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Warden Shirlee Harry, Deputy Warden Bobbi Smith, Deputy Warden Jack Kowable, PREA Coordinator/Inspector Thomas Page, Inspector James Plichta, agency PREA Administrator Todd Butler, agency PREA Analysts, Mary Mitchell, Matt Silsbury and Wendy Hart, as well as other senior managers within the facility. Introductions were made and logistics for the audit were planned during this approximately 20-minute meeting. A tour of the facility commenced immediately thereafter with auditors David Radziewicz and Thomas Greishaw touring the facility together, while auditor Rene Adams began conducting random inmate interviews. Random interviews followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates.

After the entrance meeting the auditor was given a tour of all areas of the facility, including; all six general population housing units with multiple occupancy cells. It is noted that in the level 1 (one of this level) and level 2 (three of this level) housing units, inmates had significantly greater freedom of movement, keys to their cell doors and shared toileting facilities. In the level 4 housing units (two of this level), access to the cells was controlled via the officers, toileting facilities were in the cells, and movement was much more restricted. The level 1 housing unit holds approximately 120 inmates, the level 2 housing units hold approximately 240 inmates and the level 4 housing units hold approximately 192 inmates. The tour also included administrative segregation, which consists of 22 beds, Education/Programming Building, Administrative Buildings, the Chapel, Michigan State Industries, control rooms, visitation areas, intake, medical (including exam rooms) recreation, kitchen/dining hall and the outside warehouse/maintenance area.

During the tour, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. During the tour, the auditor also informally interviewed the agency PREA Administrator, facility PREA Coordinator and second Inspector to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in determining compliance with the standards. Additionally, during the audit tour, the auditor sampled a minimum of 2 random inmate files on all but one of the housing units to verify inmate PREA education and PREA risk screening. While on the housing unit, staff who fulfilled the role of Prison Counselor, ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to access the MDOC's (Michigan Department of Corrections) computer database to show movement dates of the inmates that were then compared against educational records and risk screening dates as a means of verifying the practice demonstrated in pre-audit documentation.

During the tour, the auditor observed the facility's camera monitoring system within the Inspector's office to verify that cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility. The facility was found to have a modern and robust camera system that provided great coverage of all common areas of the facility and with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. A privacy notice was posted in each of the housing units, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. On the tour, the auditor took notice to the "Knock and Announce" notices posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit.

During the tour, it was observed that opposite gender announcements were consistently made. Following the knock and announcement, opposite gender staff waited 10 seconds prior to entering the housing unit.

While on a tour of the food service area, a bathroom area was observed to be visible from the elevated food service manager's office. Specifically, the office overlooked a bathroom area that was originally intended for multiple occupancy. The window in the office area was originally intended for security purposes to ensure the safety of inmates within; however, due to the height of the office, an individual could see over the inmate stalls. Given that the office area was used by a female staff member, window allowed for the potential of opposite gender viewing in the toileting area. The auditor requested that the facility cover the window with a film that obscured the view into the area and the facility complied with this request prior to the auditor's departure. The facility also installed a lock on the door and changed the bathroom from multiple to single occupancy to ensure safety. During a tour of the education area, it was noted that the facility's PREA "An End to Silence" handbook was not readily accessible. The facility complied with the auditor's request to post this in a more visible area. During a tour of the Chapel, the auditor noticed the one area that was not completely visible from the head chaplain's office was a staff/volunteer break room and bathroom area. The door was equipped with a lock. The auditor requested that the facility keep the door to that area locked when not in use and to place a sign on the wall directing staff to comply with this directive. The facility remedied this matter prior to the end of the onsite audit. The audit tour concluded at just before 1700 hours on day one.

On the first day of the audit, auditor was given a copy of the institution's inmate rosters and shift rosters in order to select inmates and staff for random interviews. A minimum of two inmates were randomly selected from each housing unit, with a total sample size of 17 inmates. A minimum of two officers from each housing area were randomly selected, covering all three shifts, with a total sample size of 13 staff interviews. As previously mentioned, while the tour was in progress on day one, auditor Rene Adams began conducting random inmate interviews in a private room within the facility's administrative complex.

The auditors arrived onsite at approximately 0445 hours on February 2, 2017 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the auditor provided the facility with the names of the random staff selected for interviews. The auditors were led to their respective offices after the entrance meeting and all three commenced with simultaneous interviews of third-shift staff. At the conclusion of these interviews, the auditors began interviewing first shift staff. Due to reduced staffing coverage at the facility on third shift, three third shift staff were interviewed and five each on first and second shift were interviewed.

When interviews were completed with first shift staff, the auditors turned their attention to the specialized inmate and staff interviews. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews. The auditor also interviewed an inmate who wrote correspondence to the auditor and another inmate who passed a note to auditor Greishaw during day one of the audit tour; requesting to speak with the auditor.

The auditor was unable to complete the following specialized interviews for inmates and staff due to the matters not being applicable or no such individual was housed at the facility: Youthful Inmates, line staff who supervise youthful inmates, education and program staff who work with youthful inmates (youthful inmates are not housed at the facility) Inmates who reported sexual victimization during risk screening (the facility does not conduct intake screening to identify such inmates), an inmate in segregation for risk of sexual victimization (none were housed at the facility for this purpose), Non- Medical Staff involved in cross gender searches (no such searches performed) and the agency contract administrator (the agency does not contract for the confinement of its inmates).

A total of 26 facility based staff were interviewed (including random and specialized staff) with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized staff, with the exception of the interviews noted in the preceding paragraph. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards.

A total of 22 inmates were interviewed with at least one inmate interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews noted in the preceding paragraph.

The agency head's designee and agency PREA Administrator were interviewed in person during a previous audit by this auditor and as part of the Agency audit. A telephone interview was conducted with a representative of Mercy Hospital (who provides SAFE/SANE and forensic examination advocacy services to the facility).

After the conclusion of specialized interviews, the auditors were afforded with the opportunity to review facility investigations while waiting for second shift staff to arrive. During this time, all three auditors reviewed the facility's investigations. A total of 10 representative investigations were selected by the auditor for further review and the facility provided copies of those investigations for the auditor to take and analyze further post audit. During this time, a discussion took place between the auditor and key facility and agency staff on matters that were discovered during both the review of pre-audit documentation and issues raised onsite. The auditors then returned inside the institution to complete second shift interviews. At the conclusion of second shift interviews, the auditors conducted an exit

briefing with facility staff and departed the facility at approximately 1645 hours. The auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Administrator.

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditor and both the agency and facility staff. During this time, the auditor discussed all concerns with PREA Administrator Todd Butler and PREA Analyst Mary Mitchell, who filtered requests to the appropriate staff. Through a coordinated effort by Mr. Butler, staff members within his PREA analyst unit and key staff at the Earnest C. Brooks Correctional Facility all informational requests of the auditor were accommodated prior to the completion of the Interim Report.

An interim audit report was issued to the facility on 03/13/2017. This interim report described areas of non-compliance and corrective action recommendations. Several conversations followed between the auditor and the agency's PREA Administrator and Analyst to arrive at an agreed upon plan to demonstrate compliance with all provisions of each standard. The corrective action plan included three central themes. The first involved intake risk screening procedures for all receptions at the facility and creating a documentation trail to verify that information gathered through this process was acted upon by the facility in accordance with the standards. The second theme involved the facility's responses to allegations. Specifically, how did the facility respond to, investigate and follow alleged victims of sexual abuse in accordance with the standards. The third theme involved the timely processing of responsibilities.

The corrective action plan included the need to implement intake risk screening procedures at the facility for both direct receptions and intra-departmental transfers to fully satisfy and provide evidence of compliance for standards 115.41, 115.42, 115.81, 115.82 and 115.83. The facility developed its own internal tracking mechanism to verify when assessments were completed and applicable referrals for medical and mental health care. The auditor authenticated the veracity of this report through random sampling of the log. Specifically, the auditor requested electronic records of risk assessments that confirmed the dates recorded on the internal tracking log. Moreover, the facility provided secondary referral documentation and progress notes to verify required referrals to medical and mental health providers, consistent with standards 115.81, 115.82 and 115.83.

The corrective action plan also included the need to develop internal procedures to effectively respond to allegations of sexual abuse in accordance with the standards. Specifically, the facility was required to demonstrate that it interviewed all pertinent parties to an allegation during the course of investigations consistent with 115.71, monitored for retaliation consistent with 115.67 and provided access to emergency services consistent with 115.82.

Finally, the corrective action plan included the need to process emergency grievances and arrive at a final agency determination within the timeframes outlined within 115.52 and complete its sexual abuse incident reviews within the timeframes set forth in 115.86.

The facility accomplished these corrective goals through a revamping of agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. The facility also provided the auditor with copies of completed investigations during the corrective action period. The auditor reviewed these reports to confirm that pertinent witness were interviewed and conclusions were based upon investigatory details. Within those investigatory packets, the facility also provided its retaliation monitoring, emergency grievance and sexual abuse incident review documentation. Retaliation monitoring documentation confirmed that such monitoring extended past an unsubstantiated investigatory conclusion. Emergency grievances and sexual abuse incident reviews were processed within required timeframes.

The auditor commends the PREA Coordinator of the Earnest C. Brooks Correctional facility and the MDOC's PREA Analyst for their coordination of document requests by this auditor. The PREA Coordinator provided the auditor with regular risk screening updates, sending the secondary log at least once per month. Investigations were provided to the auditor as requested. Randomly sampled individual electronic records of risk screening were promptly provided upon request of the auditor to confirm the veracity of secondary facility logs. The auditor also commends the MDOC's PREA Administrator for making agency level efforts to revise shortcomings of existing policy and to effectuate recommendations made at this facility throughout the MDOC.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Earnest C. Brooks Correctional Facility is adjacent to the Port City Industrial Park near Muskegon and sits on 76 acres.

Brooks and the West Shoreline Correctional Facility (formerly named the Muskegon Temporary Facility) were the first two prisons to begin a program of shared services. Positions that are shared with the West Shoreline Facility are warden and warden's staff, business manager, personnel officer, training staff, school principal, mail room staff, physical plant superintendent and warehouse manager.

Brooks is comprised of six housing units. Three are Level II and house up to 240 prisoners each. Two are Level IV and house up to 192 each. The sixth is Level I and houses up to 120 prisoners. Housing units are separated by additional internal fencing to prohibit prisoners of different security levels from mixing. Prisoners from different security levels are only mixed under limited, controlled situations. The facility also has a 22-bed segregation unit. The housing units are of a similar structure, where the entry point leads to the control station. Behind the control station are several large group/recreation rooms. In front of the control areas, two linear tiers protrude away from the control center in the shape of a Y. There is inmate housing on the upper and lower tiers of each branch of the Y. Restroom/shower areas are located within view of the officer's control station. Multipurpose rooms are located behind the officer's control area and have glass walls that permit viewing from the control center. While officers cannot see in the cells from the control area; they can see virtually all common areas from that vantage point to ensure safety.

The facility includes two fences with rolls of razor wire on the side and top of the outside fence, along with a third outer perimeter chain link fence with razor wire and a low, property-line fence of medium gauge galvanized wire. The fences are monitored by a series of electronic security devices. The perimeter of the facility is constantly patrolled by armed staff. Two gun towers were added in 1997.

Academic programs include Special Education, Adult Basic Education and General Education Development completion. Vocational programs include food service and electronics. Michigan State Industries also operates a prison laundry and a notebook bindery. Other programs include impulse control therapy, sex offender treatment, group counseling and substance-abuse treatment, religious and special activity groups and a library. Prisoners are provided on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Health Center in Jackson. Emergencies can be referred to a local hospital.

The facility is designed to operate a maximum capacity of 1246 inmates. On day one of the audit, there were 1223 inmates present and on the second day of the audit, the population was 1225 inmates. The auditor observed that the inmate population consists predominately of Caucasian and African-American inmates. Other ethnic groups were not widely observed throughout the tour. From the auditor's observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater. The average length of stay for inmates is approximately 1 year 9 months.

There are a total of 259 staff at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, Deputy Warden and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work station, with supplemental rounds taking place throughout the unit with random roving movement.

Michigan State Industries operates within the facility and provides a centralized laundry service for nearby MDOC facilities. This building is an open environment, consisting multiple washing, drying and folding areas in an assembly line fashion. Lines of sight within the building are clear and there is adequate staff supervision throughout the area to ensure accountability of the inmate workers who are present. The warehouse area consists of multiple lines of shelving that are organized in a manner to create lines of sight.

The education building consists of one floor. The building is set up in a fashion that all classrooms and areas where staff may be with inmates is visible through a series of windows, eliminating a number of potential isolated areas or blind spots.

During the audit tour and through informal interviews with staff and inmates, the auditor was left with the general sense that staff and inmates felt safe at the facility.

SUMMARY OF AUDIT FINDINGS

This is an interim report that is accompanied by corrective action plan recommendations made by the auditor. This report contains recommendations for the facility to develop compliance; however, significant elements of compliance hinge on changes at the agency level, such as the implementation of a 72-hour intake screening assessment process to create the information to adequately comply with related standards; therefore, recommendations are somewhat repetitive and interrelated.

The agency is relatively new to the PREA auditing process. The audit of the Earnest C. Brooks Correctional Facility represents the 10th audit within the agency. As it stands, there are several items that require address at the agency level to ensure compliance at the facility; while there are some facility specific practices that must take root to ensure compliance.

The lack of a facility 72-hour risk assessment screening process pursuant to standard 115.41 throughout the agency at this time creates a non-compliance domino effect for several other standards within the audit, specifically as such a screening is necessary for effective implementation of 115.42, 115.81 and 115.83. Additionally, a minor revision to agency policy will bring compliance to 115.73.

Facility practice with respect to follow-up procedures for alleged victims of sexual abuse requires enhancement to demonstrate full compliance with standard 115.82, inasmuch as the facility will need to demonstrate the consistent referral of sexual abuse victims to applicable medical and mental health services. The facility's processing of emergency grievances, while recently corrected, will require further practice to demonstrate that it provides a final agency determination within the required 5 calendar day period to demonstrate compliance with 115.52. With respect to 115.67, the facility will need to establish a track record that it monitors alleged victims for a period of 90-days, unless the allegation is unfounded. While the matter appears to be corrected after a recent training of PREA Coordinators in the agency, the facility will need to demonstrate consistent application of this principle. Finally, while the facility complies with the material provisions dictated by 115.86, it will be required to demonstrate that it consistently completes required reviews within 30-days of the investigation's conclusion.

Specific Corrective Action Recommendations:

115.41

The Earnest C. Brooks Correctional Facility is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. The facility is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

Compliance will be measured by the facility providing the auditor with a copy of the facility's incoming receptions on a minimum of 3 randomly selected dates each month during the course of the first 90 days. The auditor will then select a representative sample of those inmates. After 30 days have elapsed, the auditor will request that the facility submit inmate movement reports and corresponding 72-hour and 30-day assessments to ensure that each and transfer into the facility has been assessed in accordance with provisions (a) (b) and (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected.

115.42

The Earnest C. Brooks Correctional Facility is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility demonstrate full compliance with both 115.41 and 115.42, as any use of screening information must consider the most recent and accurate information to be effective. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. The facility is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

115.52

The Earnest C. Brooks Correctional Facility is required to demonstrate its consistent processing of emergency grievances at the agency level within 5 calendar days as required by provision (f) of the standard. As the auditor noted, it appears that the facility corrected its processing of emergency grievances after a recent agency PREA Coordinator training; however, a consistent pattern of practice will be required to demonstrate full compliance. The auditor will measure compliance by review of all facility emergency grievances within the first 90 days of the corrective action period. All emergency grievances shall be forwarded by the facility to the agency for final determination within 5 calendar days. If no such examples exist within that 90-day period, corrective action shall continue until such time as required to provide sample documentation or 150 days have elapsed. If no such example exists at the conclusion of the 150 days, a training memorandum distributed from the agency to the facility PREA Coordinator to reinforce this requirement of provision (f).

115.63

The agency will be required to revise its policies regarding notification of alleged sexual abuse outside of the MDOC to ensure that such reports are made by the facility head of the facility receiving the report. The forwarding of this document by the agency PREA Administrator is not consistent with the specific language within provision (a) of the standard. Due to the lengthy delays associated with policy changes within the agency, this agency and facility may satisfy this corrective measure through the issuance of a Director's Office Memorandum and demonstration that this DOM is forwarded to agency PREA Coordinators and Wardens, including Earnest C. Brooks.

115.67

Earnest C. Brooks Correctional Facility will be required to demonstrate that it conducts retaliation monitoring for a full 90-days following an inmate's allegation of sexual abuse or sexual harassment unless the allegation is unfounded. While the facility PREA Coordinator's misunderstanding of the standard has been corrected through additional training at the agency level, the facility will be required to demonstrate a period of compliance to satisfy the auditor's requirement to triangulate facility practice with its policies. Specifically, the auditor will request to see that all allegations made since the audit have resulted in retaliation monitoring for applicable parties for a full 90-days or until the allegation is unfounded. Progress will be measured 120 days after the implementation of the corrective action period so as to allow enough time to pass to demonstrate compliance.

115.71

To become compliant with this standard, the facility will be required to implement procedures to physically interview pertinent parties to each allegation to augment any written questionnaire responses. The facility must document within its investigations, attempts to interview inmates who do not respond to questionnaires. Due to this auditor's experience with another MDOC facility that demonstrated the need for similar corrective measures, the auditor recommends the distribution of a training memorandum to all facility investigators that is consistent with the training memorandum distributed at the Detroit Reentry Center. This memorandum instructed investigators on the need to conduct interviews with pertinent parties and defined the standards of proof necessary to arrive at the findings of substantiated, unsubstantiated or unfounded.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see interview summaries within each facility investigation. Should the facility not have an investigation or an investigation involving a departed alleged victim during that 90-day period where the facility can demonstrate its commitment to the thorough pursuit of an investigation; corrective action will continue until such time as an investigative report demonstrating compliance or 150 days have been exhausted. If no such example exists at the conclusion of the 150 days, the training memorandum distributed from the agency to the facility PREA Coordinator and its investigators to reinforce this concept will satisfy the auditor's determination of compliance.

115.73

Agency policy is not compliant with provision (c) of this standard. Specifically, the PREA Manual specifies that notification of the factors enumerated in provision (c) of the standard are only provided for Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner. The agency policy will require updating to allow for notification for the factors enumerated under provision (c) to when an investigation results in a finding of insufficient evidence/Unsubstantiated. Due to the delays associated with policy revisions, this corrective action can be accomplished via a memorandum that is accompanied by proof of distribution to all facility PREA Coordinators to satisfy compliance while policy revisions are pending.

115.81

Earnest C. Brooks Correctional Facility is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in history of victimization or perpetration from the initial reception center.

Earnest C. Brooks will be required to maintain secondary logs related to referrals for medical or mental health services consistent with provisions (a) and (b) of this standard. This secondary documentation can be in the form of a spreadsheet that lists the name and number of each inmate referred for services or in the form of a copy of the agency's mental health referral form (ROBERTAR). Regardless of the facility's preferred method of maintaining secondary logs, Earnest C. Brooks will be required to clearly demonstrate the nexus between an inmate's responses to the 72-hour screening log to any subsequent mental health referral to address instances of purported victimization or perpetration of sexual abuse.

Compliance will be measured by the facility providing the auditor with a copy of all applicable referrals during the first 90 days of the corrective action period. Compliance measuring will include copies of any medical or mental health follow-up offered at the reception

center prior to transfer to Earnest C. Brooks that the facility offered in satisfaction of this standard. Again, the auditor makes clear that there should be an observable nexus between an inmate reporting sexual victimization or sexual perpetration when selecting proof that the standard has been satisfied. Should the facility not have an example of a referral for medical or mental health services consistent with provision (a) or (b) of the standard, corrective action will continue until such time as an example can be provided to demonstrate compliance with provisions (a) and (b) or 150 days have been exhausted. If no such example exists at the conclusion of the 150 days, a training memorandum distributed from the agency to the facility PREA Coordinator and its intake screening staff, medical and mental health staff to reinforce this concept will satisfy the auditor's determination of compliance.

115.82

The Earnest C. Brooks Correctional Facility will be required to demonstrate that it refers all alleged victims of sexual abuse for medical and mental health evaluations that are consistent with the nature of their allegations. Alleged victims of sexual abuse involving physical contact must be referred for medical evaluation to demonstrate compliance with provisions (a) and (c) of the standard. Alleged victims of sexual abuse that involve physical contact and do not involve physical contact must be referred for mental health evaluation to demonstrate compliance with provision (a) of the standard. Medical referrals and evaluations of alleged sexual abuse victims should take place as soon as the allegation is known by the facility. Mental health referrals should be made at the time the facility is made aware of the sexual abuse allegation and evaluations should take place according to existing agency medical and mental health referral protocol. Additionally, to document compliance with testing for STI's or prophylaxis that may be initiated by an outside hospital during a forensic examination, it is recommended that the agency update its CAJ-1020 Forensic Examination Completed at Outside Hospital form to include a space for documentation of this information.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of medical examinations for all purported victims of sexual abuse involving contact and mental health examinations for all who allege sexual abuse. Documentation of medical and mental health evaluations should include dates and times of the evaluation as well as the specific referral information that prompted the evaluation to satisfy compliance with provision (a). Through consistent referral of sexual abuse victims for medical evaluation or through specific documentation offering a purported victim information about emergency contraception or sexually transmitted infections; the auditor will be satisfied that the facility is in compliance with provision (c) of the standard. Should the facility not have an allegation of sexual abuse within the 90 days following the implementation of the corrective action plan; corrective action will continue until such time as an allegation of sexual abuse demonstrating compliance with response procedures or 150 days have been exhausted. If no such example exists at the conclusion of the 150 days, a training memorandum distributed from the agency to the facility PREA Coordinator and its supervisory staff who manage first responder operations, to reinforce this concept, will satisfy the auditor's determination of compliance.

115.83

The Earnest C. Brooks Correctional Facility is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in history of victimization or perpetration from the initial reception center so that it may have procedures in place to adequately identify all inmates qualifying for services under provisions (a) and (f) of the standard. Earnest C. Brooks will also be required to demonstrate that it refers all alleged victims of sexual abuse for medical and mental health evaluations that are consistent with the nature of their allegations in order to demonstrate its commitment to meeting the requirements of provision (a) of the standard.

Compliance will be measured by the facility providing the auditor with a copy of all applicable referrals for medical and mental health treatment evaluation or continuation records for treatment that may have been initiated at the reception center and continued at Earnest C. Brooks, consistent with this standard during the first 90 days of the corrective action period. The auditor will also measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of medical examinations for all purported victims of sexual abuse involving contact and mental health examinations for all who allege sexual abuse. Documentation of medical and mental health evaluations should include dates and times of the evaluation as well as the specific referral information that prompted the evaluation. Any applicable ongoing treatment records (such as progress notes) which were prompted by the evaluation relative to this standard must also be provided to the auditor to satisfy compliance with provisions (a) and (f).

115.86

The auditor notes that the facility is complying with the physical review requirements under the standard; however, is not regularly completing such reviews within the 30-day time period required by provision (b) of the standard. The facility will be required to submit all sexual abuse incident reviews conducted at the facility to the auditor during the first 90 days of the corrective action period. If all reviews are conducted within the 30-day period required by provision (b) of the standard, the auditor will be satisfied in determining compliance. If no such examples present within 90 days, corrective action will continue until such time as sample records can be provided or the conclusion of 150 days. If no sample documentation exists at the end of 150 days, proof of additional training of facility administrators

who participate in the review process from the agency will suffice.

Post Audit Activity:

An interim audit report was issued to the facility on 03/13/2017. This interim report described areas of non-compliance and corrective action recommendations. Several conversations followed between the auditor and the agency's PREA Administrator and Analyst to arrive at an agreed upon plan to demonstrate compliance with all provisions of each standard. The corrective action plan included three central themes. The first involved intake risk screening procedures for all receptions at the facility and creating a documentation trail to verify that information gathered through this process was acted upon by the facility in accordance with the standards. The second theme involved the facility's responses to allegations. Specifically, how did the facility respond to, investigate and follow alleged victims of sexual abuse in accordance with the standards. The third theme involved the timely processing of responsibilities.

To demonstrate its compliance with the corrective action plan, the following corrective actions were taken and reassessment of compliance was determined as follows:

115.41:

Corrective Actions Taken:

Earnest C. Brooks Correctional Facility implemented procedures to conduct 72-hour risk screenings on 04/04/2017, after discussions between the Department PREA Administrator and this auditor on the corrective action plan. The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section Q specifically addresses the need to conduct a risk assessment within 72-hours of arrival at a correctional facilities. Section R specifically addresses the need to complete a review of the assessment within 30 days of arrival. Additionally, the policy now includes a provision for an annual reassessment, which exceeds the standard.

During the corrective action plan, the facility PREA Coordinator provided this auditor with a copy of a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by provisions (a), (b) and (f) of the standard. Moreover, this log also tracked whether or not the inmate has completed PREA education, and whether or not the inmate being screened reported victimization or perpetration that would require an evaluation required by standard 115.81. Although the initial corrective action plan was intended to randomly sample specific dates; the secondary risk screening log developed by the facility provided the auditor with a wealth of information on each reception and transfer into the facility and was thus utilized as a tool to measure compliance with the standard.

To authenticate the reliability of this risk screening log, the auditor requested computer assessment records for three randomly sampled inmates on 05/09/2017, which the facility provided the auditor on 05/11/2017. These computerized assessment reports authenticated the veracity of the information recorded within the risk screening log. A second random sample of three inmates whose risk screenings were due in May of 2017 were requested by the auditor on 06/27/2017 and provided on 06/28/2017. Again, as found during the previous sample, the data contained within the secondary risk screening log was verified as accurate. A third random sample of three inmates was requested on 07/11/2017 and provided on 07/14/2017. Consistent with previous random samples, the accuracy of the secondary tracking log was verified.

Based on the facility's detailed secondary risk screening log and the confirmation of that log's accuracy through random sampling, the auditor is satisfied that the Earnest C. Brooks Correctional Facility has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility, consistent with provisions (a), (b) and (f) of the standard. The information gathered through compliance with this standard, ultimately provides secondary evidence of compliance with related standards 115.42, 115.81 and 115.83.

115.42:

Corrective Actions Taken:

As noted within the corrective action plan, the facility was required to implement an intake screening process for all new receptions to the facility in order to be considered fully compliant with the standard, as compliance hinged upon having the most reliable and up-to-date information to effectively implement the standard's intent. Recent agency wide revisions to policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of provision (a). Through the information provided in support of standard 115.41, the auditor is satisfied that the Earnest C. Brooks Correctional Facility has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility. Specifically, the facility developed a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by standard 115.41. The veracity of that log was verified through random sampling by the auditor. Through the establishment of these intake risk screening practices, the

auditor is now confident that the Earnest C. Brooks Correctional Facility is now fulfilling the requirements under this standard with the most reliable and timely information available, while also providing another opportunity to report sexual abuse that could have occurred at the preceding facility.

Based upon confirmation of intake risk screening practices required under 115.41, the auditor is satisfied that the facility is also basing its safety, housing, work, programming and educational decisions required by 115.42 with the guidance of the most accurate and recent information available. Evidence of substantial compliance with the standard has been established.

115.52:

Corrective Actions Taken:

During the corrective action period, the facility provided three examples of its timely processing of emergency grievances in accordance with the 5-day provision. On 07/14/2017, the auditor received completed investigations #20712 and #20941. Both of these investigations were predicated upon the receipt of PREA grievances that were identified by the submitter as "emergency" PREA grievances. On 07/19/2017, the auditor received completed investigation #20710. This investigation was also predicated upon the receipt of an "emergency" PREA grievance.

In investigation #20712, the facility received the grievance on 04/27/2017. The facility responded on 04/27/2017 and informed the inmate that he was determined to not be at substantial risk of imminent sexual abuse. The facility forwarded the grievance for a final agency determination on 04/27/2017. The final agency determination was received on the same date, upholding the facility's original determination.

In investigation #20941, the facility received the grievance on 05/17/2017. The facility responded on 05/17/2017 and informed the inmate that he was determined to not be at substantial risk of imminent sexual abuse. The facility forwarded the grievance for a final agency determination on 05/17/2017. The final agency determination was received on 05/19/2017, upholding the facility's original determination.

In investigation #20710, the facility received the grievance on 04/27/2017. The facility responded on 04/27/2017 and informed the inmate that he was determined to not be at substantial risk of imminent sexual abuse. The facility forwarded the grievance for a final agency determination on 04/27/2017. The final agency determination was received on the same date, upholding the facility's original determination.

Based on the supporting documentation that the facility has established a timely processing practice for emergency grievances consistent with provision (f) of the standard, this auditor now finds compliance.

115.63:

Corrective Actions Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section X specifically addresses the need for the Warden to forward all allegations to the facility head or office of the agency where the allegation is alleged to have occurred when the allegation pertains to a non-MDOC facility. This policy became effective on 04/24/2017 and now satisfies the requirements of provision (a) of the standard.

115.67:

Corrective Actions Taken:

On 07/14/2017, the facility submitted two completed investigations (#20712 and #20941). Both of the investigations concluded with an unsubstantiated disposition. Although neither case reached the full 90-day monitoring obligation by the date of receipt, through a review of the completed retaliation monitoring documentation, it was clearly evident in both cases that the facility continued with its obligation to monitor for retaliation after the allegation was unsubstantiated and had corrected the observed deficiency noted within the interim report.

Specifically, investigation #20712 reached its unsubstantiated conclusion on 05/12/2017. At the time materials were forwarded to the auditor, retaliation monitoring was completed for a period of eleven of 13 weeks (approximately 75 days), with the most recent contact occurring on 07/10/2017. In investigation #20941, the investigation concluded on 05/26/2017. At the time materials were forwarded to the auditor, retaliation monitoring was completed for a period of eight weeks, with the most recent contact on 07/10/2017.

This auditor received a third completed investigation on 07/19/2017 (#20710) that also confirmed that the facility continued to monitor for retaliation after an unsubstantiated conclusion was reached. Specifically, investigation #20710 reached its unsubstantiated conclusion on

05/18/2017. Retaliation monitoring was completed for a period of approximately 11 weeks, with the most recent documented face-to-face contact occurring on 07/07/2017. While the entire 90-day retaliation monitoring period has not completely expired, the observed deficiency of terminating such monitoring upon an unsubstantiated disposition has been corrected.

The auditor does note that the retaliation monitoring form in investigation #20710 documented three perceived incidents of retaliation in the first four weeks following the allegation before matters stabilized. The first incident of alleged retaliation reportedly occurred the day after the allegation (04/21/2017). However, the auditor notes this allegation was submitted via grievance and the allegation's existence was not known until 04/27/2017. The auditor requested information from the facility's PREA Coordinator to determine how the alleged victim's claims of retaliation were addressed. The PREA Coordinator stated that the retaliation claims were investigated and there was no evidence of retaliation. The PREA Coordinator and Assistant Residential Unit Manager worked collaboratively to address the alleged victim's concerns, which primarily centered on his desire to be transferred to a facility closer to his home. After discussion of the administrative process regarding facility transfers, there were no further allegations of retaliation.

Based upon supporting documentation of retaliation monitoring extending beyond an unsubstantiated disposition, which was the observed deficiency during the onsite portion of the audit, this auditor is confident that the Earnest C. Brooks has established procedure and demonstrated sufficient practice to ensure that those individuals with unsubstantiated allegation will continue to be monitored for retaliation consistent with provisions (c), (d) and (f) of the standard.

115.71:

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that sections ZZ and CCC specifically addresses the need for investigators to personally interview the complainant, victim, perpetrator and sufficient witnesses to establish the facts.

The facility provided the auditor with copies of three completed investigations #20710, #20712, and #20941. The investigations demonstrate that physical interviews were conducted with available victims and subjects. There were no known or identified witnesses to the allegations to be interviewed. In two investigations, the alleged incident took place in an area of the facility that was not covered by video surveillance. Within these investigations, the investigator appropriately used interview information to analyze credibility of applicable parties in reaching a conclusion to the investigation.

In the third investigation the investigator utilized video surveillance footage to corroborate statements made during investigatory interviews by both the alleged victim and alleged abuser. The investigation contained descriptions of the video review, which were used to corroborate events as reported by the alleged abuser. While the video evidence clearly demonstrated consistency with the alleged abuser's statements during the investigation; the investigator arrived at the appropriate unsubstantiated conclusion based on its lack of audio recording capabilities to fully rule out the alleged sexually abusive request.

Based on a review of supporting documentation within the revised agency policy and documented proof within these investigations that physical interviews took place with applicable parties; the auditor is satisfied that the Earnest C. Brooks Correctional Facility has demonstrated its willingness to interview applicable parties to an allegation and search for available evidence to correct observed deficiencies noted under provisions (a) and (c) of the standard.

115.73:

Corrective Actions Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section VV specifically addresses the need to notify prisoners of the factors enumerated under provision (c) of the standard for all allegations unless the investigation determines the claim was unfounded. This policy became effective on 04/24/2017. This revision of agency policy satisfies compliance with this standard.

115.81:

Corrective Action Taken:

On 05/11/2017, 06/28/2017 and 07/14/2017 the facility provided the auditor with secondary documentation to confirm that referrals were made for follow-up mental health/medical care of individuals who disclosed victimization or perpetration during the intake risk screening process required by standard 115.41. Secondary tracking logs indicated that multiple inmates reported victimization or documentation review verified a history of perpetration. The auditor requested random samples of referrals and progress notes for three inmates who made

such reports during each of the months of April, May and June.

Based on evidence of that intake risk screening procedures have been established as required under standard 115.41, the facility's secondary logs that document individuals who disclosed victimization or perpetration during said screenings, evidence of appropriate referrals to mental health care providers and secondary documentation that the referrals were acted upon; this auditor determines the facility has developed adequate procedures to ensure compliance with provisions (a) and (b) of the standard.

115.82:

Corrective Action Taken:

Between 07/14/2017 and 07/19/2017, the facility sent the auditor three completed investigations for sexual abuse allegations made during the corrective action period. The investigations involved allegations of staff sexual abuse that did not involve penetration, forensic examination, injury, or require medical treatment. The facility provided referral documentation to verify that alleged victims were provided access to emergency mental health services following their allegations. To verify that said referrals were acted upon, the facility provided secondary mental health contact notes, documenting the evaluation and the nexus to the PREA allegation.

Based upon supporting documentation verifying consistent access to emergency medical and mental health care for all known sexual abuse allegations, that is proportionate to the allegation and provided at a level of care consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its substantial compliance with provisions (a) and (c) of the standard.

115.83:

Corrective Action Taken:

The Earnest C. Brooks Correctional Facility provided this auditor with sufficient evidence that it has established intake screening procedures as required by standard 115.41 to effectively identify those individuals potentially in need of medical or mental health evaluations as required by 115.81 and 115.83. Random sampling of the facility's secondary risk screening log verifies that the information contained within the log accurately recorded the dates of a full intake risk screening assessment. Through the intake risk screening process, the facility has identified multiple individuals who required mental health evaluations for past instances of victimization or perpetration. The auditor requested random samples of three inmates for each of the screening months of April, May and June to ensure individuals were evaluated consistent with the requirements of 115.81. Referral documentation and secondary progress notes were forwarded to the auditor on 05/11/2017, 06/28/2017 and 07/14/2017. Progress notes verify that individuals with a history of sexual victimization or perpetration were evaluated as required by 115.81. In two of the randomly sampled cases, individuals continued with mental health services for other psychological reasons. In a third case, an individual agreed to address their past victimization in conjunction with other ongoing mental health services being provided. All others were evaluated and either declined or were not in need of further services. Moreover, the Earnest C. Brooks Correctional Facility has also provided sufficient evidence to prove that it refers all known victims of sexual abuse to medical and mental health practitioners commensurate with the nature of the allegation, as required by 115.82. Therefore, the facility has now sufficiently demonstrated that it has established the practices necessary to identify those inmates in need of ongoing care as required by provisions (a) and (f) of the standard.

Based upon supporting documentation verifying access to ongoing medical and mental health care for known sexual abuse victims that is proportionate to the type of reported victimization, with care that is consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its capability of substantial compliance with provisions (a) and (f) of the standard.

115.86:

Corrective Actions Taken

During the Corrective Action period, the facility provided three examples to verify that sexual abuse incident reviews were completed in the timeframes set forth in provision (b) of the standard. Specifically, investigation #20712 concluded on 05/12/2017 with an unsubstantiated disposition. The facility conducted its incident review on 05/15/2017. The review team included the perspectives of medical, mental health, investigative and management staff. Investigation #20941 concluded on 05/26/2017 with an unsubstantiated disposition. The facility conducted its incident review on 06/05/2017. The review team included the perspectives of medical, mental health, investigative and management staff. Investigation #20710 concluded on 05/18/2017 and the incident review was completed on 05/22/2017. Again, the review team included the perspectives of medical, mental health, investigative and management staff.

Based upon the supporting documentation that verifies that the facility established procedures to complete its sexual abuse incident reviews consistent with provision (b) of the standard, this auditor now determines compliance with the standard.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: N/A

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 03.03.140 and the PREA Manual outline the agency approach to implementing the zero-tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision (a)

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by a network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in September 2015. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.

Provision (b) was audited at the agency level; however, it will be addressed in part in this report. According to the PREA Manual, the position of PREA Administrator fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Administrator, it was explained that the title of PREA Administrator is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Administrator, he has sufficient time and authority to implement PREA standards throughout the agency.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. This auditor was informed during an interview with the agency PREA Administrator that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the Earnest C. Brooks Correctional Facility is the Inspector. The position of Inspector within the MDOC has oversight of each facility's security and is an upper-level management position with authority over facility shift commanders. The facility PREA Coordinator is charged with ensuring the security of Earnest C. Brooks Correctional Facility. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards. Specifically, the PREA Coordinator shared that he coordinates his efforts to implement PREA through communication with line staff as part of his weekly facility tours and addresses matters related to compliance as he becomes aware of them through other duties associated with his position.

Based on a review of the PREA Manual and interviews with the PREA Administrator and facility PREA Coordinator, the auditor determined compliance with provision (c).

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through a review of the PAQ, the PREA Manual and interviews with the PREA Administrator and PREA Coordinator, this auditor determined that neither the agency nor the Earnest C. Brooks Correctional Facility contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a Request For Proposal (RFP) for reentry services that the agency was considering. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its RFP demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with the Warden and PREA Coordinator reveal that no significant changes were made with respect to the number of personnel at the facility; however, recent modifications were made to the video surveillance plan. The facility upgraded its camera coverage capabilities, expanding from 52 to 239 total cameras. During the audit tour, the auditors received a demonstration of the camera system's capabilities and were impressed with how the system serves to augment staff supervision in all areas of the facility. The auditors also made note that housing areas and common areas were designed in such a fashion as to provide straight lines of sight and windows are placed in pertinent locations to eliminate hidden areas that would otherwise require manpower to monitor. A review of the facility's staffing plan and an interview with the PREA Administrator revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the state's Auditor General. According to the PAQ, the operational staffing plan was originally predicated on 1246 inmates and the facility's average daily population has been 1246.

According to an interview with the PREA Administrator, the agency does not ordinarily deviate from its staffing plan. The PREA Administrator reported that all posts are filled either through voluntary overtime or mandated overtime; however, the facility documents on the PAQ that it deviates from the staffing plan based on the following five factors, 1) Sick Leave, 2) FMLA, 3) Staff Vacancies, 4) Emergency Weather and 5) Lack of Staff to Mandate. The facility provided seven examples of deviations from its staffing plan from August of 2015 through October 2016 that were consistent with the stated reasons for deviation. When deviations from the staffing plan are necessary, the facility identified two positions on the 0600-1400 and 1400-2200 shifts, as well as one post on the 2200-0600 shift, that would be closed and were least disruptive to facility security. On first and second shift, the facility will close the "2 Post Officer" positions and on third shift, the facility closes the "Outside Hospital Officer" post. Interviews with the Warden confirm that when deviations from the staffing plan are necessary, the facility will close posts that are not crucial to the security of the facility and will either suspend programming activities or consolidate other activities to ensure adequate officer coverage of the housing units. Given the facility's location and the

potential for severe and unpredictable weather events, the auditor believes that when deviations from the staffing plan are necessary, the facility has exhausted all reasonable accommodations prior to the deviation. Through an interview with the Warden, a review of documented reasons for deviation from the staffing plan and the facility's plans to compensate for any vacancies that deviate from the facility staffing plan; it provides sufficient evidence to demonstrate compliance with provision (b).

The PREA Manual states that the Warden and PREA Coordinator are involved in the review of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator for review. The PREA Administrator reports involvement in the staffing plan process for each facility within the agency.

This auditor was provided a copy of the Annual Staffing Plan Review for the Earnest C. Brooks Correctional Facility on CAJ-1027 dated August 19, 2016 and a copy of the official 2016 staffing plan dated 08/26/2016. The review on 08/26/2016 included a more thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to an ACA standards. The 08/26/2016 plan explains the elements considered in the 08/19/2016 review in further detail. The staffing plan recommended no changes to current operations based on the eleven factors denoted within provision (a) of the standard.

Interviews with the Warden, PREA Coordinator and PREA Administrator, as well as a review of the agency policy, confirm that that staffing plan is reviewed annually by the facility and the agency PREA Administrator. The Warden explained that the facility completes its review on CAJ-1027 to consider PREA independently prior to a more formal overall review of the facility staffing plan. The agency as a whole, has taken action to upgrade its camera technology at each facility to demonstrate compliance with provision (c).

PD 04.04.100 Custody, Security and Safety Systems and the PREA Manual establish policy for unannounced supervisory rounds. Facility Supervisory staff document unannounced rounds in the unit log book in green ink. Pre-audit, the facility provided sample log-book entries to demonstrate unannounced supervisory rounds taking place within the facility during all three shifts. During the on-site portion of the audit, this auditor observed log book entries on the housing units to demonstrate compliance with provision (d) of the standard with sufficient rounds in each unit to cover each shift.

Through interviews with the PREA Coordinator and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Warden completes weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. A facility Deputy Warden was interviewed regarding unannounced rounds and reported that he typically makes rounds in the housing unit areas 3 to 5 times per week. Radio traffic is prohibited, to ensure rounds are not announced. Rounds are documented in the unit log books in green ink and facility administrators are assigned a round reader to electronically scan and log their presence within the area being toured. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants and at least weekly presence of Captains, Deputy Wardens and other key administration staff on the housing units. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with provision (d).

Standard 115.14 Youthful 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.

During the audit tour and through interviews with the Warden, PREA Administrator and PREA Coordinator, it was observed that the Earnest C. Brooks Correctional Facility does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.

Standard 115.15 Limits to cross-gender viewing and searches

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

04.01.140 SEARCH AND ARREST IN CORRECTIONAL FACILITIES and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross-gender strip searches or visual body cavity searches were conducted during this audit period.

Policy 04.01.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate's gender is not readily available. Readily available is not consistent with exigent circumstances as defined in the standards. Policy 4.1.110 does not specify who may view recorded body cavity searches (Y-4). According to the PREA Resource Center's FAQ's, a facility should use a privacy screen or other similar device to obstruct viewing of inmate breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched.

The auditor also noted a provision within the facility's local policy 04.01.110 that is inconsistent with both agency policy and provision (a) of the standard. Specifically, under section M of the local policy, cross-gender strip searches may be performed when a prisoner is transported to a destination outside the prison facility and none of the transportation staff are of the same sex. The auditor determined that this scenario does not meet the level of exigent circumstances required by the standards to prompt a cross-gender strip search inasmuch as the facility has the opportunity to plan for transportation teams in advance of any transport taking place, providing sufficient grounds to ensure gender specific staff are available. When this matter was brought to the facility's attention, the facility immediately corrected the matter and reissued the local policy while the auditor was onsite.

An interview with the agency PREA Administrator confirms that privacy screens are to be used when an opposite gender supervisor must be present during a strip search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard and clarified the ambiguity in agency policy.

Policy 04.01.110, which was reviewed in determining compliance with provision (b) of the standard, permits searches of female inmates when female staff are not readily available to conduct a search in an emergency or where there is a reasonable suspicion that the prisoner is in possession of contraband. Reasonable suspicion that the prisoner is in possession of contraband is not consistent with the definition of exigent circumstances.

Although agency policy 04.01.110 provides an exception to cross-gender pat-search procedures for female inmates that are not clearly defined to specify what type of contraband could be considered an exigent circumstance that could trigger the permission of a cross-gender pat search of a female inmate; the auditor also notes that Earnest C. Brooks Correctional Facility does not house female inmates to demonstrate non-compliance with provision (b).

Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility tour and interviews with the PREA Administrator, PREA Coordinator and Warden, the auditor observed that the facility does not house female inmates. Therefore, the facility demonstrates that it does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with provision (b).

Policy 04.04.110 and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat-searches of female inmates be conducted by female staff only. These policies require that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that staff person must be of the same gender as the person receiving the visual body cavity search.

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the
PREA Audit Report

facility. Random staff interviews confirmed that line staff receive regular training on search procedures. A random female staff member reported during a formal interview that, as a female staff member, she is quite knowledgeable that she is not permitted to conduct strip searches at the facility. and the auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

03.03.140 PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS, the PREA Manual, Privacy Notice Signs, Knock and Announce and photographs of toileting/showering facilities signs were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit tour, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

With a few exceptions, inmates who were informally interviewed during the audit tour consistently reported that female staff announce themselves when entering the housing units. While some of those stated that it is sometimes difficult to hear the announcement, the practice is in place. Formal random inmate interviews produced a less consistent acknowledgement of opposite gender announcements. Specifically, 2 of 17 stated announcements are not made at all and 5 of 17 stated sometimes. The auditor does note that the configuration of housing units within the facility has the point of entry where the knock and announcement is made is at the non-residential end of the housing unit. Given the noise level observed in the housing units, it would be challenging for an inmate at the far end of either housing tier to hear such announcements. As an enhancement, female staff also make announcements when entering the housing unit tiers to conduct rounds.

The practice of opposite gender announcements was routinely observed during the audit tour and robust signage was observed throughout the facility to advise inmates of their privacy expectations. During formal interviews with random staff, 12 of 13 reported consistent opposite gender announcements were made for female staff. Informal interviews with line staff during the audit tour confirm that opposite gender announcements were being made routinely and that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender.

The auditor notes that during the audit tour, there was an inmate restroom in the food service area that was able to be viewed from an elevated office area. Due to the restroom's design, it was intended for multiple occupancy and the window was intended as a security measure; however, the angle of viewing permitted an individual to see over the privacy stalls of the toilets. The auditor requested and the facility installed a film on the window that obscured the view into the inmate restroom area. The facility also installed a lock on the door to ensure that only one inmate enters the restroom at a time while the auditor was onsite, allowing the auditor to find compliance with provision (d) of the standard.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. Specifically, only 1 of 13 random staff who were formally interviewed stated that they would have to consult with their supervisor on the matter and did not affirmatively state the agency's policy prohibition against such searches. The transgender inmate housed at the facility was interviewed and denied being examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). All randomly interviewed staff were able to articulate training on proper cross gender search techniques during interviews and most staff demonstrated the "butterfly technique" for searching the breast area of a female or transgender inmate while responding to the question. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of pre-audit sample training records relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

While the facility is found compliant with this standard due to its absence of a female population, as a means to remove any potential ambiguity, it is recommended that an agency-wide memorandum be issued similar to a Director's Office Memorandum (DOM), specifying that if a supervisor of opposite gender is overseeing a strip or body cavity search that appropriate barriers be utilized to block viewing of breasts, buttocks and genitalia. Additionally, this memorandum should include direction that female inmates may only be pat searched under exigent circumstance and should specify what types of contraband would be considered exigent circumstances to trigger a cross-gender pat-search of a female inmate.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. Policy 03.03.140 specifies that the agency PREA Administrator is responsible for the creation and distribution of standardized training materials and the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency inmates. The PREA Manual, along with training materials, were reviewed by this auditor in determining compliance with provision (a) of the standard.

This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. An interview with the PREA Administrator confirms that the agency is in the process of captioning the PREA video in Arabic. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish.

A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available. Documentation of staff training on PREA compliant practices for LEP and Disabled inmates is located on slide 59 of 102 in 2016 PREA web-based Training.

An interview with the agency head's designee confirmed that the agency takes significant steps to ensure that materials are provided in various formats to include captioning of the PREA inmate video in multiple languages, including Arabic and Spanish.

Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. The auditor utilized the telephone translation service for the facility during an interview with a LEP inmate to confirm the service exists and to verify its functionality. The auditor reviewed translation invoices from the facility to confirm that the facility has an active interpretation services account to reach LEP inmates that has been in use. The facility provided invoices from RTT Mobile Interpretation in 2015 and invoices from Language Line Services Inc. in 2016 that this auditor reviewed in determining compliance with provisions (a) and (b) of the standard.

Agency policy 03.03.140 and PREA Manual prohibits the use of inmate interpreters and were reviewed in deterring compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, staff appeared to understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. 3 of 13 randomly interviewed staff were unable to effectively articulate that inmate interpreters could only be used under those circumstances where a delay could negatively impact the ability to respond to a report of sexual abuse or sexual harassment to aid in determination of compliance with provision (c).

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (a). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within provision (a) of the standard.

Corrections Officer job postings, application questions and a promotional application for Sergeant were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-correctional officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility. Through an interview with the Human Resource director, criminal background checks are run locally at the facility by staff in the Deputy's office, security office and the records department. Human resource staff are required to review the criminal background (LEIN Check) verification form within files prior to issuing staff their identification to enter the facility.

A review of facility hiring records, agency application materials, interviews with the agency PREA Administrator and Human Resource staff confirm that the Earnest C. Brooks Correctional Facility is in compliance with provision (a) of the standard.

Policy 02.06.111 and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.

A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff. However, every applicant to the Michigan Department of Corrections must complete an electronic application process where sexual harassment screening takes place. Human Resource staff at the facility monitor responses in those application materials to consider the sexual harassment history of candidates for hire and promotion. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with provision (b).

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (c). A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff.

On the pre-audit questionnaire, the facility indicated that nine (9) background checks were completed on new hires to the facility. During an interview with Human resource staff, this auditor was informed that the facility is responsible for direct hiring and background checks for non-corrections officer positions, promotions and transfers into the facility. The facility provided background check documentation for three (3) of these new hires pre-audit and additional samples onsite to demonstrate compliance with provision (c).

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided adequate pre-audit sample documentation of background checks for contractors as proof of this provision of the standard. An interview with HR staff revealed that background checks for contractors are conducted out of the Deputy Superintendent's office at the facility. Additional documentation of background checks for contractors were requested and provided onsite in support of finding compliance for provision (d).

According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, LEIN checks are completed by the records supervisor during designated years for agency employees. The facility's formal documentation of its 5-year background checks demonstrates these screenings were conducted over a period of several months, from April through October of 2015. This auditor did

review LEIN logs relative to contractors and volunteers for other background screening provisions under this standard and did notice that contract employees are required to have an annual LEIN clearance completed, as each one has an expiration date of one year from the prior screening. While onsite, the facility provided documentation of its annual Domestic Violence and felony LEIN check procedures for staff at the facility as further proof of provision (e).

The facility provided and the auditor reviewed sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion and during any self-evaluations. In addition to application materials, the employee work rules, specified in the employee handbook that this auditor reviewed, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. The facility demonstrates compliance with provision (f) of the standard.

Agency policy 02.06.111 and the PREA Manual, which were reviewed by this auditor, affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and work rules within the employee handbook sufficiently cover provision (g) of the standard. The facility indicates that there have been no instances where such material omissions have been noted.

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of the standard and were reviewed by this auditor. The facility provided one example of the facility responding to a request from an outside agency request for such information on a former employee and one example of the agency responding to a request from an outside agency that were reviewed by this auditor to establish compliance with provision (h). Although the facility specific example occurred prior to the audit period and the second request was processed at the agency level, the auditor is satisfied that sufficient procedures are in place to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees.

Standard 115.18 Upgrades to facilities and technologies

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Manual, which was reviewed in determining compliance with provision (a), states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. Interviews with the agency head's designee and the Warden confirm that neither the agency nor the facility have substantially expanded or altered existing facilities since August 20, 2012. No new facilities were reportedly acquired by the agency. Interviews confirm the agency did modify a portion of the physical plant at the women's correctional facility at Huron Valley to accommodate youthful female inmates at the facility. Additional cameras with audio capabilities were added to that facility to ensure inmate safety and PREA compliance. The agency has equipped staff with Tasers that record audio, which can be used without deployment to capture incidents where pertinent to PREA compliance. The warden confirmed that there has been no expansion or modifications to the housing portions of the facility since August 20, 2012; however, the facility did recently open a new inmate Chapel.

When entering the new chapel building, it is clear that the facility made its best efforts to ensure sexual safety was a paramount concern in its design. The building consists of several multi-purpose rooms for various religious services, a library and a staff lounge area. All rooms and the office areas have glass windows that permit viewing in virtually all areas of the building from the program director's centralized office location, except the portions of the staff lounge area. When the auditor pointed this out to the facility during the audit tour, the facility appropriately responded by installing a sign and providing direction to the program director that the door to the staff lounge, which automatically locks, must be kept shut at all times so that the only access is by keyed entry. During the tour, there were no other areas of the facility that appear to have undergone expansion or modification to allow this auditor to substantiate compliance with provision (a) of the standard.

The agency head's designee reported during an interview that the agency has approved expansion of camera coverage at all facilities and deployed electronic round readers at each facility to ensure adequate management tours of the facility that will be used in part, to prevent sexual abuse and sexual harassment. The facility Warden stated in an interview that the facility's recently upgraded camera system expanded coverage from 52 to 239 cameras. The facility carefully considered the placement of its cameras to cover virtually all common areas within its housing units where viewing is permissible. The auditor observed the view from all cameras and was particularly impressed with the "fish-eye" style cameras that allowed for a 360-degree view of the area under monitoring with excellent zoom capabilities. During the demonstration of the camera system, staff articulated that the cameras have significantly deterred physical assaults and other forbidden activity. The facility also installed an electronic tour scan verification system that was observed during the tour. This system is in operation. Not only does this system ensure that rounds are being made, it also ensures that such rounds are done irregularly and by whom. The camera upgrade and tour verification system demonstrates the agency and facility are dedicated to compliance with provision (b) of the standard.

Standard 115.21 Evidence protocol and forensic medical examinations

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to the agency's Crime Scene Management and Preservation training manual and an interview with the agency PREA Administrator, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.

During interviews with facility medical staff and investigators, the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene. Forensic examinations are conducted at by SAFE/SANE examiners at Mercy Hospital.

During random staff interviews and informal interviews during the audit tour, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. All 13 randomly selected staff who were formally interviewed were able to describe the necessary steps to prevent the destruction of physical evidence on a person and contained at a potential crime scene. Basic Investigator Training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of the standard.

Uniform evidence protocol is covered in Crime Scene Preservation and Basic Investigator's Training. Both training manuals were reviewed by this auditor in determining compliance with provision (b) of the standard. Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance. All random staff interviews confirmed that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. Informal interviews conducted with housing unit staff during the audit tour produced a similar strong and consistent understanding of the means by which forensic evidence should be protected. According to the agency's Crime Scene Management and Preservation training manual and an interview with the agency PREA Administrator, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command, which demonstrates compliance with provision (b) of the standard.

Policy 03.04.100 and the PREA Manual, reviewed by this auditor in determining compliance with provision (c) of the standard, specify that forensic examinations are provided without cost to victims of sexual abuse. The facility reports one forensic examinations during the audit review period and provided sample documentation of two additional forensic examinations conducted prior to the audit period. Through an interview of a staff member at the Mercy Hospital emergency services department; it was confirmed that inmates at the Earnest C. Brooks

Correctional Facility are provided with SAFE/SANE services via its use of Mercy Hospital as its outside medical provider. While no formal agreement for SAFE/SANE services is in place, an interview with the Mercy Hospital staff confirms that this service is in place for inmates of the facility just as it is in place for any member of the community. The established protocol between the facility and the hospital require that the facility notify the hospital that an inmate is being transported to the facility for an examination. Mercy Hospital will make arrangements for victim advocacy services while the inmate is in transport to the facility for accompaniment through the examination process if requested. The auditor notes that, in advance of the audit, the facility provided examples of forensic examinations being conducted at an outside hospital; however, two of the three examples were outside of the audit period.

Through a review of agency policy and an interview with a staff person at Mercy Hospital, this auditor determined that the facility is in compliance with provision (c) of the standard.

Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries at the agency level and the Kent County Sheriff were provided and reviewed by the auditor in determining compliance with provision (d). Additionally, the auditor reviewed a facility memorandum that describes advocacy services that are available through the facility's outside medical provider, Mercy Hospital. According to the memorandum, with proper notification, the hospital can provide a victim advocate to accompany the victim through the forensic examination process. The auditor called Mercy Hospital and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Earnest C. Brooks facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator and the Agency PREA Analyst for the facility confirmed during onsite discussions that efforts have been made to secure rape crisis services and that qualified facility staff members have been identified and were provided training to deliver victim advocacy services in the absence of a formal rape crisis service agreement. During an interview with inmates at the facility who reported sexual abuse, they claim that they were not provided information about outside support services; however, this would be consistent with the fact that the facility has yet to establish a formal agreement with an outside provider. It is noted that the interviewed inmates did not report abuse that required a forensic examination. Interviews with the PREA Coordinator, PREA Administrator and a review of facility correspondence with multiple outside advocacy agencies demonstrates that the facility is in compliance with provision (d).

The PREA Manual and Memo with Michigan State Police, which were reviewed by the auditor, confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews. The auditor called Mercy Hospital and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Earnest C. Brooks facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate during said examinations. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. The facility provided a copy of form CAJ-1020 for an inmate who received a forensic examination prior to the audit period. The SANE staff confirmed that the victim was provided an advocate during the examination.

The facility has identified mental health and medical staff to serve as qualified staff members to provide advocacy services during any investigatory interviews in the current absence of a rape crisis advocacy agreement or the availability of the rape crisis advocate at the Mercy Hospital. During the onsite portion of the audit, the agency PREA Analyst for the facility confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of providing advocacy services. Training rosters and materials were provided and reviewed to the auditor's satisfaction that such qualified staff members currently exist at the facility and additional staff will be trained. The MSP memorandum confirms that the investigative agency has agreed to allow this individual access during forensic medical examinations and interviews consistent with standard 115.21. Absent a formal agreement with a rape crisis center, the facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with provision (e) of the standard; however, has not had to exercise these plans.

The memorandum between the MDOC and MSP that this auditor reviewed, confirm that MSP will abide by the provisions set forth under §115.21 (a)-(e) in order to demonstrate compliance with provision (f) of the standard.

Provision (g) of the standard is not required to be audited by the auditor.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. The auditor called Mercy Hospital and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Earnest C. Brooks facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate during said examinations. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. In the event, such services are necessary, the facility uses qualified mental health and medical staff. During the onsite portion of the audit, the agency PREA Analyst for the facility confirmed that the agency has trained and continues to train facility staff to

serve as qualified staff members for the purpose of providing advocacy services. Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training provides an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (h) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed agency policies 03.03.140, 01.01.140 and the PREA Manual when assessing compliance with provision (a) of the standard. While section G of 01.01.140 requires that the allegations must contain facts, rather than mere assertions or rumor to be entered into the internal affairs division investigation database the PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation. An interview with the agency head's designee confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and agency PREA Administrator confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. The facility provided multiple examples of investigation referrals pre-audit, to include referrals from other facilities, grievance referrals and verbally reported incidents. Following the onsite portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations, including grievances, verbal reports to staff, observations of staff during security rounds, notifications of sexual abuse from other facilities and reports from the hearing examiner during disciplinary hearings. The MSP are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with provision (a) of the standard.

Michigan State Police investigate criminal allegations involving staff as specified under the reviewed policy, 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. Policy 03.03.140, which was reviewed by this auditor addresses referrals of prisoner on prisoner sexual abuse to MSP. Both policies are published on the agency's website. The PREA Manual, which supersedes all prior policies is not published on the agency's website; however, is not necessary to meet provision (b) of the standard. The facility stated that 4 allegations have been referred to MSP for criminal investigation on the PAQ. It is noted that the agency recently held a training for its facility PREA Coordinators to clarify agency policy requirements that a referral of all potentially criminal allegations be made at the onset of the administrative investigations rather than after a finding within the administrative investigation. A review of facility investigations did not produce additional evidence of criminal activity to demonstrate the failure of the facility to make applicable referrals. Based on agency training efforts and steps taken after this training by the facility, this auditor is satisfied that the facility has adequate measures in place to determine compliance with provision (b) of this standard.

This auditor reviewed and verified that policies 01.01.014 and 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.

The auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 10 points required by the standards. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules. Facility training record samples demonstrate that the facility staff have completed the existing training modules. Informal interviews with staff during the audit tour confirm that individuals are informed of all ten factors required by the employee training standard. All 13 staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).

Earnest C. Brooks Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. From a previous audit at another MDOC facility, the auditor is aware that the agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis; however, it is again noted that female inmates are not housed at the Earnest C. Brooks Correctional Facility. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).

Earnest C. Brooks Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual; however, the training is available annually to aid in fulfillment of annual training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.

Employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehension test comes with electronic verification by employee ID number to signify individual comprehension of the training, demonstrating compliance with provision (d) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor reviewed a sampling of training records across multiple contractor and volunteer disciplines to determine compliance with provision (a) of the standard.

Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility contractor demonstrated knowledge of facility reporting and first responder procedures. During the audit tour, several informal interviews with contracted food service providers demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to respond if an inmate were to report an incident of sexual abuse or sexual harassment. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with provision (b) of the standard.

The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. In addition to the ample pre-audit samples, the facility provided additional contractor training documentation during the onsite portion of the audit, to confirm training of randomly selected volunteers from the background check logs to demonstrate compliance with provision (c) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. The training program consists of a PREA specific brochure and a PREA video presentation that is facilitated by a live person to allow for questions and answers. A review of these materials by the auditor, satisfies compliance with this element of provision (a).

Through interviews with the PREA Administrator, it was reported that the agency provides comprehensive inmate education at the RGC (Reception and Guidance Center). The education process is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero- tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Inmates who are transferred from that facility to the Earnest C. Brooks Correctional Facility, will have received comprehensive education at RGC.

During the onsite portion of the audit, Intake Staff explained that upon reception at Earnest C. Brooks Correctional Facility, an inmate will receive a packet of information relative to orienting the individual to the facility. This packet of information contains the Department's PREA brochure. During facility orientation, intake staff will read over the brochure, play the PREA video and discuss reporting procedures. Intake staff reported that facility training is completed within a week of reception to the facility.

During the audit tour, the auditor observed that PREA posters were adequately displayed in those areas where inmates would go for other pertinent facility operational information and in other high traffic areas to also demonstrate compliance with provision (a) of the standard.

Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual address the standard's requirements to train inmates during the intake
PREA Audit Report

process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. This education is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Additionally, information is available in the Prisoner Guidebook. Through interviews with the PREA Administrator, PREA Analyst and PREA Coordinator, it was reported that the MDOC has an intake facility, Charles Egeler Reception & Guidance Center (RGC), where intake is completed for prisoners who are assigned to the Earnest C. Brooks Correctional Facility.

12 of 17 random inmate interviews confirm that education materials and the PREA video (Taking Action) were received and viewed. These inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. During the audit tour, random inmates were informally interviewed to determine if they received PREA education at any time. Several inmates on the level 4 housing units claimed that they had not received PREA information or education materials. Facility staff were able to pull inmate files to verify these inmates had completed education; however, also provided a copy of the PREA brochure to the individuals to the auditor's satisfaction. Inmate training receipts provided by the facility and reviewed by the auditor demonstrates sufficient compliance with this standard.

During the audit tour, the auditor randomly selected at least two random inmate files on all but one housing unit. While reviewing inmate education training records, the auditor requested that staff display the electronic movement history of the inmate to verify that comprehensive education was provided within 30 days of reception to the MDOC to demonstrate compliance with provision (b) of the standard.

Through interviews with the PREA Administrator and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, negating the need to retrain inmates upon transfer from the RGC to the Earnest C Brooks Correctional Facility. An interview with the agency PREA Administrator indicates that the agency has been providing PREA training for inmates at the agency reception center since approximately 2007 and the agency made a sweeping effort to train existing inmates at that time in 2007 to ensure existing inmates were trained on PREA. Upon transfer to the facility, staff are responsible for a file review within the first few days, where PREA training records are reviewed and any inmate missing records is scheduled for training. A sampling of inmate training records, both pre-audit and onsite, confirms that inmates within the facility have been trained and satisfies the auditor's concerns that the facility has procedures in place to ensure that all inmates at the Earnest C. Brooks Correctional Facility have been provided training consistent with provision (c) of the standard.

The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. The Earnest C. Brooks Correctional Facility submitted invoices from RTT Mobile Interpretation and Language Line Services Inc as proof of its provision of interpretative services for LEP inmates during the intake education process. The Earnest C. Brooks Correctional Facility also maintains copies of PREA training materials, The PREA Resource Center's "An End to Silence", agency PREA publications and the PREA standards in the law library that are available for check-out to the inmate population. The auditor reviewed these training materials, the library inventory and interpretation invoices to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education via form CAJ-1036. Sample records were provided pre-audit and random inmate files were reviewed during the audit tour to confirm that inmate education records existed to the satisfaction of the auditor and consistent with provision (e) of the standard.

The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During a tour of the Earnest C. Brooks Correctional Facility, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit tour. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and prisoner guidebooks that are available for the inmate population to check out. 12 of 17 randomly interviewed inmates, along with the majority of those inmate informally interviewed during the audit tour, reported receiving written materials for their retention to allow this auditor to determine compliance with provision (f) of the standard.

Standard 115.34 Specialized training: 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that eleven active staff at the Earnest C. Brooks Correctional Facility completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that eight staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard.

The agency's investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's Basic Investigator Training, eight staff have participated in the NIC specialized investigator's training to provide additional information on the required standard topics. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of the standard.

The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that eleven active employees have completed the Basic Investigator Training. Training records were provided to confirm that eight of these investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.

The auditor is not responsible for auditing provision (d) of the standard.

Standard 115.35 Specialized training: Medical and mental health care

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies 02.05.100 and 02.05.101 establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curricula specific to medical and mental health staff that were reviewed by the auditor. These materials expand upon the Basic Training Module 2 to cover the four points required by the standards.

Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and sexual harassment and facility reporting responsibilities for allegations of sexual abuse and sexual harassment.

The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through formal and informal interviews during the audit tour, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements in satisfaction of provision (a). The auditor does note, however, that an informal interview with a medical staff person at the facility yielded a lack of understanding on when it was appropriate to send an alleged victim of sexual abuse to the outside hospital for a forensic exam. To correct this matter the auditor requested the facility issue a training memorandum to all healthcare staff to remind them that allegations of penetration within 96 hours fall within the agency's protocol for sending the individual for a forensic examination. The facility complied with this request prior to the auditor's departure in satisfaction of provision (a).

Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required.

The facility provided documentation of medical and mental health practitioners completion of the specialized training modules that was reviewed by the auditor. These training records are kept in the computerized training records for employees. During the pre-audit review of these materials, the auditor noticed that two medical staff did not complete the training. While onsite, it was discovered that one employee had a name change due to marriage and the training record was under the new name. The second employee completed the training prior to the auditor's departure. The facility demonstrates compliance with provision (c) of the standard.

The agency has developed a training curricula specific to medical and mental health staff that includes and expands upon the Basic Training Module 2 to cover the key points required by the standards. Employees must complete the traditional Module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.

Standard 115.41 Screening for risk of victimization and abusiveness

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed. The auditor determined that agency policy regarding risk screening is not compliant with provision (a) of the standard.

Pre-audit documentation in support of the standard demonstrates that 72-hour complete intake assessments were completed at the Charles Edgar Reception and Guidance Center (RGC). During the course of the onsite portion of the audit, through formal and informal interviews with the PREA Administrator, PREA Coordinator, facility intake and facility case management staff, it was determined that the Earnest C. Brooks Correctional Facility does not complete 72-hour intake assessments for inmates transferred into the facility. The agency policy only requires the facility to conduct a review of the initial assessment within 30 days of arrival.

Random interviews with inmates confirms that the facility has not yet implemented a 72-hour initial risk screening process for all incoming receptions, demonstrating the need for corrective action to meet the requirements of provision (a) of the standard.

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual state that an intake screening shall be conducted at
PREA Audit Report

reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed at another facility. The agency policy only requires the facility to conduct a review of the initial assessment within 30 days of arrival. The facility provided pre-audit documentation to confirm the Department's reception center (RGC) completed initial risk screenings within 72-hours; however, that does not fulfill the requirements of replicating this screening upon transfer into the facility. A staff person responsible for risk screening states in an interview that only reviews of the initial assessment that was completed at RGC are completed at the Earnest C. Brooks. While the Earnest C. Brooks Correctional Facility follows agency policy, its compliance with this standard is a casualty of the overall agency policy not meeting the requirements of provision (b).

The agency PREA Administrator reported during an interview that the agency is in the process of updating its risk screening procedures to implement a 72-hour risk screening procedure consistent with provision (b) of the standard. Due to this auditor's experience with another facility in the agency, the auditor is aware that the agency has successfully taken corrective measures to implement a 72-hour risk screening procedure and is confident the procedures can be replicated at Earnest C. Brooks.

The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by provision (c) of the standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the Earnest C. Brooks Correctional Facility house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator, the auditor is satisfied that the intake screening instrument meets the requirements of provision (e) of the standard. The PREA Risk Assessment Manual's reference to documented history of sexual abuse, violent convictions and a history of institutional violence (including sexual) demonstrates that the risk factors enumerated under provision (e) of the standard is adequately inclusive of both convictions and known institutional behavior.

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. These reassessment procedures may cause those inmates being reassessed not to recall the assessment process during the random interviews.

During the tour, a minimum of 2 inmate files were randomly sampled on 5 of the 6 housing units. During this sampling, staff at the facility were asked to pull up computerized movement records of the selected files to verify that reassessment of risk was taking place within 30 days. All files were found to be compliant. The facility provided pre-audit sample documentation that demonstrates consistent reassessment of inmate risk within the 30-day review period required by agency policy and the standards. Although the facility is technically completing a reassessment within 30 days consistent with provision (f) of the standard; its absence of the initial risk screening that it should be coupled with in the review does not allow for the auditor to find compliance with this provision of the standard.

Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. The facility provided pre-audit documentation of an inmate being reassessed after a suspected encounter of consensual sexual activity. One random inmate reported during an interview that he was reassessed after speaking with mental health staff. The staff member responsible for risk screening also reported conducting a reassessment of an inmate after a referral from mental health staff to demonstrate compliance with provision (g) of the standard.

The PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." The PREA Administrator, PREA Coordinator and staff responsible for conducting assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard.

The PREA Manual, which was reviewed by this auditor, confirms 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. Risk assessment information

shall not be shared with prisoners. During the audit tour and through interviews with the PREA Administrator and PREA Coordinator, only those staff with a supervisory role or those who perform the risk screening within the facility have access to the electronic screening system. Access to this system is governed by the individual user's log-on information to demonstrate compliance with provision (i) of the standard.

Corrective Actions Taken:

Earnest C. Brooks Correctional Facility implemented procedures to conduct 72-hour risk screenings on 04/04/2017, after discussions between the Department PREA Administrator and this auditor on the corrective action plan. The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section Q specifically addresses the need to conduct a risk assessment within 72-hours of arrival at a correctional facilities. Section R specifically addresses the need to complete a review of the assessment within 30 days of arrival. Additionally, the policy now includes a provision for an annual reassessment, which exceeds the standard.

During the corrective action plan, the facility PREA Coordinator provided this auditor with a copy of a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by provisions (a), (b) and (f) of the standard. Moreover, this log also tracked whether or not the inmate has completed PREA education, and whether or not the inmate being screened reported victimization or perpetration that would require an evaluation required by standard 115.81. Although the initial corrective action plan was intended to randomly sample specific dates; the secondary risk screening log developed by the facility provided the auditor with a wealth of information on each reception and transfer into the facility and was thus utilized as a tool to measure compliance with the standard.

To authenticate the reliability of this risk screening log, the auditor requested computer assessment records for three randomly sampled inmates on 05/09/2017, which the facility provided the auditor on 05/11/2017. These computerized assessment reports authenticated the veracity of the information recorded within the risk screening log. A second random sample of three inmates whose risk screenings were due in May of 2017 were requested by the auditor on 06/27/2017 and provided on 06/28/2017. Again, as found during the previous sample, the data contained within the secondary risk screening log was verified as accurate. A third random sample of three inmates was requested on 07/11/2017 and provided on 07/14/2017. Consistent with previous random samples, the accuracy of the secondary tracking log was verified.

Based on the facility's detailed secondary risk screening log and the confirmation of that log's accuracy through random sampling, the auditor is satisfied that the Earnest C. Brooks Correctional Facility has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility, consistent with provisions (a), (b) and (f) of the standard. The information gathered through compliance with this standard, ultimately provides secondary evidence of compliance with related standards 115.42, 115.81 and 115.83.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk which the auditor believed was a great tool to demonstrate use of the screening information for housing decisions. However, the lack of a 72-hour intake screening process for all incoming inmates creates an opportunity for key aspects of vulnerability to go undetected or for inappropriate housing decisions to stand based off of prior assessments should an individual have changed key criteria regarding risk, such as their

identification status as a member of the LGBTI community or have experienced victimization at the agency's reception center that is not consistent with the intent of provision (a).

The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims, as well as to inform programming and employment opportunities. The auditor is satisfied with the high level of supervision and minimal number of blind spots within the facility to ensure that any risk identified by the screening tool is outweighed by the staff to inmate ratio and direct observation.

05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and a formal interview with a transgender inmate demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. The transgender inmate stated the facility makes individualized determinations regarding the appropriateness of any cellmate she is housed with in the facility. When there was an issue with her safety, she was immediately removed from the threat until alternate housing could be arranged on another housing unit. Through informal interviews during the audit tour, staff charged with making housing decisions were well aware of the proper use of screening information for bed assignments. While the agency demonstrates that it meets the requirements of provision (b) within its practices, there is concern about the reliability of the information that it is basing its decisions upon due to the lack of a 72-hour intake screening process for all receptions and transfers into the facility.

The PREA Manual and policy 04.06.184 (Gender Identity Disorder), reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The facility provided a pre-audit sample of the facility's health care services review of a transgender inmate's placement on form CHJ-339. The auditor notes this review appears to be from a medical/mental health perspective and considers the inmate's health and safety. The PREA Coordinator at the facility states that transgender inmates are reviewed twice per year; however, any decision to place a transgender inmate at a facility that is consistent with gender identification is not made locally at Earnest C. Brooks and would have to be approved at the agency level. Through a formal interview with the transgender inmate at the facility, the auditor was informed that staff maintain a higher level of contact with her, with ongoing assessment of her individualized needs consistent with provision (c).

Policy 04.06.184, the PREA Manual and a Facility Memorandum were reviewed by the auditor. While policy indicates that placement and programming assignments for transgender, intersex and GID (gender identity disorder) inmates will be reassessed twice yearly by facility medical or mental health staff; the facility's pre-audit sample documentation

During the onsite portion of the audit, the auditor reviewed case file information for a transgender inmate to ensure reviews were conducted on a semi-annual basis. This file review confirmed that assessments were completed twice per year. An interview with a transgender inmate who has been at the facility for approximately 6 months revealed that there are separate assessments conducted by medical staff and psychological staff to satisfy the requirements of provision (d) of the standard.

The PREA Manual, reviewed by the auditor, provides for a transgender or intersex inmate's own views to be considered in the placement process. The transgender inmate that was interviewed reporting being receiving a formal review after being identified and being re-reviewed. She reported that her needs for safety were considered, specifically stating that the facility offered her a separate shower time that she chose to decline.

Based upon the formal interview with the transgender inmate and policy, it appears that the transgender inmate's views are considered when making determinations for housing and other programming determinations consistent with provision (e) of the standard.

Policy 04.06.184 and the PREA Manual, reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. A review of pre-audit documentation that the facility provided calls into question whether the facility permits transgender inmates to shower separately. Specifically, form CHJ-339 for the two sample placement reviews both had the checkbox indicating that neither inmate required "special provisions" for showering. Given that the other checkbox option was to permit showering in "Relative Privacy", the implication is that the facility did not consider these two sample cases for separate showering accommodations. During an interview with the transgender inmate housed at the facility, she reported that she was offered the opportunity to shower during count time when all other inmates are locked in their cells; however, chooses not to do so, demonstrating the facility's compliance with provision (f).

Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard; however, the PREA Manual provides a unique exception to place inmates in a dedicated unit when it is in the interest of the safety and security of the prisoner. This provision of the policy is open for interpretation and is contrary to the PREA Resource Center FAQ's in that the reader is led to believe that the facility has the sole right, without taking the inmate's own views with respect to safety, to determine placement. An interview with the agency's PREA Administrator clarified this point to indicate that the agency considers some of its facilities with open bay style housing to be an unsafe environment for individuals who identify as transgender or intersex; thus, placing them in facilities with a high level of security and medical care to meet their transitional needs.

The PREA Administrator stated in an interview that the agency does not have any dedicated facilities or housing units that are specific to LGBT populations. There are facilities within the agency that are not conducive to the safety and privacy needs of transgender and intersex inmates, such as those with open bay or dormitory housing, that the agency attempts to avoid placing such inmates within to ensure safety and privacy. An interview with the PREA Coordinator at the Earnest C. Brooks Correctional Facility confirmed, that, the facility takes no steps to house LGBT inmates in dedicated units or facilities. An interview with a transgender inmate (trans woman) revealed that she has never been placed in a dedicated unit by the agency during her approximate 2.5 years of incarceration.

The facility and the agency practice demonstrate compliance with provision (g) of the standard and the auditor makes the determination that the Earnest C. Brooks Correctional Facility is in compliance with this provision of the standard; however, it is recommended that the PREA Administrator issue direction via memorandum to all facility PREA Coordinators to ensure that each is aware of the prohibition of placing transgender and intersex inmates in dedicated units for safety and security of the prisoner to remove any ambiguity contained within the agency's PREA Manual.

Corrective Actions Taken:

As noted within the corrective action plan, the facility was required to implement an intake screening process for all new receptions to the facility in order to be considered fully compliant with the standard, as compliance hinged upon having the most reliable and up-to-date information to effectively implement the standard's intent. Recent agency wide revisions to policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of provision (a). Through the information provided in support of standard 115.41, the auditor is satisfied that the Earnest C. Brooks Correctional Facility has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility. Specifically, the facility developed a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by standard 115.41. The veracity of that log was verified through random sampling by the auditor. Through the establishment of these intake risk screening practices, the auditor is now confident that the Earnest C. Brooks Correctional Facility is now fulfilling the requirements under this standard with the most reliable and timely information available, while also providing another opportunity to report sexual abuse that could have occurred at the preceding facility.

Based upon confirmation of intake risk screening practices required under 115.41, the auditor is satisfied that the facility is also basing its safety, housing, work, programming and educational decisions required by 115.42 with the guidance of the most accurate and recent information available. Evidence of substantial compliance with the standard has been established.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency PREA Manual and policy 04.05.120 were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.

The facility provided a memorandum to state that no inmates have been placed into involuntary segregation for the purpose of risk of victimization. The Warden stated in an interview that segregation may be used to protect inmates at high risk of sexual victimization while the facility is making its assessment of plans to keep the individual safe. In those circumstances when segregation may be used, such placement is limited to a period of less than 24 hours before the inmate can be transferred to another housing unit or another facility. The

Warden noted in her interview and the auditor observed that there are three MDOC prisons located within a larger campus and the facility has the ability to transfer inmates between those facilities with minimal effort. During an interview with a transgender inmate (trans woman) at the facility, she reported that the facility did place her in temporary segregation, with her consent, when a threat to her safety was known. She was kept in temporary segregation for less than one day, until she was able to be transferred to another housing unit to corroborate the Warden's report. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.

Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. Pre-audit, the Earnest C. Brooks Correctional Facility provided a memorandum to explain that any inmate placed into temporary segregation for PREA purposes would be treated just as any other prisoner placed into temporary segregation. This response implies that limitations to opportunities noted within provision (b) of the standard are possible.

During a tour of the segregated unit, it was clear to the auditor that once an inmate is placed into segregation that opportunities are limited to showers regardless of the reason for placement into segregation. All matters delineated within provision (b) of the standard would otherwise be restricted. The facility reports that no inmates have been placed into involuntary segregation for protection from victimization. Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (b) of standard.

The facility reports to the auditor through a memorandum and through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization. In an interview with the Warden, she stated that if an inmate were placed into involuntary segregation due to risk of victimization, alternative housing unit placements would be made within 24 hours. This could include movement within the facility or movement to another MDOC facility. Due to additional prisons being located within the sight of Earnest C. Brooks, the auditor finds no reason to doubt the facility has immediate housing alternatives at its disposal for such situations.

Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (c) of the standard.

The facility reports through memorandum and interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (d) of the standard. Due to the absence of specific non-compliance with provision (d) of the standard, the auditor determines compliance.

The facility reports that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (e) of the standard. Due to the absence of specific non-compliance with provision (e) of the standard, the auditor determines compliance.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot-line) and the PREA brochure were reviewed by the auditor in determining compliance with provision (a). All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hot-line, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police. During an interview with the facility PREA Coordinator, he stated that inmates have access to a special PIN that goes directly to his and the other facility Inspector's cell phones to share pertinent security related information, including PREA information.

Pre-audit, the facility provided documentation to the auditor that demonstrated use of written complaints, reports from other facilities, PREA grievances and calls to the PREA Hotline that were referred for investigation. During formal and informal interviews during the audit tour, staff were able to identify the hot-line, the kite and grievance systems and third party reporting options if an inmate were unwilling to report such allegations directly to staff at the facility. All random inmates were well aware of their abilities to report within the facility and only 1 of 17 randomly interviewed inmates expressed that they would not feel comfortable making a report within the facility. During informal interviews with inmates during the audit tour, inmates were able to identify the hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf; however, some required prompting to identify the Legislative Ombudsman.

During the tour, adequate reporting hot-line posters were prominently displayed on the bulletin boards within the facility where inmates would go for other pertinent facility information. During audit tour, informal interviews demonstrated staff were aware of their obligations to accept reports from inmates and immediately act on those reports. Most inmates who were informally interviewed stated they were comfortable making a report to a staff member; however, it is noted that on one of the security level 4 housing units, some inmates declined to be informally interviewed due to the impression such cooperation with the “police” would leave with their peers. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hot-line. During another recent audit within the agency, the auditor left a message on the PREA hotline with instructions that were followed, confirming the functionality of the hot-line to demonstrate compliance with provision (a) of the standard.

Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and sexual harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard. The facility provided a memorandum prior to the audit to verify that no reports were received from the Legislative Corrections Ombudsman during the audit period.

During an interview with the facility PREA Coordinator, he identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism. Only 1 of 17 interviewed were affirmatively able to identify this option of reporting through the mail without prompting when asked; however, it is noted within the prisoner guidebook that this resource is available. Inmates were aware of their ability to make anonymous reports and reports through third parties, such as their family members. During the tour, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. Again, the Legislative Ombudsman was not regularly identified during informal interviews; however, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require staff to accept verbal, written, anonymous and third party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. The facility provided ample pre-audit documentation to demonstrate that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit tour, this auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, anonymous and third-party reports consistent with provision (c) of the standard.

During formal interviews with randomly selected staff, all 13-sampled staff were well aware of their obligation to accept all forms of reports required by the standards and immediately document verbal reports. Inmates that were randomly interviewed were aware of their ability to make reports to staff and with the exception of 1 inmate, demonstrated general confidence that action would be taken on said reports. Randomly interviewed inmates were also aware of the ability of family members or other third parties to make reports on their behalf consistent with provision (c) of the standard.

Policy 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by the auditor. Staff may make a private report to a supervisor, via the hot-line and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and sexual harassment of inmates. While policy and training materials provide multiple options for private reports, randomly sampled staff reported during formal and informal interviews that they were comfortable making reports directly through the chain of command, to the Inspector/PREA Coordinator or other facility Administrators.

The facility provided a pre-audit memorandum that staff did not report any PREA activity that had not been previously reported by an inmate. The auditor does note; however, that the facility provided ample documentation to confirm that staff did act upon reports received from inmates and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the Inspector/PREA Coordinator at the facility or a private meeting with facility Administrators as their methods to privately report sexual abuse and sexual harassment of inmates consistent with provision (d) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.

DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (b), allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances. The auditor notes that the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.

DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. The DOM supersedes these documents and establishes procedure until said policies can be revised or updated to reflect standard requirements. The facility provided pre-audit sample documentation of investigations that were initiated by inmate grievance forms. A review of the subsequent investigations reveals that the grievances were investigated promptly by the facility's Inspector.

DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal.

On the PAQ, the facility reports that 11 grievances alleging sexual abuse were received during the audit period. The facility provided pre-audit sample documentation to confirm that they provided responses to grievances with notice of investigation either on the same date a grievance was received or within two weeks.

In one facility example that preceded the DOM, the facility responded to an inmate's allegation via the traditional grievance procedure; however, approximately three weeks later, initiated a PREA investigation into the matter, delaying the response. In subsequent sampled investigations after the DOM was issued, the facility initiated its investigation and responded to allegations of sexual abuse with an investigation finding notice well within the 90 days required by provision (d) of the standard.

A review of the agency DOM and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard.

The DOM, which was reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes

the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. The facility provided a pre-audit memorandum to confirm that the facility did not receive a 3rd party grievance during the audit period. A review of investigations confirms this. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

On the PAQ, the facility claims that four emergency grievances have been filed by an inmate during the audit review period and two of those received an initial response within 48 hours and a final response within five days. The auditor reviewed pre-audit sample documentation and confirmed that two notices of investigation and monitoring were provided to inmates on the same date their emergency grievances were received; however, pre-audit documentation also confirms that a final agency determination was not delivered within five calendar days. Specifically, investigation #17999 did not receive a final agency determination response until four months after the initial grievance was filed and #18928 did not receive a response until 28 calendar days after the initial grievance was filed. The auditor does note; however, that in investigation #19502, the facility and agency final determinations were issued within 48 and 72 hours respectively.

The DOM, which was reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if she or he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance. Through the PAQ and interviews with the facility PREA Coordinator, the facility claims that four emergency grievances have been filed by an inmate during the audit review period.

Pre-audit documentation that was provided by the facility confirms that in one of the four emergency grievances filed (#17999), one grievant received a notice of investigation and monitoring on the same date the emergency grievance was filed. However, the auditor notes that the initial response lacks specific actions taken by the facility, other than a notice of investigation. Specifically, the initial response only states that the inmate MAY be monitored, which is not a definitive action. Pre-audit sample documentation for investigation #18928 does not include an initial response that was provided to the grievant, only the final agency determination. These pre-audit samples confirm that final agency determinations were provided well outside of the five calendar-day requirement of the standard. The auditor does note; however, that in investigation #19502, which was obtained during the onsite portion of the audit, the facility and agency final determinations were issued within 48 and 72 hours respectively. This evidence of compliance occurred after a recent agency training for PREA Coordinators within the agency and appears to serve as proof the facility is in the process of correcting previous patterns of non-compliance with this provision of the standard.

The facility will be required to demonstrate further consistency with respect to its processing of the final agency determination when emergency grievances are filed to demonstrate compliance with provision (f) of the standard.

The DOM, which was reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden. The facility provided pre-audit sample documentation to confirm that an inmate had filed a PREA grievance that resulted in discipline. Through the auditor's review of this misconduct, it is clear that the inmate was disciplined for falsely reporting an allegation that was able to be ruled out via video evidence. Through a sample record, the facility demonstrates that it disciplines inmates in accordance with the requirements of provision (g) of the standard to satisfy this auditor's determination of compliance.

Corrective Actions Taken:

During the corrective action period, the facility provided three examples of its timely processing of emergency grievances in accordance with the 5-day provision. On 07/14/2017, the auditor received completed investigations #20712 and #20941. Both of these investigations were predicated upon the receipt of PREA grievances that were identified by the submitter as "emergency" PREA grievances. On 07/19/2017, the auditor received completed investigation #20710. This investigation was also predicated upon the receipt of an "emergency" PREA grievance.

In investigation #20712, the facility received the grievance on 04/27/2017. The facility responded on 04/27/2017 and informed the inmate that he was determined to not be at substantial risk of imminent sexual abuse. The facility forwarded the grievance for a final agency determination on 04/27/2017. The final agency determination was received on the same date, upholding the facility's original determination.

In investigation #20941, the facility received the grievance on 05/17/2017. The facility responded on 05/17/2017 and informed the inmate that he was determined to not be at substantial risk of imminent sexual abuse. The facility forwarded the grievance for a final agency determination on 05/17/2017. The final agency determination was received on 05/19/2017, upholding the facility's original determination.

In investigation #20710, the facility received the grievance on 04/27/2017. The facility responded on 04/27/2017 and informed the inmate that he was determined to not be at substantial risk of imminent sexual abuse. The facility forwarded the grievance for a final agency determination on 04/27/2017. The final agency determination was received on the same date, upholding the facility's original determination.

Based on the supporting documentation that the facility has established a timely processing practice for emergency grievances consistent with provision (f) of the standard, this auditor now finds compliance.

Standard 115.53 Inmate access to outside confidential support services

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through pre-audit documentation, informal interviews with the PREA Administrator, PREA Analyst and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries at the agency level and the Kent County Sheriff were provided and reviewed by the auditor in determining compliance with provision (a). Additionally, the auditor reviewed a facility memorandum that describes advocacy services that are available through the facility's outside medical provider, Mercy Hospital. According to the memorandum, with proper notification, the hospital can provide a victim advocate to accompany the victim through the forensic examination process. The auditor called Mercy Hospital and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Earnest C. Brooks facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so, consistent with provision (a) of the standard.

While no formal agreement has been reached nor is in place, the facility and the agency maintain a copy of the "An End to Silence" handbook published by the PREA Resource Center. This book is maintained in the facility library and is accessible to inmates. However, during a stop in the library during the audit tour, the book was located in the library assistant's filing cabinet and there were no signs advising inmates of the procedures for obtaining a copy of the "An End to Silence" handbook. The facility complied with the auditor's request to place these materials in a more visible location within the library to ensure that inmates were aware of its availability. Neither the agency nor the facility house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring procedures when contacting any agency listed within the An End to Silence publication through policies 05.03.118 (Prisoner Mail) and 058.03.130 (Prisoner Telephone).

Despite the facility's efforts to provide information about the An End to Silence resource guide during the inmate process, randomly sampled inmates struggled to affirmatively identify the An End to Silence resource guide within the facility library. Inmates who reported sexual abuse stated they were not provided access to outside victim advocate organizations; however, this stands to reason and is not indicative of non-compliance with provision (a) of the standard, as the facility has no formal agreement in place with an outside victim advocacy organization. Although the inmate population struggled to identify the available resource during random interviews, the facility is determined compliant with the language within provision (a) of the standard by its provision of the An End to Silence resource guide in the

absence of a formal agreement with advocacy services and its onsite efforts to make the materials more visible within the facility's library to supplement existing intake procedures that inform the inmate population of the resource guide.

Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook, which were reviewed by the auditor in determining compliance with provision (b) of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes.

Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries at the agency level and the Kent County Sheriff were provided and reviewed by the auditor in determining compliance with provision (c). Additionally, the auditor reviewed a facility memorandum that describes advocacy services that are available through the facility's outside medical provider, Mercy Hospital. According to the memorandum, with proper notification, the hospital can provide a victim advocate to accompany the victim through the forensic examination process. The auditor called Mercy Hospital and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Earnest C. Brooks facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator confirms in an interview that efforts have been made to secure rape crisis services and that 7 qualified facility healthcare staff members have been identified and have been trained to provide advocacy services in the absence of a formal rape crisis service agreement. Additional training of mental health care staff to serve in this capacity is scheduled to be completed by March 31, 2017.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through a review of Director's Office Memorandum 2016-29 (regarding prisoner PREA related grievances), the Ombudsman MOU, the Sexual Abuse reporting poster, the online reporting form and an example of a facility email documenting receipt and action on a 3rd party report; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. In advance of the audit, the facility provided sample documentation to demonstrate how two investigations were initiated based on third party reports. Specifically, a claim made by an inmate's mother was investigated and a report made by one inmate on behalf of another inmate was investigated. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.

Standard 115.61 Staff and agency reporting duties

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. Local operating procedure 03.03.140 dictates that staff at Earnest C. Brooks Correctional Facility are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. The facility provided five pre-audit samples to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. A review of additional investigations during the onsite portion of the audit further support that facility staff promptly take action based on any PREA related reports made to them. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with provision (a) of the standard.

Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with provision (b) of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse to demonstrate compliance with provision (b) of the standard.

Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by provision (d) of the standard.

The Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Administrator confirms in an interview that mandatory reports are forwarded to his attention and he is responsible for making the report to the mandated agency.

Through agency policy and interviews with the PREA Administrator, the agency has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with provision (d) of the standard. Such reports have not come from the Earnest C. Brooks Correctional Facility; however, the agency has experience forwarding such reports to applicable state agencies.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided two examples of a 3rd party allegations made on behalf of an inmate. Investigative reviews provided adequate examples of written and verbal allegations that were immediately forwarded to the attention of investigatory staff. Additionally, within the investigative reviews, reports received from other facilities were also immediately forwarded to investigators within the facility. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

Standard 115.62 Agency protection duties

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.

The agency head's designee confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. While temporary segregation may be used, she confirmed that such segregation is generally limited to less than 24 hours until transfer to another housing unit of facility can be arranged. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization. Five randomly interviewed staff, however, stated they would place the potential victim in segregated housing. However, the auditor notes that one of these individuals works 3rd shift, where this would be the option until staff arrive on daylight to formulate other options and the remainder of these randomly interviewed staff do not have the supervisory authority to place an inmate into segregation for protection. The facility is encouraged to make additional efforts to educate staff on the need to use segregation as a last resort for protective measures.

Through a review of investigation materials, specifically #16396, the facility honored the victim's request for placement in administrative custody after alleged sexual abuse until he could be transferred to another facility. In investigation #17341, after witnessing potential sexual acts between inmates, staff immediately separated both individuals for interview and one made an allegation of being sexually harassed by his cellmate. The staff immediately reassigned one of the inmates to an empty cell to ensure protection of both parties to demonstrate that the facility does take immediate action to protect inmates from substantial risk of sexual abuse when known. The auditor determines compliance with provision (a) of the standard based on the facility's immediate action in response to perceived threats of sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. 03.03.140 V does not specify that allegations must be forwarded by the facility head to facilities outside of the Department. The forwarding of the document by the PREA Administrator does not comply with

the facility head requirement of provision (a) of the standard. Prior to the audit, the facility provided an example of a report received from another confinement facility was forwarded by the Warden on the same date as it was received. A policy revision regarding the forwarding of allegations to facilities outside the MDOC will be required to demonstrate full compliance with provision (a) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. The example report within the audit period that was reviewed by the auditor in determining compliance with provision (b) of the standard was forwarded on the date the allegation was received.

The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. The facility example reviewed by the auditor was forwarded via email on the same date it was received to demonstrate compliance with provision (c) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports on the PAQ that it received one notice of sexual abuse from another facility within the audit period. While onsite and through a review of facility investigations, a second example of Earnest C. Brooks initiating an investigation based on information from other facilities was located, demonstrating compliance with provision (d).

Corrective Actions Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section X specifically addresses the need for the Warden to forward all allegations to the facility head or office of the agency where the allegation is alleged to have occurred when the allegation pertains to a non-MDOC facility. This policy became effective on 04/24/2017 and now satisfies the requirements of provision (a) of the standard.

Standard 115.64 Staff first responder duties

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Manual, which was reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.

The facility provided a pre-audit sample incident report that details how evidence was preserved and a forensic examination was arranged for an inmate who reported being raped by his cellmate the previous evening. During a review of the investigation (#16396), the facility appropriately secured the cell as a potential crime scene and properly collected a pair of underwear the alleged victim turned over as evidence in a paper bag. Evidence was properly turned over to the Michigan State Police and eventually, DNA evidence was able to link the alleged perpetrator as the contributor to the DNA within the underwear. Based on the forensic evidence, criminal charges were filed against the alleged perpetrator and remained pending at the time of the audit.

An interview with a first responder indicated that as soon as an allegation is known, immediate action is taken to separate the alleged victim and abuser, as well as to inform them not to take any actions that could destroy evidence, such as washing or changing clothes. Any clothing that is collected should be placed into a paper bag. A medical examination follows, where it is determined if a forensic examination is necessary. If there is an allegation that is reported to have taken place in a cell, that area would be sealed off.

Based on a formal interview with a first responder, a review of policies, informal interviews with staff during the audit tour and a review of investigation #16396 where these first responder procedures were successfully employed, this auditor was satisfied that Earnest C. Brooks Correctional staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary.

The PREA Manual, which was reviewed by the auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were no non-security first responders during the audit period. During the audit tour, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with provision (b) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has developed its own operating procedures for agency policy 03.03.140. The document titled Facility OP 03.03.140, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interview with the Warden outlined the facility's coordination among first responders, medical staff, investigators and the review team to process an allegation from start to finish, allowing the auditor to find compliance with provision (a) of the standard.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MDOC's PREA Manual's language, which was reviewed by the auditor, mirrors the language of provision (a) of the standard. A review of the seven collective bargaining agreements entered into on behalf of the agency since the effective date of the PREA standards, includes agreements with the Michigan State Employee's Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, Service Employee's International Union (SEIU)-Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. The auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact

with inmates, consistent with provision

(a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.

An interview with the agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard.

The auditor is not required to audit provision (b) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. At Earnest C. Brooks Correctional Facility, housing unit staff, such as the RUM (Residential Unit Manager) or ARUS (Assistant Residential Unit Supervisor) are responsible for monitoring. The aforementioned allow the auditor to determine compliance with provision (a) of the standard.

The facility provided a pre-audit memorandum to indicate that it has not moved any inmates or staff members as a result of PREA allegations. However, a review of facility investigations demonstrated that the facility has employed protective measures after PREA allegations were made. Although the facility may not have recognized their actions as an employment of measures to protect from retaliation, the auditor does note that investigations provided examples of alleged victims and perpetrators being separated from housing together and through facility transfers. While these responses may have been proper security measures employed for the satisfaction of other standards; these measures also demonstrate a proactive approach to preventing retaliation.

Through interviews with the agency head's designee, the PREA Administrator, the PREA Coordinator and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard.

An interview with the agency head's designee confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Warden, he expressed a commitment to employing housing unit changes and other protective measures before using segregation. If segregation was the only alternative, the facility generally has the ability to transfer an individual to another MDOC facility within a day. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings through subordinate staff. The PREA Coordinator noted that suspicions of retaliation result in an investigation and a transfer of either the inmate or staff member to another housing unit.

The auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility protection measures it demonstrated following allegations of sexual abuse and sexual harassment.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c),

articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with the Warden, the PREA Coordinator and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation.

The facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed and it was discovered that facility practice is not in compliance with agency policy. The facility provided pre-audit sample documentation that demonstrates non-compliance with the standard. Specifically, the facility stopped retaliation monitoring on week 2 for #19372 after a finding of insufficient evidence. The allegation was not unfounded; therefore, the monitoring obligation should not have ceased. While onsite, additional investigations were reviewed and it was found that the facility stopped retaliation monitoring for cases with an insufficient evidence finding until a recent PREA Coordinator training that was conducted at the agency level. The PREA Coordinator expressed that he was not clear in his understanding that retaliation monitoring could only cease prior to 90 days following an unfounded or no evidence finding. The facility will be required to demonstrate that it monitors unsubstantiated cases for retaliation for a minimum of 90 days in order to be found compliant with provision (c) of the standard.

Staff responsible for retaliation monitoring stated in an interview that retaliation monitoring typically takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with provision (d) of the standard. This staff member stated that, status checks are typically completed on a weekly basis; however, can take place more frequently if he feels the need to do so.

Investigatory files were reviewed and it was discovered that facility practice is not in compliance with agency policy. The facility provided pre-audit sample documentation that demonstrates non-compliance with the standard. Specifically, the facility stopped retaliation monitoring on week 2 for #19372 after a finding of insufficient evidence. The allegation was not unfounded; therefore, the monitoring obligation should not have ceased. While onsite, additional investigations were reviewed and it was found that the facility stopped retaliation monitoring for cases with an insufficient evidence finding until a recent PREA Coordinator training that was conducted at the agency level. The PREA Coordinator expressed that he was not clear in his understanding that retaliation monitoring could only cease prior to 90 days following an unfounded or no evidence finding.

The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The agency head's designee and the Warden both confirm in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard.

The PREA Manual specifies, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded. Multiple instances were observed through facility investigations where monitoring concluded after the allegation was determined to be unsubstantiated, which is inconsistent with provision (f) of the standard. The PREA Coordinator expressed that he was not clear in his understanding that retaliation monitoring could only cease prior to 90 days following an unfounded or no evidence finding.

Corrective Actions Taken:

On 07/14/2017, the facility submitted two completed investigations (#20712 and #20941). Both of the investigations concluded with an unsubstantiated disposition. Although neither case reached the full 90-day monitoring obligation by the date of receipt, through a review of the completed retaliation monitoring documentation, it was clearly evident in both cases that the facility continued with its obligation to monitor for retaliation after the allegation was unsubstantiated and had corrected the observed deficiency noted within the interim report.

Specifically, investigation #20712 reached its unsubstantiated conclusion on 05/12/2017. At the time materials were forwarded to the auditor, retaliation monitoring was completed for a period of eleven of 13 weeks (approximately 75 days), with the most recent contact occurring on 07/10/2017. In investigation #20941, the investigation concluded on 05/26/2017. At the time materials were forwarded to the auditor, retaliation monitoring was completed for a period of eight weeks, with the most recent contact on 07/10/2017.

This auditor received a third completed investigation on 07/19/2017 (#20710) that also confirmed that the facility continued to monitor for retaliation after an unsubstantiated conclusion was reached. Specifically, investigation #20710 reached its unsubstantiated conclusion on 05/18/2017. Retaliation monitoring was completed for a period of approximately 11 weeks, with the most recent documented face-to-face contact occurring on 07/07/2017. While the entire 90-day retaliation monitoring period has not completely expired, the observed deficiency of terminating such monitoring upon an unsubstantiated disposition has been corrected.

The auditor does note that the retaliation monitoring form in investigation #20710 documented three perceived incidents of retaliation in the

first four weeks following the allegation before matters stabilized. The first incident of alleged retaliation reportedly occurred the day after the allegation (04/21/2017). However, the auditor notes this allegation was submitted via grievance and the allegation's existence was not known until 04/27/2017. The auditor requested information from the facility's PREA Coordinator to determine how the alleged victim's claims of retaliation were addressed. The PREA Coordinator stated that the retaliation claims were investigated and there was no evidence of retaliation. The PREA Coordinator and Assistant Residential Unit Manager worked collaboratively to address the alleged victim's concerns, which primarily centered on his desire to be transferred to a facility closer to his home. After discussion of the administrative process regarding facility transfers, there were no further allegations of retaliation.

Based upon supporting documentation of retaliation monitoring extending beyond an unsubstantiated disposition, which was the observed deficiency during the onsite portion of the audit, this auditor is confident that the Earnest C. Brooks has established procedure and demonstrated sufficient practice to ensure that those individuals with unsubstantiated allegation will continue to be monitored for retaliation consistent with provisions (c), (d) and (f) of the standard.

Standard 115.68 Post-allegation 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. The facility indicates that no inmate victims of sexual abuse have been placed into segregated housing. Through a review of investigations, the auditor discovered that the facility had only placed a victim of sexual abuse in segregated housing at the inmate's request until a transfer to another facility could be arranged in compliance with provision (a) of the standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state that when receiving an allegation of sexual abuse or sexual harassment, as described in the definitions of this manual, whether reported verbally or in writing, shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented in the Department's investigative report, PREA investigation worksheet(s) and pertinent computerized database entry. A Warden's or Administrator's designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS (Allegations Investigation Personnel Action System) entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.

An interview with a facility investigator stated that investigations are initiated immediately upon receipt of the report. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made. In several sampled examples, the facility conducted its first subject and perpetrator interviews within a day of receiving the allegations.

The auditor does not believe that the facility meets the thoroughness element of provision (a). There is concern over the use of the investigatory questionnaire and the taking of written statements without interview. This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigatory interview. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. Furthermore, it is written into the language of the Corrections Officer's collective bargaining agreement that employees have not only 24 hours to respond to the questionnaire, they have an additional 24 hours after submitting the questionnaire to amend their responses. Inmates may also be "interviewed" by questionnaire.

An interview with a facility investigator confirmed that it is possible for an investigation to be conducted entirely by questionnaire or written statement. This could include a questionnaire or written statement from the alleged victim, alleged abuser and all witnesses. While the auditor does note that the facility generally makes an attempt to interview pertinent parties in most of its investigations and generally does not conduct investigations solely by written statement or questionnaire, a review of facility investigations reveals the practice of statements being taken solely by questionnaire or via some other form of written statement without an in-person interview.

Investigation #18173 did not include an in-person interview with the alleged abuser in this case. The use of a written statement from the abuser limited the opportunity of the investigator to probe relevant details of the allegation that could have changed the outcome. Specifically, the alleged abuser admitted to placing a banana in the back pocket of the alleged victim as part of a game; however, the lack of an in-person interview limited the ability to inquire about the specific element of the allegation that the abuser rubbed the banana against the victim's rectum. Additionally, the investigation did not include an in-person interview with the victim. According to the investigative summary, the only statement from the alleged victim was taken via the inmate's grievance.

Sampled investigations #17119, #17999, #18111 and #18928 did not include an in-person interview with either the staff witnesses or the alleged staff abuser.

The auditor notes that the use of an investigatory questionnaire or other form of written statements alone potentially disenfranchises those inmates with limited English proficiency, who may be disabled, under-educated or illiterate. Moreover, the lack of an in-person interview with key participants within an investigation diminishes the potential for meaningful testimonial evidence to be obtained through a dynamic dialogue with the investigator that considers tone, body language and allows for instantaneous follow-up questioning on any inconsistencies. Closed ended questions as contained in an investigatory questionnaire or the ability to deliberately provide a crafted statement does not encourage the discovery of facts relevant to a thorough investigation as required by provision (a) of the standard.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department investigators receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Earnest C. Brooks Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has 5 current investigators on staff who completed the MDOC's Basic Investigator's Training course. All of these investigators also completed the NIC Specialized Investigator's course.

An interview with a facility investigator demonstrated a great degree of professionalism and knowledge of investigatory procedures consistent with the training provided by the agency and provision (b) of the standard. The interviewee demonstrated knowledge of the importance of interviews and interviewing techniques; however, not all facility investigations were conducted to the standard by which the interviewed investigator described as his personal procedures for PREA investigations.

The MDOC's basic investigator's training, which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. Agency policy 03.03.140 and the PREA Manual outline the agency's goal to comply with the all elements noted in provision (c).

Through interviews with the PREA Coordinator and a review of investigations, the facility has had a report of sexual abuse where there was the opportunity to still collect forensic evidence. In this sample case, the alleged victim was transported to an outside hospital for a forensic examination. The underwear worn by the alleged victim after the alleged assault were collected in a paper bag. The cell was sealed off as a potential crime scene for evidence collection. Ultimately, the steps taken by the agency did preserve the available forensic evidence and led

to the identification of the cellmate as the contributor of sperm collected from the alleged victim's underwear. This forensic evidence led to the criminal indictment of the alleged abuser and the criminal case remains pending at the time of the audit.

The facility demonstrates that it makes its best efforts to preserve other potential evidence, whether that be in the form of video, shift rosters, log books, etc. The element that is of concern to this auditor is the use of the investigatory questionnaire or stand-alone written statements, which is determined not to meet the interview requirements as specified in provision (c) of the standard.

This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigation. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. Furthermore, it is written into the language of the Corrections Officer's collective bargaining agreement that employees have not only 24 hours to respond to the questionnaire, they have an additional 24 hours after submitting the questionnaire to amend their responses. Inmates may also be "interviewed" by questionnaire. If a questionnaire is not used, it is also permissible for staff witnesses to simply provide written statements, which again, lack the dynamics of an in-person interview.

An interview with a facility investigator confirmed that it is possible for an investigation to be conducted entirely by questionnaire or written statement. This could include a questionnaire with the alleged victim, alleged abuser and all witnesses. While the auditor does note that the facility generally makes an attempt to interview pertinent parties in most of its investigations and generally does not conduct investigations solely by written statement or questionnaire, a review of facility investigations reveals the practice of statements being taken solely by questionnaire or via some other form of written statement without an in-person interview.

Provision (c) of the standard requires that investigators interview alleged victims, suspected perpetrators and witnesses. Facility practice is to permit an investigative questionnaire to stand as the investigatory interview, which is not consistent with provision (c) of the standard nor is it consistent with the agency's own basic investigator training. This practice places individuals who are limited in their English proficiency, intellectually disabled, under-educated or illiterate at a distinct disadvantage to benefit from the investigatory process. Moreover, this creates the opportunity for alleged abusers to collude and unify statements to compromise and undermine the investigative focus.

Sampled investigations #17119, #17999, #18111 and #18928 did not include an in-person interview with either the staff witnesses or the alleged staff abuser.

As reflected under provision (a) of the standard, the thoroughness of this questionnaire is more consistent with a basic information gathering tool that should subsequently be supplemented with an interview as required by provision (c) of the standard.

Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. In a review of investigations, there was no evidence of compelled interviews and one investigation was referred for prosecution. The auditor finds compliance with provision (d).

The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he would judge each person interviewed individually and their status would not affect credibility. He also confirmed that truth-telling devices are not used in the investigatory process. An inmate who reported sexual abuse confirmed that he was not subjected to any truth-telling device to allow this auditor to find compliance with provision (e).

As addressed in provision (a) and provision (c), the facility's use of the investigatory questionnaire limits the thoroughness of the investigation and its ability to consider staff actions that could have contributed to abuse. However, the auditor finds compliance with provision (f) based on the investigations the facility conducted in which all applicable parties participated. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

Earnest C. Brooks Correctional Facility reports that one criminal investigation was conducted during the audit period during interviews and on the PAQ. According to interviews with the PREA Administrator, the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome. A review of facility investigations by the auditor confirms this report. There was a copy of the Michigan State Police investigation within the noted investigatory file and it was written in a format that is consistent with provision (g) of the standard allowing the auditor to find compliance with provision (g).

The facility reports on the PAQ, through interviews with the PREA Coordinator and a review of investigations this auditor confirms that one allegation that was investigated during the audit period that produced a level of evidence to refer for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with

the PREA Coordinator and a facility investigator; the auditor is satisfied that Earnest C. Brooks Correctional Facility has sufficient procedures in place and has exercised those procedures to refer substantiated allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

The PREA Manual, which was reviewed by the auditor, specifies that all investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the Department plus an additional 5 years in compliance with provision (i) of the standard.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. There were no examples of the facility terminating an investigation based on the departure of an alleged victim or abuser. During an interview with a facility investigator, the facility makes every effort to keep applicable parties at the facility until the investigation is complete; demonstrating compliance with provision (j)

The auditor is not required to audit provision (k).

Interviews with the Warden, PREA Coordinator, PREA Administrator and investigators support the fact that facility staff are required to comply with outside investigators and the facility Inspector is the responsible party for ensuring coordination with the MSP, allowing this auditor to find compliance with provision (l). Within facility investigation #16396, it is evident that the facility cooperated with the Michigan State Police to arrive at an indictment of the alleged abuser.

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that sections ZZ and CCC specifically addresses the need for investigators to personally interview the complainant, victim, perpetrator and sufficient witnesses to establish the facts.

The facility provided the auditor with copies of three completed investigations #20710, #20712, and #20941. The investigations demonstrate that physical interviews were conducted with available victims and subjects. There were no known or identified witnesses to the allegations to be interviewed. In two investigations, the alleged incident took place in an area of the facility that was not covered by video surveillance. Within these investigations, the investigator appropriately used interview information to analyze credibility of applicable parties in reaching a conclusion to the investigation.

In the third investigation the investigator utilized video surveillance footage to corroborate statements made during investigatory interviews by both the alleged victim and alleged abuser. The investigation contained descriptions of the video review, which were used to corroborate events as reported by the alleged abuser. While the video evidence clearly demonstrated consistency with the alleged abuser's statements during the investigation; the investigator arrived at the appropriate unsubstantiated conclusion based on its lack of audio recording capabilities to fully rule out the alleged sexually abusive request.

Based on a review of supporting documentation within the revised agency policy and documented proof within these investigations that physical interviews took place with applicable parties; the auditor is satisfied that the Earnest C. Brooks Correctional Facility has demonstrated its willingness to interview applicable parties to an allegation and search for available evidence to correct observed deficiencies noted under provisions (a) and (c) of the standard.

Standard 115.72 Evidentiary standard for administrative 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with PREA Audit Report

provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, the facility appears to appropriately employ this standard consistent with provision (a) of the standard.

Standard 115.73 Reporting to 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Prior to the audit, Earnest C. Brooks provided sample documentation of inmate notifications to demonstrate compliance with provision (a) of the standard. The auditor does note, however, that some of the sample documentation reflects that notifications were delayed for several months after the investigation had concluded (#16335, #18111, #18146, #17341, #19409) and one was dated for notification prior to the investigation's conclusion (#15010). The facility underwent a change in PREA Coordinators during the audit period and it appears to the auditor that once the current PREA Coordinator was in place, the general speed at which notifications were made over the past 7-8 months improved, allowing the auditor to determine compliance with provision (a) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine there was one investigations completed by an outside law enforcement entity during the review period. Although the administrative investigation had concluded as unsubstantiated/insufficient evidence prior to the closing of the criminal investigation; the facility obtained a copy of the Michigan State Police report and then provided an updated notification to indicate that the criminal investigation found sufficient evidence to file charges against the alleged abuser in this case, consistent with provision (b) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy is found non-compliant with provision (c) of this standard. Specifically, the PREA Manual specifies that notification of the factors enumerated in provision (c) of the standard are only provided for Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner. To become compliant with provision (c) of the standard, the agency policy will require updating to allow for notification for the factors enumerated under provision (c) to when an investigation results in a finding of insufficient evidence/Unsubstantiated.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions. A review of facility investigations (#16396) reveals that one investigative outcome resulted in indictment on a charge of sexual abuse. In this investigation, the alleged victim was notified of the indictment of the alleged abuser. The criminal case remained pending at the time of the audit. Through a review of policy and examples of notification of investigatory outcomes, the auditor is satisfied that the facility is in compliance with provision (d).

The facility provided ample documentation of its notification of investigatory results. The facility exceeds provision (e) of the standard by also providing documented notification of sexual harassment investigatory results. Within all sampled investigations, a completed CAJ-1021 notification form was located as proof of inmate notification. As noted under provision (a) of the standard, the auditor noticed a delay in some investigative notifications; however, the matter appeared to resolve with a change in facility PREA Coordinators and was generally more promptly completed during the course of the 7 to 8 months preceding the audit to demonstrate compliance with provision (e) of the standard.

The PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody, consistent with provision (f) of the standard.

Corrective Actions Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section VV specifically addresses the need to notify prisoners of the factors enumerated under provision (c) of the standard for all allegations unless the investigation determines the claim was unfounded. This policy became effective on 04/24/2017. This revision of agency policy satisfies compliance with this standard.

Standard 115.76 Disciplinary sanctions for staff

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.

The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.

The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).

Through the auditor's review of the PREA Manual, policy provisions exist to ensure that 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with provision (d) of the standard. A review of the facility's investigations revealed no substantiated allegations of sexual abuse or sexual harassment against a staff member. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, the auditor determines compliance with provision (d).

Standard 115.77 Corrective action for contractors and volunteers

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. Based upon policy provisions, the auditor determines compliance with provision (a).

The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility or placed under direct observation if the violation were minor. There were no substantiated allegations of sexual abuse or sexual harassment involving contractors or volunteers upon which to gauge facility practice. Based upon policy provisions and the Warden's interview, the auditor determines compliance with provision (b).

Standard 115.78 Disciplinary sanctions for 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. At the time of the audit, there were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice; however, the auditor notes one case had criminal charges pending at the time of the audit. Based upon policy requirements prior to the imposition of discipline, the auditor determines compliance with provision (a).

The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard. An interview with the Warden confirms that the facility would likely place the inmate in segregation, raise their custody level and consider adding programming to address the underlying behavior. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline and an interview with the Warden, the auditor determines compliance with provision (b).

The auditor reviewed agency policy 03.03.105, and the PREA Manual which establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard. An interview with the Warden confirms that facility hearing examiners have a degree of flexibility in their decision-making process to consider the mental status of an inmate when determining sanctions. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with the Warden and the agency's policies for the consideration of mental health status prior to the imposition of discipline, the auditor determines compliance with provision (c).

The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During an interview with facility mental health staff who would deliver any applicable sex offender treatment, the facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates consistent with provision (d) of the standard. Facility mental health staff described an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse. The evaluation procedures would consist of the administration of the MDOC's assessment tools (Static 99 and Stable) to determine any relevant treatment need. She stated that, should an inmate have engaged in sexual abuse, it is likely that any future parole would be contingent upon the completion of such programming. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed agency policies 03.03.140, 03.03.105 and the PREA Manual in determining compliance with provision (e) of the standard. These policies contain language that is consistent with provision (e) of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. There were no examples at the Earnest C. Brooks Correctional Facility of inmates being disciplined for consensual sexual contact with staff, allowing the auditor to determine compliance with provision (e) of the standard.

The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

Through a review of the PREA Manual, the Prisoner Guidebook and interviews with the PREA Administrator and PREA Coordinator, the auditor was informed that the agency prohibits sexual activity between all inmates. The PREA Manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105; however, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing. Based upon interviews and policy directives, the auditor determines compliance with provision (g).

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Through a review of policy and an interview with the agency PREA Administrator, the agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is completed at reception centers only. If sexual victimization is reported during that intake screening, medical and mental health services are offered at the reception facility.

Given that the 72 hour, full intake screening instrument is not replicated upon transfer and placement at subsequent MDOC facilities, such as Earnest C. Brooks, it stands to reason that no records exist to measure compliance with this standard at Earnest C. Brooks. Although it is reported by the PREA Administrator that each inmate is provided medical and mental health examinations at the reception center to fulfill

the obligations of this provision by default, theoretically, it is possible that an inmate could experience victimization at reception centers which may not be captured by the facility to which they are transferred. Additionally, those inmates who may temporarily move to other facilities, whether in the MDOC or outside of the MDOC for court purposes, could also experience victimization that could elude capture.

The facility was found to not meet compliance with standard 115.41 based partly on its lack of a 72-hour intake assessment process for inter-facility transfers. Until intake screening procedures are established for inter-facility transfers within the agency; the agency and this facility cannot accurately document or report compliance with provision (a) of the standard.

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard, combine to form the agency's approach to providing the required medical and mental health services for perpetrators of sexual abuse. The agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is completed at reception centers only. If sexual perpetration is reported during that intake screening, medical and mental health services are offered at the reception facility. Given that the 72 hour, full intake screening instrument is not replicated upon transfer and placement at subsequent MDOC facilities, such as the Earnest C. Brooks, it stands to reason that no records exist to measure compliance with this standard at Earnest C. Brooks. Although each inmate is provided medical and mental health examinations at the reception center to fulfill the obligations of this provision by default, theoretically, it is possible that an inmate could perpetrate sexual abuse at reception centers or while temporarily out at other facilities for such matters as court, which may not be captured by the facility. Until intake screening procedures are established for inter-facility transfers within the agency; the agency and this facility cannot accurately document or report compliance with provision (b) of the standard.

Earnest C. Brooks Correctional Facility operates under the definition of a prison; therefore, compliance for provision (c) is measured under provision (a).

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were either formally or informally interviewed during the audit tour were aware that information pertaining to sexual abuse is only shared with those who are required to know to inform security and management decisions in compliance with provision (d) of the standard.

The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard.

Corrective Action Taken:

On 05/11/2017, 06/28/2017 and 07/14/2017 the facility provided the auditor with secondary documentation to confirm that referrals were made for follow-up mental health/medical care of individuals who disclosed victimization or perpetration during the intake risk screening process required by standard 115.41. Secondary tracking logs indicated that multiple inmates reported victimization or documentation review verified a history of perpetration. The auditor requested random samples of referrals and progress notes for three inmates who made such reports during each of the months of April, May and June.

Based on evidence of that intake risk screening procedures have been established as required under standard 115.41, the facility's secondary logs that document individuals who disclosed victimization or perpetration during said screenings, evidence of appropriate referrals to mental health care providers and secondary documentation that the referrals were acted upon; this auditor determines the facility has developed adequate procedures to ensure compliance with provisions (a) and (b) of the standard.

Standard 115.82 Access to emergency medical and mental health services

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner.

A review of a facility investigation #18389 indicates that facility practice is not consistent with agency policy. Specifically, it is documented on the CAJ-1024 form that the victim was not referred to medical or mental health care after he reported being raped by his cellmate a month prior. While it is noted within the investigatory statements that the victim was taken to health care at the time when said victim had been observed with bruises; it is noted that at that time, there was no known allegation of sexual abuse and only a physical assault was known.

A review of a second investigation #17119 indicates that the alleged victim claimed an officer grabbed his buttocks during the course of a pat search. The CAJ-1024 form documents that, despite alleged physical contact with the buttocks, the alleged victim was not referred to medical staff or mental health staff. In a third investigation #16803, after an allegation that an inmate was raped in 2007 or 2008, the CAJ-1024 form indicates that a referral was not made to healthcare due to the allegation occurring over 9 years ago; however, a referral to mental health care was made. In a fourth investigation #19409, after an allegation that an inmate was raped in 2012, the CAJ-1024 form indicates that referrals were not made to medical or mental health care services. In a fifth investigation, #18928, the alleged victim claimed an officer grabbed his buttocks during the course of a pat search. The CAJ-1024 form documents that, despite alleged physical contact with the buttocks, the alleged victim was not referred to medical staff or mental health staff. While the auditor recognizes that the alleged victims for investigations #16803 and #19409 were not in the custody of Earnest C. Brooks at the time the allegations were reported there should be a documented effort to on its CAJ-1024 form to coordinate with other MDOC facilities to request that such services be provided to the alleged victim of sexual abuse, as it did in case #16803 with respect to its mental health service documentation.

Through these investigations, Earnest C. Brooks demonstrates that it does not consistently provide medical and mental health care to alleged victims of sexual abuse that is either consistent with the nature of their allegations or provision (a) of the standard.

The PREA Manual, which was reviewed by the auditor, contains language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. Random staff interviews and informal interviews during the audit tour confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation, allowing the auditor to determine compliance with provision (b) of the standard.

The PREA Manual and agency PREA brochure were reviewed by the auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services. The auditor also notes that the facility provided sample documentation of an inmate being offered prophylaxis after alleged sexual contact; however, this sample documentation preceded the audit period. The auditor notes that in investigation #16396, the facility transported the alleged victim to an outside hospital for a forensic examination and treatment; however, lacks specific documentation that STI (sexually transmitted infection) testing or prophylaxis were offered. While such services are noted to be standard operating procedure for the outside hospital, it is recommended that the facility document these services on its CAJ-1020 Forensic Examination Completed at Outside Hospital form to demonstrate compliance with provision (c) of the standard.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with provision (d) of the standard

Corrective Action Taken:

Between 07/14/2017 and 07/19/2017, the facility sent the auditor three completed investigations for sexual abuse allegations made during the corrective action period. The investigations involved allegations of staff sexual abuse that did not involve penetration, forensic examination, injury, or require medical treatment. The facility provided referral documentation to verify that alleged victims were provided access to emergency mental health services following their allegations. To verify that said referrals were acted upon, the facility provided secondary mental health contact notes, documenting the evaluation and the nexus to the PREA allegation.

Based upon supporting documentation verifying consistent access to emergency medical and mental health care for all known sexual abuse allegations, that is proportionate to the allegation and provided at a level of care consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its substantial compliance with provisions (a) and (c) of the standard.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse.

As cited under standard 115.81 and as per agency policy, the facility does not conduct routine intake assessment procedures, consistent with 115.41. Therefore, the facility does not have adequate procedures in place to be aware of all inmates qualifying for services under provision (a) of the standard.

As cited under standard 115.82, a review of a facility investigations #18389, 17119, 16803, 19409 and 18920, applicable medical and mental health referrals were documented as not occurring.

Based on the cited examples, the auditor does not find that the facility's procedures and practice adequately afford it the opportunity to identify all inmates who would require services consistent with provision (a) and does not adequately respond to all allegations in a manner that affords for compliance with provision (a).

The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. This medical provider also reiterated that should an alleged victim be transported to an outside hospital, a follow-up meeting with a physician would be scheduled upon return to further plan any applicable treatment. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication, crisis stabilization units, involuntary treatment, outpatient therapy with goals and objectives, as well as safety plans with unit staff would be developed.

It is noted that the medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases have been referred to medical and mental health staff's attention; however, as previously expressed under provision (a), the facility's referral process to ensure these initial evaluations are conducted is of concern.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner.

Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner, with no rationing of necessary medical care. Mental health staff stated that they believe mental healthcare is provided at a level that exceeds community levels of care due to the immediate availability of such services and the broad range of available services that are typically wait-listed in the community, allowing the auditor to determine compliance with provision (c) of the standard.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. Earnest C. Brooks does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. A review of a facility investigations #16803 and #19409 indicates that facility practice could lead to inconsistencies with agency policy. Specifically, it is documented on the CAJ-1024 forms that the victims were not referred to healthcare staff. While the auditor understands that the inmates were not in facility custody at the time the investigations commenced and that the agency has procedures in place for intake and annual STI screenings that would otherwise capture this information; it is recommended that it be documented on its applicable forms that either a request was made to the housing facility for such testing or internal records confirm that such testing was completed by the agency after the time period of the allegation to supplement proof of its compliance. Based on the absence of facility specific evidence of non-compliance, the auditor determines the facility is compliant with provision (f) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. Based on policy provisions, the auditor determines compliance with provision (g) of the standard.

The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. As of the time of the audit, there are no known instances at Earnest C. Brooks where an inmate was found or known to have engaged in sexual abuse of another inmate; however, the auditor does note that there is an open indictment at the time of the audit where such evaluation may become appropriate. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

Corrective Action Taken:

The Earnest C. Brooks Correctional Facility provided this auditor with sufficient evidence that it has established intake screening procedures as required by standard 115.41 to effectively identify those individuals potentially in need of medical or mental health evaluations as required by 115.81 and 115.83. Random sampling of the facility's secondary risk screening log verifies that the information contained within the log accurately recorded the dates of a full intake risk screening assessment. Through the intake risk screening process, the facility has identified multiple individuals who required mental health evaluations for past instances of victimization or perpetration. The auditor requested random samples of three inmates for each of the screening months of April, May and June to ensure individuals were evaluated consistent with the requirements of 115.81. Referral documentation and secondary progress notes were forwarded to the auditor on 05/11/2017, 06/28/2017 and 07/14/2017. Progress notes verify that individuals with a history of sexual victimization or perpetration were evaluated as required by 115.81. In two of the randomly sampled cases, individuals continued with mental health services for other psychological reasons. In a third case, an individual agreed to address their past victimization in conjunction with other ongoing mental health services being provided. All others were evaluated and either declined or were not in need of further services. Moreover, the Earnest C. Brooks Correctional Facility has also provided sufficient evidence to prove that it refers all known victims of sexual abuse to medical and mental health practitioners commensurate with the nature of the allegation, as required by 115.82. Therefore, the facility has now sufficiently demonstrated that it has established the practices necessary to identify those inmates in need of ongoing care as required by provisions (a) and (f) of the standard.

Based upon supporting documentation verifying access to ongoing medical and mental health care for known sexual abuse victims that is proportionate to the type of reported victimization, with care that is consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its capability of substantial compliance with provisions (a) and (f) of the standard.

Standard 115.86 Sexual abuse incident reviews

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ- 1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. In a review of investigations that the Earnest C. Brooks Correctional Facility determined to be unsubstantiated, a sexual abuse incident review was completed in all but one sampled investigative file (#18389) to demonstrate substantial compliance with provision (a) of the standard.

Through the auditor's review of relevant investigations, the auditor did observe that incident review for investigation #18928, 18662 and 17119 all occurred outside the 30-day period required by the standard. Due to the delay observed delays in conducting reviews, the auditor finds that the facility will need to demonstrate more timely reviews to become compliant with provision (b) of the standard.

In a sampled incident review, the auditor notes that the facility did involve upper-level managers, investigators and line supervisors. A mental health manager and a health services manager were part of the review team. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.

Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Interviews with the Warden and facility PREA Coordinator confirms that Earnest C. Brooks Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. While the auditor was unable to find evidence of action taken as a result of these incident reviews, the Warden stated that any recommendation would be considered for implementation should an identified training need or security need be raised by applicable disciplines within the review process. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

As noted under provision (d) of the standard, the facility's review committee has not made any documented recommendations for improvement. The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. Based on policy provision and an interview with the Warden, the auditor determines compliance with provision (e) of the standard.

Corrective Actions Taken

During the Corrective Action Period, the facility provided three examples to verify that sexual abuse incident reviews were completed in the timeframes set forth in provision (b) of the standard. Specifically, investigation #20712 concluded on 05/12/2017 with an unsubstantiated disposition. The facility conducted its incident review on 05/15/2017. The review team included the perspectives of medical, mental health, investigative and management staff. Investigation #20941 concluded on 05/26/2017 with an unsubstantiated disposition. The facility conducted its incident review on 06/05/2017. The review team included the perspectives of medical, mental health, investigative and management staff. Investigation #20710 concluded on 05/18/2017 and the incident review was completed on 05/22/2017. Again, the review team included the perspectives of medical, mental health, investigative and management staff.

Based upon the supporting documentation that verifies that the facility established procedures to complete its sexual abuse incident reviews consistent with provision (b) of the standard, this auditor now determines compliance with the standard.

Standard 115.87 Data collection

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard was audited at the agency level; however, will be addressed in part within this report.

The PREA Manual states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident PREA Audit Report

report. Through an interview with the PREA Administrator, all allegations are entered into the Department's investigative data base so that uniform data can be obtained. The agency has a standard definition of sexual abuse and sexual harassment contained within its PREA Manual that guides data collection consistent with provision (a) of the standard.

As noted within the agency audit, the agency prepares an annual statistical report that is published on the agency's public website consistent with provision (b). This report aggregates information collected through the investigatory database and provides comparative summaries to the previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014 and 2015 at the time of this audit.

As noted within the agency audit, the agency's annual PREA statistical report for 2015 and its surveys of sexual violence for 2013 through 2015 are posted on the agency's website to demonstrate compliance with provision (c) of the standard. The data collected allowed for the answering of all questions required by the Department of Justice's surveys.

As noted within the agency audit, the agency's investigation database is utilized to collect data. Additionally, the agency PREA Administrator receives a courtesy copy of all facility based sexual abuse incident reviews to collect data consistent with provision (d) of the standard.

As noted in the agency audit and within this audit, the agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect under provision (e) of the standard.

As noted in the agency audit, the agency prepares its annual PREA report prior to June 30th so that it may have such information available to the Department of Justice upon request in compliance with provision (f).

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted within the agency audit, the agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2015 report identified its efforts to continue training Department investigators, the inmate population and expanded reporting options for 3rd parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with the goal of enhancing compliance until all facilities in the agency have been audited, consistent with provision (a) of the standard.

As noted within the agency audit, the agency's 2015 annual PREA report compares data from 2014. The auditor notes that the agency committed to PREA compliance in 2014; therefore, limited comparative data exists at the time of this audit. The 2015 annual report does summarize the agency's progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with provision (b).

As noted within the agency audit, the audit report is approved by the agency head and the auditor confirmed that the annual report is published on the agency's website consistent with provision (c).

As noted within the agency audit, the agency does not redact information from its annual report consistent with provision (d).

Standard 115.89 Data storage, publication, and destruction

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted within the agency audit, the MDOC establishes procedures within its PREA Manual to direct that data must be securely retained. The agency PREA Administrator reported that he alone has access to the agency’s overall data pool for PREA. There are a limited number of upper agency administrators above the PREA Administrator’s rank who would have access to the agency investigation database. These procedures are consistent with provision (a) of the standard.

As noted within the agency audit, the agency’s annual PREA statistical report for 2015 and its surveys of sexual violence for 2013 through 2015 are posted on the agency’s website to demonstrate compliance with provision (b) of the standard.

As noted within the agency audit, the agency’s reports that are published on the agency website do not contain personally identifying information, consistent with provision (c) of the standard.

The agency’s PREA Manual specifies that data collected pursuant to 115.87 is retained for at least 10 years. The agency maintains its Surveys of Sexual Violence and annual PREA reports on its website. The SSV reports cover the three most recent years since the MDOC committed to PREA compliance and its most recent annual statistical reports since committing to PREA compliance in 2014 consistent with provision (d).

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

David G. Radzewicz

07/21/2017

Auditor Signature

Date