

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 11/14/2019

Auditor Information

Name: Rene Adams-Kinzel	Email: radams-kin@pa.gov
Company Name: PA Department of Corrections	
Mailing Address: P.O. Box 585	City, State, Zip: Enola, PA 17025
Telephone: 814-621-2110	Date of Facility Visit: 04/29/2019 to 05/01/2019

Agency Information

Name of Agency: Michigan Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Michigan	
Physical Address: 206 E. Michigan Avenue		City, State, Zip: Lansing, MI 48933	
Mailing Address: Same		City, State, Zip: Same	
Telephone: 517-373-6391		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: MISSION

We create a safer Michigan by holding offenders accountable while promoting their success.

VISION

The Vision of the Michigan Department of Corrections is based on the following principles:

1. We remain committed to the protection of the public, safety of our staff and security of offenders.
2. We actively engage in the development of effective criminal justice policy.
3. We ensure sound management using proven fiscal practices and outcome-oriented strategies.

4. We hire, train, equip, support and mentor a high-quality staff and hold them to the highest professional standards.
5. We provide humane and protective custodial care, rehabilitative opportunities and reentry assistance for offenders under our supervision.
6. We establish meaningful partnerships with public and private entities to assist us in successfully accomplishing our mission.
7. We conduct all of our duties and responsibilities with the highest degree of integrity, expectations for excellence and respect for the value and dignity of human life.

VALUES

INTEGRITY: Doing the right thing for the right reason.

TEAMWORK: Working together to get the job done.

LEADERSHIP: Inspiring others to accomplish the mission.

EXCELLENCE: Maintaining the highest standards in your professional and personal life.

RESPECT: Treating others as you would like to be treated.

LOYALTY: Demonstrating commitment and dedication to the organization and to each other.

Agency Website with PREA Information: www.michigan.gov/corrections

Agency Chief Executive Officer

Name: Heidi Washington

Title: Director

Email: washingtonm6@michigan.gov

Telephone: 517-373-0720

Agency-Wide PREA Coordinator

Name: Charles Carlson

Title: PREA Manager

Email: carlsonc2@michigan.gov

Telephone: 517-230-1464

PREA Coordinator Reports to:

Julie Hamp, Administrator of PMCD

Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Carson City Correctional Facility

Physical Address: 10274 Boyer Road, Carson City, Michigan 48811

Mailing Address (if different than above): Same

Telephone Number: 989-584-3941				
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State		<input type="checkbox"/> Federal
Facility Type:		<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: We create a safer Michigan by holding offenders accountable while promoting their success.				
Facility Website with PREA Information: www.michigan.gov/corrections				
Warden/Superintendent				
Name: Randee Rewertz			Title: Warden	
Email: RewertsR@michigan.gov			Telephone: 989-584-3941	
Facility PREA Compliance Manager				
Name: Joseph Niemiec			Title: Resident Unit Manager	
Email: NiemiecJ@michigan.gov			Telephone: 989-584-3941	
Facility Health Service Administrator				
Name: Todd Lambart			Title: Health Unit Manager	
Email: LambartT@michigan.gov			Telephone: 989-584-3941	
Facility Characteristics				
Designated Facility Capacity: 2528			Current Population of Facility: 2384	

Number of inmates admitted to facility during the past 12 months			1365	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1263	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1362	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			134	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 18-85		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0	

Average length of stay or time under supervision:	1 year 11 months 18 days
Facility security level/inmate custody levels:	Level I, II and IV
Number of staff currently employed by the facility who may have contact with inmates:	442
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	84
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Physical Plant	
Number of Buildings: 25	Number of Single Cell Housing Units: 1
Number of Multiple Occupancy Cell Housing Units:	6 (One unsecured level I unit is closed)
Number of Open Bay/Dorm Housing Units:	8
Number of Segregation Cells (Administrative and Disciplinary):	22 temporary segregation only
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
Blueprints available for viewing at facility, 417 cameras throughout the facility with recording capabilities	
Medical	
Type of Medical Facility:	24 hour medical coverage
Forensic sexual assault medical exams are conducted at:	Sparrow Hospital, Lansing, Michigan
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	134
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	23

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act audit of the Carson City Correctional Facility (also known as DRF) was conducted from April 29, 2019 to May 1, 2019, pursuant to an 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.

This auditor, Rene Adams, was assisted during this audit by Department of Justice certified PREA auditor Carole Mattis and Corrections Classification Program Manager (CCPM) Debra Hawkinberry. We would like to extend appreciation to Warden Randee Rewerts and his staff members for their professionalism throughout the audit and willingness to comply with all requests and recommendations made by the auditors both during the site visit and post audit. The auditors would also like to thank PREA Compliance Manager Joseph Niemiec, Regional PREA Analyst Mary Mitchell and PREA Manager Charles Carlson for their hard work and dedication in preparing for the PREA audit.

The PREA Online Auditing System (OAS) was not utilized by the Carson City Correctional Facility. The Regional PREA Analyst provided relevant policy and audit documentation for review in advance of the audit via an encrypted USB flash drive. These materials will be maintained by this auditor. This auditor created this report post audit utilizing the pre-audit documents, onsite materials, interview notes and physical plant audit notes. A review of pre-audit documentation took place in advance of the audit and supplemental document requests were made onsite and provided during the audit. Prior to the Pre-Onsite Audit phase, the following documentation was reviewed by this auditor, agency mission and website, internal and external audits and accreditations for the facility (fire safety, internal facility audit), daily population reports, the schematic of the facility, list of staff members by shift and role, list of inmates by housing units, agency PREA Manual, PREA policies, medical and mental health care policy, discipline policy, inmate handbook, PREA training for inmates, PREA training for staff, organizational charts for the agency and facility, staffing plan, documentation of annual reviews of the staffing plan, documentation of unannounced rounds, search policies, grievance policies, pat search training curricula, staff training logs, documentation regarding interpreter services, PREA orientation and informational materials in both English and Spanish, hiring and promotion policies, background check policies, documentation of background records checks of current employees done annually, evidence collection manuals and policies, investigation policies, specialized PREA Investigator training curricula and logs, referrals to mental health and medical, documentation of specialized training for medical and mental health care staff, screening policies, risk screening instrument, segregated housing policies, retaliation monitoring logs, risk assessment logs, agreement with Michigan State Police to conduct criminal investigations, memo victim advocacy procedures, images of posters displaying contact information for outside victim advocacy groups, reporting policies and educational signage, staff reporting policies, retaliation policies, first responder training, policies, and protocols, sexual abuse incident review documentation, data collection policies, examples of disciplinary actions against staff, contractors, volunteers, and inmates, samples of

notifications to other facilities upon report of sexual abuse which occurred in another facility, and annual reports for the Michigan Department of Corrections.

The auditor provided the facility with a Notification of PREA Audit on March 13, 2019. The notification contained information about the upcoming audit and stated that any inmate with pertinent information should mail the auditor at least 10 days prior to the onsite audit date. The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. The posting was confirmed through the receipt of an email from PREA Analyst Mary Mitchell with attached photographs forwarded on March 20, 2019 of the posted notices, and subsequent correspondence from inmates.

The agency head's designee and agency PREA Administrator were interviewed for an agency-level audit conducted by DOJ certified PREA auditor Carole Mattis and the final report will be forthcoming.

Prior to the onsite audit, a telephone interview was conducted with a representative of Sparrow Hospital to verify the availability of SAFE/SANE practitioners and victim advocate services at the hospital. Services are available seven days a week, 24 hours a day. If a SAFE/SANE nurse is not on shift, the hospital has an on-call procedure to ensure that one is available and reports to the facility as needed.

Also, prior to the onsite audit, the audit team interviewed the Operations Director from Just Detention International. This organization operates a hotline to provide crisis intervention and emotional support services to incarcerated individuals

An entrance meeting was held on the morning of April 29, 2019, beginning at approximately 0800 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Warden Randee Rewerts, Deputy Warden James Schiebner, PREA Compliance Manager Joseph Niemiec, agency PREA Manager Charles Carlson, Regional PREA Analyst Mary Mitchell, and other key members of the administration. Introductions were made and logistics for the audit were planned during this meeting which lasted approximately 30-minutes.

Immediately after the entrance meeting, agency and facility administrative staff escorted auditors Rene Adams and Carole Mattis for a site review to all areas of the facility including; medical, library and education/programming building, chapel, food service/dining hall, all general population housing units and dormitory units, recreation areas, Michigan State Industries building, control center, visitation area, and intake areas. During the site review, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal interviews were used to supplement the formal random interviews in determining compliance with the standards. During the facility tour, the auditors observed the Notification of PREA Audit postings in all housing areas and throughout other areas of the facility.

During the site review, the auditors observed the control center's camera monitoring station to verify that cameras are positioned in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility. On each of the housing units, a knock and announce notice was posted at the entryway to each housing unit and a privacy notice in the bathroom/shower areas, 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. During the site review, it was observed that opposite gender announcements were consistently made. There are no gender specific posts at this facility (i.e., female officers are not permitted to work the

unit). Following the knock and announce, opposite gender staff waited approximately 10 seconds prior to entering the housing unit.

Audit Assistant Debra Hawkinberry began interviews immediately following the entrance meeting. A roster of all inmates per housing unit was provided to the auditors for the selection of random inmate interviews. Inmates were selected based upon geographic location within the facility, those who had written correspondence to the auditor and those identified as fitting the available specialized categories of interviews required by the auditor handbook. Individual inmates were selected at random within each geographic location and within each specialized category. A total of 60 inmates were interviewed for formal interviews with at least one inmate interviewed from each interview category prescribed by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews related to youthful inmates (youthful inmates are not housed at this facility). This auditor was provided a copy of the housing unit roster sheets on day one of the audit. This auditor randomly selected inmates from each housing unit, with a total sample size of 40 random inmates.

This auditor received seven pieces correspondence from DRF inmates prior to arriving at the facility. Four of these inmates were interviewed at the facility and are included in the total number of inmates interviewed. The remaining three were not available for interview due to being transferred from the facility. Two additional pieces of correspondence were received after the audit.

Interviews of staff members included random and specialized staff interviews, 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 related to educational staff who work with youthful inmates, line staff who supervise youthful inmates (youthful inmates are not housed at this facility), and Non-Medical Staff involved in cross gender searches. The specialized interviews included: an intermediate/higher level facility staff and incident review team member, medical staff, mental health staff, staff charged with monitoring retaliation, first responders and intake staff. A total of 27 staff members were interviewed for formal interviews during the onsite audit.

All interviews followed the format laid out by the PREA Resource Center's interview templates for interviews of staff members and inmates. 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. The auditor notes that, due to some staff fulfilling multiple roles within the facility, certain staff members who were interviewed represented more than one category of interview (i.e. the Retaliation Monitoring Staff and Incident Review Team Member).

Interview Summary

Inmate Interviews-a total of 60 Individuals were formally interviewed to include interviews for the following random and specialized categories:

- Physical Disability-1
- Disabled (blind, deaf or hard of hearing)-2
- Cognitive Disability-1
- Transgender and Intersex-3
- Gay, Lesbian, and Bisexual-5
- Reported Sexual Abuse-4
- Disclosed sexual victimization during risk screening-4
- Random Sample of Inmates-40

MDOC Staff/Volunteers/Contractors- total 27 Individuals from various areas of responsibility

- Designated Staff Member Charged with Monitoring Retaliation-1
- Incident Review Team-1
- Intermediate-or High-Level Facility Staff-1
- Investigative Staff-1
- PREA Compliance Manager/Coordinator-1
- Human Resources staff-1
- Staff who perform Screening for Risk of Victimization and Abusiveness-1
- Warden or Designee-1
- Supervise Segregated Housing staff-1
- Medical staff-1
- Mental Health staff-1
- Intake Staff-1
- Volunteers and Contractors who have contact with Inmates-2
- Random staff sample-13

In addition to the formal interviews, informal inmate and staff interviews were conducted during the physical site review of the facility by this auditor and auditor Carole Mattis and were considered in determining compliance with the standards. The site review and interviews on the first audit day concluded at approximately 1900 hours.

The second day of the onsite audit commenced at approximately 0700 hours. Auditors Adams and Mattis along with Audit Assistant Hawkinberry continued interviews with both inmates and staff members. Throughout the audit, the audit team members were provided private rooms to conduct interviews of the staff members and inmates. Pre-audit documents in conjunction with documents requested during the site review were utilized to determine compliance with the Standards. Requested documents included; inmate housing rosters, staff, contractors and volunteer rosters, Risk Assessment Tracker along with classification files, inmate intake files, victim advocate trained facility staff roster, approved PREA investigator roster, complete PREA investigation folder, camera schematics, round reader reports, completed PREA investigations, random employee, contractor and volunteer training records, lien checks, personnel files and medical files. These documents were selected randomly for a number of different factors and were requested by the audit team. This auditor was also provided with copies of additional investigations for extensive review. The second audit day concluded at approximately 1930 hours.

The third audit day of the onsite audit commenced at approximately 0730 hours. A formal interview of the Warden using the questionnaire interview template available from the National PREA Resource Center for the specialized staff position was conducted on this day. The remainder of the day consisted of finishing specialized staff interviews, finalizing the documentation review, and an exit briefing at approximately 1130 hours.

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditors and both the agency and facility staff. During this time, this auditor discussed all concerns with PREA Manager Charles Carlson and Regional PREA Analyst Mary Mitchell, who filtered requests to the appropriate staff. Through a coordinated effort, staff members from the PREA Analyst unit and staff members at the Carson City Correctional Facility, all informational requests of the auditors were accommodated prior to the completion of the onsite audit.

The auditors conducted an exit briefing on May 1, 2019, upon completion of the onsite PREA audit portion for the Carson City Correctional Facility. The auditors explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Administrator. Supplemental documentation was provided as needed following the on-site audit.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility Narrative:

Carson City Correctional Facility (DRF) is in Carson City, Michigan, and houses adult male prisoners. The east side (pole barn structures), known at the time as Carson City Temporary Facility, opened in 1987. The west side (brick structures), known as Carson City Regional Facility, opened in 1989. The two facilities were combined in 2009 and are referred to as DRF-East and DRF-West.

Carson City Correctional Facility is a multi-level facility consisting of 15 housing units. DRF-West consists of seven housing units; one Level I unit with 120 beds (currently closed), three Level II units with 720 beds, two Level IV units with 384 beds, and a 22-bed temporary segregation unit. Each of the cells in DRF-West housing units, except temporary segregation, house 2 inmates. Inmates are housed based upon compatible PREA risk assessments. DRF-East consists of 8 Secure Level I housing units with 1,280 beds; each housing unit consists of 8-bed open bays, with 160 prisoners in each of the eight units. Carson City Correctional Facility has the capability to house 2,526 prisoners when all housing units are open, which is one of the largest correctional facilities in the state when at maximum capacity. Staffing of the housing units is not gender specific. On day one of the audit, there were 2380 inmates present and the staff complement is 442 of staff members who may have contact with inmates.

Programming

Carson City Correctional Facility is committed to providing academic, technical, and workplace skills training for prisoners. Academic programs include Adult Basic Education (ABE) to help prepare prisoners to take the General Educational Development (GED) certificate. Educational programs also include Employment Readiness, and vocational training which includes Food Service Hospitality Management and Masonry opportunities for adult prisoners sentenced to the Michigan Department of Corrections. The facility also has a library.

The goal of Carson City Correctional Facility is to involve all prisoners in meaningful programs to enhance their skills upon release from incarceration. Programs offered include Violence Prevention Programming (VPP), Thinking for a Change (TFC), Bridges – Domestic Violence, as well as other self-help programs. Substance Abuse programming includes Substance Abuse Phase I and II, Advanced Substance Abuse Treatment (ASAT), Narcotics Anonymous (NA), and Alcoholics Anonymous (AA). Eligible prisoners in Level II and Secure Level I have the opportunity to train dogs with the PAWS with a Cause Program.

Carson City Correctional Facility houses over 550 Outpatient Mental Health (OPMH) prisoners in all custody levels. The Outpatient Mental Health Team provides mental health treatment and services to prisoners with a mental disability and/or behavioral disorder. Services provided include case management, medication monitoring, group therapy, and crisis management. Brief therapy services are also provided to any prisoner at the facility. Peer Support services have been offered at Carson City Correctional Facility since 2016 where prisoners meet Peer-to-Peer to offer support and coping skills. Additionally, the facility has two Secure Level I Michigan Sex Offender Programs (MSOP) Residential Treatment Units, which focus on provision of MSOP, Treatment Readiness for You (TRY), and self-help groups with the goal of "No more victim's". Sex offenders utilize the Good Lives model to gain insight into their offending behavior and to identify appropriate means to meet life goals instead of their previous deviant patterns.

The Carson City Correctional Facility Health Care staff work within two ambulatory health clinics offering a variety of health and ancillary services for all prisoners. Medical and optical practitioners, dentists, nurses, pharmacy staff, and other qualified staff work collaboratively to treat various acute and chronic conditions, which are treated on-site whenever possible; however, some may be referred to different levels or specialties of care, as needed. Currently there are over 700 chronic care patients being treated, many of those require medications which are handled by the facility's pharmacies. While striving to provide care equal to the community standard, staff practice careful triage, appropriate referrals, health education, disease prevention, parole planning, and case management. Carson City Correctional Facility is also designated as a facility able to house wheelchair bound prisoners, visually-impaired prisoners, and hearing-impaired prisoners. The facility has a Pager Alert Broadcast System (PABS) to notify hearing-impaired prisoners of mass movement and emergency notifications. The facility also uses a nationally certified, legally endorsed, American Sign Language (ASL) Interpreter to communicate with hearing impaired prisoners that communicate via ASL. Inmates are transported to Sparrow Hospital for emergency medical care if needed.

Eligible prisoners are provided an opportunity to be placed in routine work assignments that provide work experience and job skills to the prisoners. Secure Level I prisoners also have the opportunity for employment at the Michigan State Industries (MSI) garment factory.

Prisoners are able to exercise their religious beliefs by participating in recognized religious services and activities. Additionally, the facility has a softball field, gymnasium, track, weight-pit, and basketball courts on each side of the facility which allows eligible prisoners access to leisure time and recreation activities. Library services are also provided.

Security

Carson City Correctional Facility is surrounded by two perimeter chain link fences with rolls of razor wire on the side and top of the outside fence. There is a third fence around the outside of the perimeter road that has a roll of razor wire around the top of the fence. All three fence areas are monitored by electronic detection systems and closed-circuit camera coverage.

All Components of Physical Plant:

There are 25 buildings at Carson City Correctional Facility which prisoners may access.

Level I: DRF-East; School, Programs building, Food Service, Gymnasium, Housing Units A-H, East-Administration Building (Health Care, Visiting Room). Michigan State Industries (MSI), West-Administration Building. If prisoners are on gate pass assignment, prisoners could have access to the Maintenance/Warehouse building, Welding/Carpenter shop and East Warehouse building.

Level II: DRF-West; 300 Building (School, Library, OPMH, Gym), 200 Building (Food Service, Health Care, Segregation), Housing Units 700, 800, 900, West-Administration Building.

Level IV: DRF-West; 300 Building (School, Library, OPMH, Gym), 200 Building (Health Care, Segregation), Housing Units 500 & 1200, West-Administration Building.

All areas such as offices, closets, coolers, and the commissary's doors are always closed and locked unless supervised by a staff member. These areas also can be viewed by video surveillance. In addition, areas such as, coolers, freezers and commissary rooms have video surveillance in or near them as well. Staffing levels and/or staff members' rounds are increased in areas that present potential blind spots.

While Carson City Correctional Facility is no longer audited by the American Correctional Association (ACA), Carson City Correctional Facility is audited by the State of Michigan Auditor General's Office and has maintained the same or higher standards. All detention and correctional practices are closely regulated through Director Office Memorandums (DOM), Policy Directives, Department Operating Procedures and Facility Operating Procedures.

The Michigan Department of Corrections website for Carson City Correctional Facility can be found here: https://www.michigan.gov/corrections/0,4551,7-119-68854_1381_1385-5362--,00.html

During the audit site review and through informal interviews with staff and inmates, the auditors were left with the general sense that staff and inmates felt safe within the facility.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

115.17

Number of Standards Met: 44

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.777, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action:

See Post Interim Report Corrective Actions Taken under the summary 115.12, 115.87, and 115.89.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a) Agency policy 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual outline the agency approach to implementing the zero-tolerance policy. Local operating procedures OP 03.03.140 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. DRF supplied multiple documents including: Zero Tolerance PREA Policy/Procedure and MDOC Policy Directive Prohibited Sexual Conduct involving Prisoners 03.03.140. Each policy provides clear and concise directions to staff regarding Zero-Tolerance.

Agency policy 03.03.140 Prison Rape Elimination Act (PREA) And Prohibited Sexual Conduct Involving Prisoners serves to establish the agency's zero-tolerance policy and outline the agency's approach to implementing the PREA standards. 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 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 issuance in April 24, 2017.

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.

- (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. The agency PREA Administrator advised that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. During the interview with the PREA Coordinator, it was found that this position is a full-time position and provides adequate time with no time constraints and authority to coordinate the facility's efforts to comply with PREA standards.

- (c) MDOC designates regional PREA Analysts in each Area (Northern, Central, & Southern) and a designated PREA Coordinator at each facility. The Southern PREA Analyst is Mary Mitchell and the PREA Compliance Manager at DRF is Resident Unit Manager Joseph Niemiec.

This Standard is being audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report is pending.

The position of PREA Administrator fulfills the role of an Agency PREA Coordinator (Manager). 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 he reported that he has sufficient time and authority to implement the agency's efforts to comply with the PREA standards. The PREA Administrator remained on-site during the audits.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the agency nor the facility currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA

Manual demonstrate the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its "inmates". Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC "inmate." The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance. As of the date of this interim report, the audit team has not received such written direction provided to the agency.

The audit team researched the agency's description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no "non-residential time", and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered "inmates" who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.

A response to the auditor helpline request was received June 4, 2019. The guidance was that "the fact that people confined in Community Confinement Facilities are referred to as 'residents' does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say 'inmate'." This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was requested. As of the date of this interim report, the issue has not been resolved.

When evaluating compliance with the provisions enumerated within the standard. The audit teams find compliance with provision (a) of the standard. Specifically, the agency has included in its contracts that the facilities adopt and comply with the PREA standards. However, the agency has no established contract monitoring system to ensure the contracted agencies are compliant with the PREA standards as required under provision (b) of the standard.

Although the contract has language for the PREA standards as a requirement; neither contracted facility has any publicly posted evidence of PREA compliance (i.e. an audit report or policies pertaining to PREA), with one facility's website simply stating they will strive to be PREA compliant. Considering that said contracts were entered into as of October 1, 2017 and remain in effect through September 30, 2019; each contracted facility has had ample time to establish PREA policies pursuant to its contract obligations and to generate sufficient evidence of compliance through an audit, with MDOC oversight and contract monitoring as required by the standard.

Due to the absence of contract monitoring and an established documented procedure to ensure the contracted entities are adhering to the PREA standards; the audit team finds that the agency has not met its obligations under provision (b) of the standard to effectively monitor its contracted agencies nor compelled compliance with the PREA standards.

Corrective Action Recommendation:

The MDOC will be required to establish a formal and documented means of ensuring the agency's contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

Post Interim Report Corrective Action:

Following the issuing of the interim report, a discussion was held in conjunction with a debriefing from the agency's Richard A. Handlon audit on June 27, 2019. During that discussion with one of the agency's PREA Analysts, it was suggested that a facilitated discussion between the PA DOC audit teams, the MDOC and the PREA Resource Center could be helpful in advancing the discussion. The audit team sent a request to the PREA Resource Center (PRC), requesting the phone conference and potential dates of availability. On July 18, 2019, a request for a phone conference and potential dates of availability was sent to the MDOC PREA Coordinator and Analysts and the discussion was ultimately scheduled for August 8, 2019.

During the phone conference, the audit team, MDOC PREA staff, and a representative of the PRC discussed the viewpoints of the audit team and the agency. Due to continued disagreement between the agency and the audit team over the applicability of the standard to MDOC prison audits; the PRC representative agreed to draft a summary of the conversation for review by the agency PREA Coordinator and the audit teams for submission to the PREA Management Office (PMO) for interpretive guidance. Between August 9, 2019 and August 13, 2019, the drafts circulated between the audit team and MDOC, before submission to the PMO.

On August 23, 2019, the PRC provided the PMO's interpretive guidance on the applicability of 115.12 to the two identified agency contracts. The following guidance was issued:

Based on the information provided and in light of current guidance, it appears that the FAQ that MIDOC relies on for its argument does not apply to this situation. The FAQ envisions temporary transfer/housing situations that arise with facilities that are **not already contracted** and based on reasons outside the control of the agency. The circumstances described seem to indicate that the IDRPs are a detention facility used by the MIDOC to hold inmates who have been adjudicated as parole violators until they are released or transferred to a DOC facility. In other words, it appears that this involves a standard contract to hold to MIDOC inmates and therefore MIDOC needs to ensure that the IDRPs comply with the standards. It doesn't matter that they are there temporarily—the vast majority of inmates are only held temporarily, but they are still entitled to the protections offered by the Standards, and so the requirements of 115.12 apply.

On August 26, 2019, the MDOC again asserted its reservations with the interpretive guidance and requested the original direction from the DOJ staff for their use and support moving forward within the agency.

On September 3, 2019, the audit team requested a phone conference to discuss potential resolution to 115.12. The audit team advised the agency of approximate dates when corrective action periods could be anticipated to expire and stressed the urgency of formulating a plan, even if the MDOC continued to pursue its objection to the applicability of the standard. A phone conference was ultimately scheduled for September 23, 2019.

During the phone conference, the audit team, the MDOC PREA staff, and MDOC contract monitoring staff discussed the steps necessary to demonstrate evidence of contract monitoring. Through the discussion, the audit team learned that the contracts are legislatively earmarked and would be renewing automatically October 1, 2019. The audit team discussed the August 2, 2019 FAQ, which updated the previous February 19, 2014 FAQ, to require that any entity under contract for 3 years or more must be audited as PREA compliant by August 20, 2022. Within the FAQs, even though the contracted entity need not be required to be immediately compliant, the contracting agency is required to document its monitoring of the contracted entity's progress towards compliance.

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be consulted by the agency's contract monitors to assess whether the contracted entity's evidence of compliance was consistent with the PREA standards.

The audit team and the MDOC mutually agreed that the provision of the corrective action plan to the contracted entities, and an acknowledgement of the obligations of the corrective action plan requirement by the contracted entities would suffice as evidence that the MDOC has engaged in contract monitoring as required by provision (b) of the standard. The MDOC's enforcement of the contractual corrective action plan is deemed to be most appropriately assessed during future third cycle audits to ensure the MDOC has continued with those obligations initiated through the second cycle audits where the issue was first identified.

On September 24, 2019, the MDOC provided the audit team with the contractual corrective action plans developed for each of the contracted entities and provided email correspondence verifying that each had been formally sent to each of the contracted facilities. The corrective action plans included the following milestones:

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
 - b. 115.13 Supervision and monitoring.
 - c. 115.15 Limits to cross-gender viewing and searches.
 - d. 115.22 Policies to ensure referrals of allegations for investigations.
 - e. 115.61 Staff and agency reporting duties.
 - f. 115.67 Agency protection against retaliation.

2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.31 Employee training.
 - b. 115.32 Volunteer and contractor training.
 - c. 115.33 Inmate education.
 - d. 115.34 Specialized training: Investigations.
 - e. 115.35 Specialized training: Medical and mental health care

3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.41 Screening for risk of victimization and abusiveness.
 - b. 115.42 Use of risk of victimization and abusiveness

4. You must have a certified PREA audit completed on your organization no later than 8/19/2022, and once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.
 - a. 115.93 Audits of standards
 - b. 115.401-115.405 Auditing and Corrective Action

The contracted entities were given until October 8, 2019 to respond to the corrective action plan.

The audit team was provided with the contracted entity response on October 8, 2019. Both contracted entities agreed to abide by the corrective action plan and agreed to the deadlines the MDOC imposed via the contract corrective action plan. The audit team finds this formal demand for compliance by the MDOC and acknowledgement of the need for corrective action by the contracted entities to satisfy provision (b)'s requirements for the agency to monitor and enforce compliance with PREA provisions of its contracts.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher- level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

(a) The PREA Manual outlines staffing plan criteria to include the minimum considerations 1-11 outlined in the PREA Standards.

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

The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated April 10, 2019, verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan. The plan contains a narrative description relative to each of the eleven enumerated factors and the facility’s findings. This staffing plan has been developed in accordance with PREA 115.13 in order to address appropriate staffing

levels and video monitoring to ensure the protection of offenders from sexual abuse. All detention and correctional practices are closely regulated through Director Office Memorandums (DOM'S), Policy Directives, Department Operating Procedures and facility Operating Procedures.

Interviews with the Warden and PREA Coordinator (Manager) reveal that no recent modifications were made to the staffing plan. The Warden also noted that the facility staffing is monitored constantly through a daily reconciliation report and that the administration has the authority to close posts and reassign staff based on institutional need. An interview with the PREA Coordinator (Manager) 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.

- (b) The PREA Manual indicates *"In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan."*

According to an interview with the PREA Coordinator (Manager), the agency does not ordinarily deviate from its staffing plan, however it is documented if there is a deviation. The PREA Coordinator (Manager) reported that all posts are filled either through voluntary overtime or mandated overtime. An interview with the Warden revealed that staff either volunteer or are mandated to remain at their posts on overtime to fulfill the facility's staffing plan. The Warden offered that non-essential posts could be closed if emergency conditions existed to maintain essential levels of staffing in areas of the facility where inmates are present. Daily shift rosters document facility absences and how posts are filled.

During the audit, the auditor observed the use of overtime to ensure posts were filled. Interviews with the Warden and the auditor's observation and interviews with staff who worked overtime provide confirmation of compliance with the facility staffing plan. Shift rosters were reviewed by this auditor to demonstrate compliance with provision (b).

- (c) PREA standard 115.13 (c) reads; *Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:*

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies;
and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

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 (Manager) for review. The PREA Administrator (Manager) reports involvement in the staffing plan process for each facility within the agency.

A Copy of the 2019 Staffing plan was supplied to this auditor with signed confirmation that the PREA Administrator had reviewed. Additionally, the PREA Annual Staffing Plan Review for CAJ1027, dated January 19, 2019, was supplied.

Interviews with the Warden, PREA Coordinator and PREA Manager, as well as a review of the agency policy, confirm that the staffing plan is reviewed annually by the facility and the agency PREA Manager and the agency as a whole, have taken action to upgrade its camera technology at each facility to demonstrate compliance with provision (c).

- (d) The PREA Manual establishes that Wardens, Deputy Wardens, Inspectors, Captains, Lieutenants to conduct and document rounds for PREA audit purposes, in addition to rounds conducted per PD 04.04.100 Custody, Security, and Safety Systems. DRF OP 04.04.100 also delineates the areas of rounds, frequency and responsibilities.

Through interviews with staff members and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. It was determined that rounds by supervisory staff members are conducted regularly and do not follow any patterns to ensure that rounds are not predictable. Radio traffic is not permitted during supervisory rounds to ensure rounds are not announced and rounds are documented in the unit log books. During the site review, informal interviews with line staff reported that supervisory staff make rounds throughout the housing units and confirmed the daily presence of supervisors during each shift on the housing units. A review of agency policy, interviews with line supervisors, informal interviews with line staff and a review of log book entries provided sufficient evidence for this auditor to find compliance with provision (d).

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

(a)–(c) The PREA Manual and Agency policy 05.01.140, *Prisoner Placement and Transfer*, restricts male and female prisoners under the age of 18 to two specific facilities within the MDOC system. Males Thumb Correctional Facility and Females to Women's Huron Valley Corrections Facility.

Carson City Correctional Facility does not house youthful offenders. This was observed throughout the on-site tour of the facility and a review of the inmate rosters confirmed this. Carson City Correctional Facility is a male, adult prison.

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 PAQ review, audit site review, and through interviews with the Facility Supervisor and the PREA Coordinator, it was observed that DRF 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing

their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) Policy 4.1.140 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. As part of its pre-audit documentation, the Warden issued a memorandum to confirm no cross-gender strip searches or visual body cavity searches were conducted during this audit period. The pre-audit documentation also included an excerpt from "The Code of Criminal Procedure, Act 175 of 1927" which states:

(3) Subsection (2) does not apply to a body cavity search of a person who is any of the following: (a) A person serving a sentence for a criminal offense in a detention facility or a state correctional facility housing prisoners under the jurisdiction of the department of corrections, including a youth correctional facility operated by the department of corrections or a private vendor under section 20g of 1953 PA 232, MCL 791.220g....(4) If any of the circumstances described in subsection (3)(a), (b), or (c) applies, a search of a body cavity shall not be conducted unless the person conducting the search has obtained prior written authorization from the chief administrative officer of the facility or from that officer's designee. (5) A body cavity search shall be conducted by a licensed physician or a physician's assistant, licensed practical nurse, or registered professional nurse acting with the approval of a licensed physician. If the body cavity search is conducted by a person of the opposite sex as the person being searched, the search shall be conducted in the presence of a person of the same sex as the person being searched.

Policy 4.1.110 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 available. 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.

- (b) PREA standard 115.15 requires that as of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The PREA Manual outlines search procedures and prohibitions while dually references Policy Directive (PD) 04.01.110 and PD 04.06.184

Training module "Employees, Prisoners, General Identity Disordered Prisoners and the Public" indicates that: *Pat-down and clothed body searches of female prisoners may only be conducted by female staff members unless an emergency situation exists such that there is not a female staff member available to search and waiting for a female staff member would jeopardize the good order and security. If a male staff member searches a female prisoner, it must be documented through submission of a written report to the on-duty administrator.* (There are no female offenders housed in DRF.)

Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility site review and interviews with the PREA Administrator (Manager), 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).

- (c)** PREA standard 115.15 requires that the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates.

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 Agency wide 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 facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and the auditor notes that the facility does not house female inmates, therefore this auditor has determined compliance with provision (c) of the standard.

- (d)** PREA standard 115.15 requires that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Policy Directive 03.03.140 Prison Rape Elimination Act (PREA) And Prohibited Sexual Conduct Involving Prisoners and the PREA Manual were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit site review, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units, officer desks and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited approximately 10 seconds after making the announcement to enter the unit to afford time to ensure privacy. Upon review of the video surveillance system, coverage of bathroom areas do not provide visibility of the genitalia. The only cells in which the video surveillance system views into are the camera cells and the area in front of the toilet is blacked out within the system so that genitalia is not observed by the opposite gender. Shower curtains are utilized in bathroom areas to allow for privacy when showering.

Formal and informal interviews during the audit site review with both staff and inmates confirm the auditor's observation that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender. This auditor observed no issues concerning privacy on the

housing units and when asked, the inmates had no immediate concerns in reference to their privacy. This auditor is satisfied that there is substantial compliance with the requirements of provision (d) for opposite gender announcements.

- (e) PREA standard 115.15 requires that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The PREA Manual and Policy Directive 04.06.184 GENDER DYSPHORIA establish policy prohibitions against searching transgender and intersex inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. This policy states that if the gender is unknown it may be determined by conversation with the prisoner, review of medical records, or as part of a broader medical exam conducted by a medical practitioner. Inmates identified as transgender were interviewed as part of the on-site audit and confirmed that they were not strip-searched for the sole purpose of determining their gender and they are allowed to shower separately from other inmates. This auditor finds DRF in compliance with provision (e) of the standard.

- (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The audit team reviewed Custody and Security in Corrections Part 2, Searches and Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners, the training curriculum for the MDOC, in determining compliance with provision (f). Staff were able to articulate proper cross gender search techniques during random interviews and stated that they received this training through the MDOC training academy and as part of their annual training. The facility provided training documentation, in the form of computer-based training records as part of its pre-audit sample training records relative to transgender/intersex searches. A review of the training materials indicated extensive training in this aspect, random informal interviews with line staff and a review of their training records confirmed that the training process is in place and demonstrates compliance with provision (f) of the standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first- response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. PD 03.03.140 specifies that the agency PREA Manager 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 (LEP) 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 LEP inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish.

In accordance with the Prisoners with Disabilities or Limited English Proficiency section of the PREA Manual, the Department will provide PREA prisoner education in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of interpreters through a contracted service.

DRF provided documents to review to include: Prisoner Guidebook in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Braille, and flyer for Language Unlimited services that included Language, Deaf, and Hard of Hearing Services.

Interpreters for foreign languages and American Sign Language services are available through two service providers. The facility does not rely on inmate interpreters, readers, and assistants, except in limited circumstances. During the audit period, it was reported to the auditor that none have been utilized for PREA interviews or investigations.

- (b) Random Interviews with Staff indicated that when an offender is identified as having an impairment that would limit their ability to access the information, they would use multiple options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, providing them translated materials, or materials in Braille. As indicated in provision (a) above, DRF has two interpreter service providers available to utilize as needed.
- (c) Policy Directive 03.03.140 and PREA Manual prohibits the use of inmate interpreters and were reviewed in determining compliance with provision (c).

The Department may rely on prisoner interpreters, prisoner readers, or other types of prisoner assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties as outlined in this manual, or the investigation of the prisoner's allegations.

No interviewees indicated that they had ever witnessed, conducted, or requested that an inmate interpret for any investigation. The facility demonstrates compliance with provision (c) of this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) The employment screening policy 02.06.111 and PREA Manual expressly prohibit hiring and promoting staff who have engaged in the behavior noted within the standard. A job posting, application questions, and a promotional application were provided as proof to demonstrate the agency considers these factors for hiring and promotional decisions.
- (b) Agency policy 02.06.11 and an application for employment were reviewed. 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.
- (c) A review of policy and the interview with HR staff confirms that the facility is not responsible for conducting background checks of newly hired custody staff. This function is completed at the agency level by central office staff where candidates are centrally hired and assigned to specific facilities. The facility is responsible for direct hiring and background checks for non-inmate contact positions, promotions and transfers into the facility. The facility provided background check documentation pre-audit to demonstrate compliance with provision (c).
- (d) The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the facility.
- (e) A tracking log is maintained by the Records Department of all staff and contractors who have contact with inmates to monitor background checks. Background checks are completed annually for any staff member requiring weapons training. The checks must be completed within sixty days of the training. Clearance checks for all other staff members are completed every three years. In the case of transfers or other miscellaneous cases, the checks are completed as needed. Additionally, from interviews with staff members, it is noted that clearance checks for contract staff, volunteers and vendors are conducted annually. This auditor reviewed sample LEIN checks and the tracking log as verification of compliance with the standard during the site review. Due to the criminal background checks being conducted beyond the requirement of this standard, this auditor has deemed Carson City Correctional Facility to exceed this provision of the standard.
- (f) MDOC utilizes a centralized application processing. This auditor reviewed pre-audit documentation example applications for new hires and promotional 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, this auditor reviewed the employee handbook which outlines work rules, which requires that employees have an ongoing obligation to disclose any sexual misconduct. The facility demonstrates compliance with provision (f) of the standard.

- (g) PD 02.06.111 and the PREA Manual, which were reviewed by this Auditor, affirmatively state 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.
- (h) Policy Directive 02.06.111 states that falsification or omissions of any information given by an applicant for employment during employment screening may result in removal from employment consideration and, if discovered after hire, may result in termination of employment. An interview conducted on-site with Human Resource staff found that upon request from another institution the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee unless prohibited by law.

The audit team reviewed twenty personnel files and the employment applications and questionnaires utilized by the state of Michigan to ensure that the pre-employment PREA screening questions were compliant with the act. Proper criminal background checks are conducted at the time of employment or promotion as verified by review of employee personnel files, review of tracking logs, interviews with Human Resource staff, and the PREA Coordinator.

This auditor finds that Carson City Correctional Facility exceeds requirements for this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) For all expansion or modification projects, a form CAH-135 must be submitted and PREA consideration is notated as a requirement. This auditor was provided with a memo dated April 3, 2019 stating that there were no substantial expansions or modification, including video monitoring systems in the last twelve months. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered.
- (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered and documented on the CAH-135 Project Review and Approval form.

The facility has over 400 cameras with a retention schedule of approximately 60 days. This auditor found no areas of concern during the facility site review. The strategic deployment of video monitoring technology and guard tour technology for monitoring staff members conducting rounds demonstrates the dedication of the agency and facility to compliance with provision (b) of the standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) The Michigan Department of Corrections' Crime Scene Preservation Training was developed based upon the United States Army Criminal Investigation Command and Michigan State Police training materials. This manual was reviewed by this auditor and provides training for DRF staff members on scientific evidence, protecting evidence, crime scene management, outdoor crime scenes, and responsibilities of first responders. A crime scene preservation checklist is included in this manual which lists step by step instructions to managing and maintaining a crime scene.

During interviews with facility staff and investigators, it was reported that the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. 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. Inmates are transported to SAFE/SANE examiners at a local hospital. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation Trainers 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 from the crime scene. Based upon the interviews and materials provided, DRF has demonstrated compliance with provision (a) of the standard.

- (b) The Carson City Correctional Facility does not house youthful offenders. The Crime Scene Management and Preservation Manual protocol is consistent with the Michigan State Police criminal investigation procedures for sexual assaults which meets the all criteria as an appropriate protocol. This auditor finds that DRF is compliant with provision (b) of the standard.
- (c) DRF does not conduct forensic medical examinations on-site. All prisoners needing SAFE/SANE services are sent to Sparrow Hospital. The audit team interviewed Sharon Goodfellow, a SANE from Sparrow hospital. She indicated that there are five SANE staff members at the facility who provide services twenty-four hours a day, seven days a week. The nurses rotate 12 hour shifts of on-call duty. The PREA Manual and Policy Directive 03.04.100 both specify that prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner. During the twelve months preceding the audit, three prisoners had forensic medical examinations conducted by SAFE/SANEs. This auditor has determined compliance with provision (c).
- (d) MDOC PREA manual provides that when requested by the victims, a qualified medical or mental health staff member can accompany and support the victim through the forensic medical exam and investigatory interviews when a Rape-crisis/Community-based advocate is not available.

The agency and the facility have made attempts to enter into a formal Memorandum of Understanding with organizations to make victim advocacy services available to all incarcerated victims of sexual abuse and efforts have been documented. In the absence of available victim advocate services, the facility has staff members who have received training to provide services. The facility has identified thirty-seven qualified staff members who have completed the Victim Assistance Training (VAT). All available evidence reviewed demonstrates that the facility meets the requirements of this provision.

- (e) The facility has identified thirty-seven qualified staff members who have completed the Victim Assistance Training (VAT). A memo with the qualified and trained staff members is maintained in the control center at the facility. According to documentation provided, in the three cases of forensic examinations being conducted, victim advocate services were offered but declined in all three cases.
- (f) The MSP memorandum confirms that the investigative agency has agreed to allow these individuals access during forensic medical examinations and interviews consistent with standard 115.21.
- (h) All staff who are trained as victim advocates have received specialized computer based training. All community providers such as SANE/SAFE and victim advocates are educated and trained as per their perspective medical facility's or agency/organization requirements. Additionally, requiring all staff to complete the Office of Victims of Crime, Training and Technical Assistance Center (OVCTTAC) Core Competencies and Skills Courses (13 Sections) and Incarcerated Victims of Sexual Violence training (60-minute course). Training rosters were available and reviewed by the auditor. At this time, the Carson City Correctional Facility has thirty-seven staff members trained as qualified victim advocates. This auditor finds that DRF is compliant with provision (h) of the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?

Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) This auditor reviewed PD 03.03.140 PREA, PD 01.01.140 Internal Affairs, and the PREA Manual to assess compliance with provision (a) of the standard. The Internal Affairs Division oversees the integrated investigative system within the MDOC. The PREA Manual requires that all allegations are entered into a tracking database for investigation. A review of agency policy and interviews of the Warden and PREA Coordinator 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 examples of investigation referrals pre-audit reported through various reporting methods. During and following the on-site portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations. If the allegation is criminal in nature, the Michigan State Police are notified and are responsible for criminal investigations. According to the Pre-audit Questionnaire, 66 allegations of Sexual Abuse and Sexual Harassment were received during the past 12 months, 22 of which were referred for criminal investigation. All administrative and/or criminal investigations were completed. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with provision (a) of the standard.

- (b) As per the PREA Manual and policy directive 03.03.140, criminal investigations are referred to the Michigan State Police. Interviews conducted with specialized PREA Investigators confirm that all allegations which may be criminal are referred to Michigan State Police. There are a total of 24 trained Specialized PREA Investigators employed by Carson City Correctional Facility to conduct investigations for allegations that do not include potentially criminal behavior. It has been verified that PD 01.01.014 and PD 03.03.140 are available on the agency website.
- (c) 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.

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31

(a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31
(b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31
(c)

- Have all current employees who may have contact with inmates received such training? Yes No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

**115.31
(d)**

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a)** The Michigan Department of Corrections PREA Manual requires that all staff who may have contact with inmates shall receive PREA training. Prior to working directly with inmates, newly hired staff members must complete 320 hours of training through the Corrections Training Program, which includes training regarding PREA. The Officers Recruit Training (ORT) consists of 640 hours of training. Computer-based training is offered annually for existing employees and contractors and consists of two modules. 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.

The first module gives an introduction and overview of PREA, definitions, the Zero Tolerance policy, right of inmates to be free from sexual abuse and sexual harassment, retaliation prohibition, the dynamics of sexual abuse and sexual harassment in confinement, and the

common reactions of sexual abuse and sexual harassment victims. The second module provides training on how to detect and respond to signs of sexual abuse and sexual harassment, reporting, inappropriate relationships, communicating with victims of sexual abuse and sexual harassment, and cross-gender viewing and searches.

The agency's 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 for DRF with provision (a) of the standard.

- (b) The content of the Collaborative Case Management for Women (CCM-W) training was provided, however it is noted that Carson City Correctional Facility does not house female offenders. 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. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).
- (c) DRF provided 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. As part of the facility's pre-audit documentation, it provided records of four hundred twenty-three (442) staff completing this training as part of its annual in-service training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.
- (d) 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. The record of training completion is maintained in a program database system from which reports can be generated. Additionally, a CAR-854 Form with the employee's signature must be completed to verify training participation. Scoring system, timeframe the training is completed, and results demonstrate compliance with provision (d) of the standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) As per policy 03.02.105 Volunteer Services and Programs, before providing volunteer services, each approved volunteer shall be provided information and receive an orientation by the Volunteer Program Coordinator. As part of the orientation volunteers and contractors who have contact with inmates, are trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. DRF reports that 134 volunteers and individual contractors have been training in agency PREA policies and procedures. In addition to the auditor's review of the training materials, the audit team reviewed contractor and volunteer training reports to determine compliance with provision (a) of the standard.
- (b) 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 Correctional Facilities Administration (CFA) Security Regulations Training Manual course content includes information about the agency's zero-tolerance policy and reporting procedures and requirements. The auditor reviewed the policies, procedures and training materials, which demonstrate that DRF is in compliance with provision (b) of the standard.

- (c) The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. The facility maintains signed confirmation of training for volunteers and contractors and training reports were provided to the audit team as evidence of compliance with provision (c) of this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a)** The PREA Manual, agency policy directives for reception, orientation and prohibited sexual conduct, as well as facility operating procedures, provide clear and comprehensive direction regarding inmate education about the zero-tolerance policy, how to report sexual abuse and harassment. Through interviews with facility intake staff, the PREA Coordinator and random inmates, this education is reportedly 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. The facility reported that 1365 inmates admitted during the preceding 12 months were given PREA information at intake. A review of random inmate files and intake records was conducted by the audit team to establish that the zero-tolerance education was being provided. This auditor finds DRF in compliance of provision (a).
- (b)** Through interviews, inmates confirm that education materials and the PREA video (Taking Action) are shown during the intake process and routinely plays on the dedicated inmate TV channel. These inmates also report that information is continuously displayed throughout the housing units on posters, is sent through J-pay system emails, and is available in handbooks. The facility reports that 1263 inmates received the PREA education within 30 days of intake. Inmate training receipts provided by the facility and reviewed by the auditor to demonstrate compliance with provision (b) of the standard.
- (c)** DRF provided evidence that inmates received PREA education in the form of a pamphlet and Video PREA training “taking action.” Through review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, and continuous PREA training is being provided to the inmates. Information gathered during the interviews and audit site review demonstrates the facility is in substantial compliance with the standard and has procedures in place to ensure corrective action when records do not exist within inmates files, therefore this auditor finds DRF in compliance with provision (c) of the standard.
- (d)** The agency issues written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency posters that contain information about the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment were visible throughout the housing units, common areas of the facility, and work locations during a site review of the Carson City Correctional Facility. 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. This video is shown on the facility Information channel periodically through the week. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. Global Interpreting Services provides American Sign Language (ASL) Interpreters either in-person or via video thru VRI (Video Remote Interpreting) and interpreter services for over 300 foreign languages. Real Time Translations (RTT) provides over-the-phone interpreting services for over 180 foreign languages.

Additionally, DRF submitted a braille trifold PREA education brochure. The documentation and samples provided serve as proof that the facility provides inmate education in formats

accessible to all inmates. The 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. Interviews with staff indicated that when an offender is identified as having an impairment that would limit their ability to access the information, they would use multiple options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, reading materials to offenders via the interpreter services, providing them translated materials, or materials in braille. This auditor reviewed these training materials, the library inventory and a memo regarding interpreter services to determine compliance with provision (d) of the standard.

- (e) The facility maintains documentation of inmate education on form CAJ-1036 in the inmate's file. As part of the facility's intake and receptions procedures, each new reception's file is reviewed, and it is verified that the inmate has documented receipt of training in the file. The audit team reviewed twenty-three inmate folders during the audit site review to verify that agency PREA training records met timeliness requirements. In two instances, the education was not provided within the thirty day timeframe, but all other cases were timely contributing to a finding of substantial compliance with provision (e) of the standard.
- (f) The agency posters that contain information about the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment were visible throughout the housing units, common areas of the facility, and work locations during the site review of the Carson City Correctional Facility. The agency has a braille version of the PREA brochure available for visually impaired inmates. 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 site review. 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 review. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population and is shown on the facility Information channel periodically through the week. Additionally, the facility sends J-pay system emails regarding PREA related information to all inmates weekly. Based on the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility, this auditor determines compliance with provision (f) of the standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA **115.34 (c)**
- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) This auditor reviewed the agency's Basic Investigator Training manual. 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 twenty-three active staff at the Carson City Correctional Facility completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that all twenty-three staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard.
- (b) The MDOC investigator's training curriculum is titled Crime Scene Management and Preservation. References within the training include the United State Army Criminal Investigation Command and Michigan State Police Training Materials. 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, twenty-three staff have participated in the NIC specialized investigator's training to provide additional information on the required standard topics.

Interviews with MDOC Inspectors indicated that they were trained and that the investigation was limited to Administrative investigations. The Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation. A review of training materials and training records for facility investigators demonstrates compliance with this standard.

- (c) The agency maintains documentation of investigator training in the employee's training file and on the Training Automated Data (TAD) system. The facility provided documentation that was reviewed by the auditor to verify that twenty-three active employees have completed the Basic Investigator Training. Training records were provided to confirm that all investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.

- (d) The auditor is not required to audit provision (d) of this standard to determine facility compliance.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a)** *Agency policy 02.05.101 establishes procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency.*

The agency has developed the following training curriculum specific to medical and mental health staff: PREA Health Care Staff Module and PREA Qualified Mental Health Training Module. Although all forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners at Carson City Correctional Facility, the training materials provide direction for the detection of sexual abuse and harassment, facility staff's responsibility for preservation of evidence, how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. These materials expand upon the Basic Training Module to cover the four points required by the standard.

The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines and this documentation was reviewed by the auditor. Through formal and informal interviews during the audit site review, both medical and mental health staff confirmed that they have received computer-based training that covers the standard requirements to satisfy provision (a).

- (b)** Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required. Carson City Correctional Facility Health Care staff do not perform forensic examinations on prisoners following the allegation of a sexual assault. Carson City Correctional Facility staff members transport all prisoners to Ionia

Sparrow Hospital where the forensic examination is conducted by specially trained hospital staff members.

- (c) This auditor reviewed training records that the facility provided as documentation of medical and mental health practitioners' completion of the specialized training modules. These training records are maintained in the computerized Training Automated Data (TAD) system records for employees and demonstrate compliance with provision (c) of this standard.

DRF provided documentation that the contracted medical providers had received, and understand, the training curriculum PREA Health Care Staff Module and PREA Qualified Mental Health Training Module.

- (d) The agency has developed a training curriculum 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. Contractors must complete the traditional module 1 and 2 training required of all employees as a prerequisite for 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.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) PD 03.03.140, OP DRF 03.03.140, PD 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by this Auditor, state that an intake screening shall be conducted at reception centers during intake. This Auditor notes that the agency policies governing risk screening (PD 03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. The updates to these policies now require that intake risk screening be completed within 72-hours for all inmates upon transfer to another facility for compliance with provision (a) of the standard. Additionally, provisions were implemented to also conduct annual screenings of existing inmates.

This Auditor reviewed the facility's automated program that tracks intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. This automated program also tracks the 30-day follow up screening and the annual review date. During the on-site visit, this auditor became aware through inmate interviews that these assessments were not being completed with the inmate present. The facility immediately provided additional training to staff and required staff to conduct interviews with the inmates. The facility demonstrated its understanding of requirements outlined by standard §115.41 and tracked its timely completion of those responsibility. The auditor utilized documentation provided subsequent to the on-site visit to determine compliance with provision (a) of the standard.

- (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Policy dictates that risk assessments are to be conducted within 72 hours of the inmates arrival at the facility. Staff interviewed report that assessments are done within 72 hours. Inmates interviewed report that it is done as early as immediately upon arrival up to a few days after arrival. During the on-site visit, this auditor became aware through inmate interviews that these assessments were not being completed with the inmate present. The facility immediately provided additional training to staff and required staff to conduct interviews with the inmates. Through a post on-site documentation review, this auditor finds that Carson City Correctional Facility is compliant with provision (b) of the standard.

- (c) 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.

(d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

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 (Manager), the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that all ten elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

(e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

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 and staff that perform risk screenings, 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.

(f) Standard 115.41 reads in part: *Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.* The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion.

During the on-site visit, this auditor became aware through inmate interviews that these assessments were not being completed with the inmate present. The facility immediately

provided additional training to staff and required staff to conduct interviews with the inmates. The facility has provided evidence of the practice becoming routine and more consistent, thereby showing substantial compliance, therefore this auditor finds that Carson City Correctional Facility is compliant with provision (f) of the standard.

- (g)** Standard 115.41 reads in part: *An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or the receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.*

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: O. *In addition to the PREA assessment at intake, Staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA- Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner's risk of being sexually abused or being sexually abusive toward others. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer.*

The PREA Manual, section PREA Risk Assessments and Risk Assessments Reviews-Facilities, *Staff shall complete a new PREA-Aggressor Risk Assessment-Prison and PREA-Victim Risk Assessment-Prison form when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the prisoner's risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. If any such incident requires that the prisoner be transferred, the sending facility shall ensure that the risk reassessments are completed prior to the transfer.*

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 incident of sexual activity. During interviews, staff members were aware of the requirement to reassess, therefore DRF demonstrated compliance with provision (g) of the standard.

- (h)** Inmates may not be disciplined for refusing to answer, or not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9). 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 and PREA Coordinator 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.
- (i)** Standard 115.41 reads in part: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in

order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: *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.*

PREA Risk Assessments, and Reviews are being stored electronically and only retroactively accessible to select staff. Screenshots of the computerized system were provided, as well as the scanned Risk Assessments that are being stored, for the auditor to review as evidence to support compliance with the standard.

Risk assessment information shall not be shared with prisoners. During the audit site review and through interviews with the PREA Administrator and PREA Coordinator, only those staff with a role in the risk screening process within the facility have access to the computerized 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.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and are consistent with 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 agency also issued an agency-wide memorandum to prohibit the pairing of identified aggressors and potential aggressors with victims or potential victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse.

The PREA Compliance Manager was interviewed and indicated that the screening process prevents inmates with incompatible risk scores to be housed together, potential abusers will also not be employed in certain job assignments. 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).

- (b) PD 05.01.140 Prisoner Placement and Transfer- PREA Risk Assessment: EE. *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.

Through interviews during the audit on-site review, staff members making housing decisions were well aware of the proper use of screening information for bed assignments. Moreover, the facility and the agency have a practice in place to review those individuals whose risk screening scores are not consistent with staff observations. The facility provided pre-audit sample documentation where such an individual was reviewed to ensure that both him and whomever he was housed with, were appropriately managed. The Carson City Correctional Facility demonstrates that it meets the requirements of provision (b) within its practices.

(c) The PREA Manual and policy directive 04.06.184 Gender Dysphoria, were reviewed by this auditor. Both contained 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 the standard. The facility provided pre-audit samples 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 or anytime it is learned the inmate has experienced any threats to safety. Through formal interviews with transgender inmates this auditor was informed that ongoing assessments of individualized needs takes place consistent with the standard. Policy directive 04.06.184 and the PREA Manual were reviewed by this auditor. Policy indicates that placement and programming assignments for transgender, intersex and Gender Dysphoric inmates will be reassessed twice yearly by facility medical or mental health staff. This auditor finds that Carson City Correctional Facility is compliant with provision (c) of the standard.

(d) This auditor review policy directive 04.06.184 and the PREA Manual. Policy indicates that placement and programming assignments for transgender, intersex and Gender Dysphoric inmates will be reassessed twice yearly by facility medical or mental health staff; the facility's pre-audit sample documentation included four examples where individuals were reviewed and provided with updated Gender Dysphoric management plans.

The PREA Manual and policy directive 04.06.184 were reviewed by this auditor. Both documents provide for a transgender or intersex inmate's own views to be considered in the placement process. Policies indicate that these decisions are made by a committee chaired by the agency's chief medical and psychiatric directors. The transgender inmates that were interviewed reported their views regarding their safety were considered. Interviews with the facility PREA Coordinator reveal that transgender and intersex inmates' views with respect to their own safety is given serious consideration in placement and programming assignments. This auditor finds that Carson City Correctional Facility is compliant with provision (d) of the standard.

(e) Interviews with the transgender inmates indicated that they met with the PREA Coordinator and discussed the most appropriate placement and cell assignment for them during her time at the facility. During these interviews, it was observed that the transgender inmates feel very comfortable with their housing arrangements and have no concerns for their

sexual safety. This auditor has determined that Carson City Correctional Facility is compliant with provision (e) of the standard.

(f) PD 04.06.184 and the PREA Manual, reviewed by this Auditor, specify that transgender inmates are given the opportunity to shower separately. A review of pre-audit documentation that the facility provided confirms that the facility permits transgender inmates to shower separately. Specifically, the Health Care Services medical visit notes indicating that the inmate is provided “special provisions” for showering in “relative privacy”. In the documentation provided for one specific case, there was also notation that the individual is single-celled for additional privacy. This documentation was on the MDOC form CHJ-339 Individual Management Plan for GENDER DYSPHORIA. During the audit tour, informal interviews with staff at the facility indicate that transgender inmates can shower during count time when all other inmates are locked in their cells to demonstrate Carson City Correctional Facility is in compliance with provision (f).

(g) PD 05.01.140 Prisoner Placement and Transfer- Other Considerations: *II. Information about a prisoner’s sexual orientation that is unrelated to the prisoner’s behavior shall not be used by staff for any purpose, including placement and transfer decisions.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Transgender, Intersex, and Gender Identity Disorders (GID): *Prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order.* Interviews with the transgender inmates, and a site review of the facility, found that these inmates were placed in cells close to the officer’s station in an area with other inmates with high vulnerability to any victimization (non-sexual orientation related). The inmates indicated that this housing was determined during their meeting with Security and the PREA Coordinator and they were allowed input into their safety.

The facility demonstrates compliance with provision (g) of the standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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.

- (a) 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 is consistent with provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a 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 site review and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.

Through pre-audit materials, the facility reports that two inmates have been placed into involuntary segregation for risk of victimization. The Warden stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. In those circumstances, such placement is limited to a short period, before the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another location that can afford safety. The audit documentation shows that the inmates were not housed in segregation for more than 30 days. One inmate was in segregation for 1 day then transferred and the second one was in

segregation for 11 days then released. The auditor is satisfied that the Carson City Correctional Facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.

- (b)** 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. During the audit, the staff members at Carson City Correctional Facility explained 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. Memorandum dated 04/01/2019, details limitations for the 2 cases placed in segregation.

The Michigan Department PREA Manual reads in part; Prisoners placed in temporary segregation for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility shall document:

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

- (c)** Memorandum dated 04/01/2019 indicates that “In the last 12 months, the Carson City Correctional Facility has placed two prisoner involuntarily in segregation after a report of sexual abuse.”

One inmate was in segregation for 1 day then transferred and the second one was in segregation for 11 days then released. Based upon documentation provided showing that alternatives were implemented and the timeframe in segregation was minimized, the facility will be considered compliant with provision (c) of the standard.

- (d)** The facility reports through memorandum basis for segregation housing for safety and the justification that no alternative means of separation was available for the two the inmates who were placed into involuntary segregation due to risk of victimization. Based upon the documentation provided the facility has demonstrated compliance with provision (d) of the standard.
- (e)** The Carson City Correctional Facility reported that 2 inmates were placed into involuntary segregation due to risk of victimization during the 12 months preceding the audit. Pre-audit documentation was reviewed by this Auditor that validated the inmates were not housed in segregation longer than 11 days, which negates the need to conduct a 30-day review for the continuance of segregation in demonstration of compliance with provision (e) of the standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster were provided in pre-audit documentation. The Hotline is a confidential external entity, this poster provides a phone number for staff and the public, and the PREA brochure were reviewed by the auditor in determining compliance with this provision. The MDOC PREA Manual also provides information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the MDOC Sexual Abuse Hotline, in writing via grievance, in writing to the Correctional Legislative Ombudsman, third party reporting and in writing to the Michigan State Police. Policy directive "05.03.118 – Prisoner Mail" outlines the process for incoming and outgoing mail and the confidentiality that can be expected. The audit team conducted a test call placed to the MDOC Sexual Abuse Hotline to confirm the functioning of this reporting method.

During the facility site review this auditor noted that there were adequate postings in all common areas, housing units, near phone banks, and on bulletin boards throughout all areas. Offenders interviewed indicated that they had received the information in the form of brochures and noted receiving direction on where to find the information throughout the facility. Most interviewees indicated an awareness of the various reporting methods available, including direct verbal reports to staff members and using the kite system to report any unwanted behaviors toward them or others. Inmates were able to identify the MDOC Sexual Abuse Hotline and that this is a free and confidential call, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf. Inmates may report sexual abuse and harassment, retaliation for reporting and instances of staff neglect or violations related to PREA. Through a review of documentation, facility investigations, and interviews with staff and inmates, evidence exists demonstrating compliance with provision (a) of the standard.

- (b) Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and 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 samples prior to the audit to verify that reports were received from the Legislative Corrections Ombudsman. 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.

The facility provided documentation of investigatory referrals that originated with allegations being made to the Legislative Ombudsman. Interviews with inmates indicate that some of them are not familiar with using the Legislative Corrections Ombudsman as a reporting method however the information is provided in the various information materials provided to all inmates. Inmates were also aware of a phone number to make reports outside the facility and of their ability to make anonymous reports. During the site review, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. Additionally, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

(c) Policy 03.03.140 and the PREA Manual, which were reviewed by this 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. During the onsite portion of the audit, facility investigations were reviewed and demonstrated 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. Inmates are aware of their ability to make reports of sexual abuse or sexual harassment in person, in writing, or through a third party as evidenced by the random inmate interviews conducted on-site.

Sample documentation of reports to the third party reporting method, the Legislative Ombudsman's Office, were reviewed to validate use of the reporting method. Inmates are also familiar with the grievance system method of reporting and reporting to staff as indicated by the interviews. Staff are aware that inmates can make reports of sexual abuse or sexual harassment verbally, in writing, via third party, and anonymously as evidenced by the random staff interviews conducted on-site. Staff report that documentation is done immediately after receiving a report of sexual abuse or sexual harassment. This auditor finds that Carson City Correctional Facility is compliant with provision (c) of the standard.

(d) 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, to include direct reports to the PREA Administrator in Lansing. Interviews of random staff indicate that staff are aware of methods to privately report sexual abuse and sexual harassment of inmates. This auditor finds that the Carson City Correctional Facility is compliant with provision (d) of the standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.
 Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

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

(b) Policy Directive 03.03.140 was reviewed and indicates: A prisoner may file a PREA grievance at any time by submitting a completed CAJ-1038A to the appropriate staff, as identified by the warden, of the institution at which the prisoner is housed. Prisoners are not required to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Any PREA Grievance containing issues other than sexual abuse shall be denied and returned to the prisoner with instructions to submit the grievance in accordance with PD 03.02.130 "Prisoner/Parolee Grievances." Any PREA grievance containing multiple issues, which include sexual abuse and non-sexual abuse issues, shall be processed in accordance with this policy in order to address the allegations of sexual abuse

only. The prisoner shall be notified in the PREA Grievance response that s/he must submit a new grievance in accordance with PD 03.02.130 to address any concerns not related to sexual abuse.

The PREA Manual states that prisoners can file a PREA Grievance at any time regarding alleged sexual abuse and there are no time limits imposed. This auditor finds that the Carson City Correctional Facility is compliant with provision (b) of the standard.

(c) Policy Directive 03.03.140 and the PREA manual were 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 Directive specifies that the grievances will not be referred to the staff member subject to the complaint within.

Grievances may also be submitted in locked boxes throughout the facility. During the site review of the facility there were numerous Grievance lock boxes identified in housing units and common areas. Examples of completed Grievance forms were provided for review. These reviews showed compliance with the standard.

(d) Policy Directive 03.03.140 and the PREA Manual, were reviewed by the auditor in determining compliance with provision (d). These documents require that 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. The facility reports in the last 12 months, 9 grievances alleging sexual abuse were filed and Carson City Correctional Facility has not filed for an extension related to any PREA grievance response. This auditor has determined compliance with provision (d) of the standard.

(e) Policy 03.03.140 and the PREA Manual state that third parties shall be permitted to assist prisoners in filing PREA grievances related to sexual abuse. If a PREA grievance is filed by a third party on behalf of an inmate the alleged victim must sign the grievance authorizing the grievance to be filed on their behalf. If the victim refuses to sign the grievance it will be dismissed. The PREA Manual states that fellow prisoners, staff, family, attorneys, and outside advocates shall be permitted to assist prisoners in filing PREA Grievances.

Carson City Facility has not received any PREA grievances filed by a third party in the last twelve months. This auditor finds that Carson City Correctional Facility is compliant with provision (e) of the standard due to the policies and procedures in place and the information received from the inmate interviews. While there may have been no third party grievances filed inmates are aware that their family, friends, staff, attorneys, or other inmates can report incidents of sexual abuse or sexual harassment on their behalf.

(f) On the PAQ, the facility indicates that no emergency grievances have been filed by an inmate during the audit review period. Policy Directive 03.03.140 and the PREA Manual were 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. A prisoner or a third party may file an emergency PREA grievance if s/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 no emergency grievances have been filed by an inmate during the audit review period. PD 03.03.140 establishes procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard to satisfy this auditor's determination of compliance.

(g) In accordance with Policy Directive 03.03.140, any prisoner who makes a false allegation of sexual abuse on a PREA grievance which is investigated and determined to be unfounded may be disciplined as per the Prisoner Discipline policy. The Prisoner Guidebook also notified inmates that making false allegations against staff and other inmates can result in disciplinary action. 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. In the last 12 months, 5 inmates were disciplined for filing PREA grievances in bad faith.

This auditor is satisfied that the Statewide PREA Policy and Procedures are being adhered to at Carson City Correctional Facility and are in compliance with provision (g) of this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

(a) Carson City Correctional Facility provided examples of postings, memo's, brochures, and the "An End to Silence Inmates Handbook 3rd Edition." This handbook provides the address for Michigan Coalition to End Domestic and Sexual Violence. This organization offers support and counseling services to inmates. Additionally, posters for Just Detention International were provided and observed throughout the facility. This organization provides confidential support and counseling services. Photographs of the National Sexual Assault Hotline posters were provided prior to the on-site visit and also observed while touring the facility, these posters were in both English and Spanish throughout the facility and housing units. Samples of JPAY system notifications providing information about support and counseling services were provided by the facility in the pre-audit documentation. Based upon interviews, inmates generally indicated an awareness of the services available and the information provided through the JPAY system. This auditor finds that Carson City Correctional Facility is compliant with provision (a) of the standard.

(b) Through PD 05.03.118 *PRISONER MAIL*, PD 05.03.130 *PRISONER TELEPHONE USE*, the PREA Manual and the Prisoner Guidebook, which were reviewed by this 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. The policy indicates all telephone calls made from telephones designated for prisoner use shall be monitored, except for calls to public officials who have requested that the calls will not be monitored along with attorneys and legitimate legal service providers. The MDOC Sexual Abuse Hotline telephone number will not be monitored as well. This auditor has determined compliance with this provision of the standard.

(c) A memorandum of understanding between MDOC and Just Detention International, as well as policy references, and inmate notifications, were provided as evidence of compliance with provision (c) of the standard. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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 Memorandum of Understanding between the Michigan Department of Corrections and The Legislative Corrections Ombudsman, agency policy directive 03.03.140, 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. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a) Policy Directive 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff members are required to report all elements denoted within provision (a) of the standard. The facility provided multiple pre-audit samples to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. Formal and informal interviews during the audit site review 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.
- (b) Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain 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.

Random interviews with Staff and Administration indicated that all were aware of the sensitivity of sexual abuse/harassment information and requirements to maintain confidentiality regarding reports/information received. Staff also indicated that they were aware that the information was not to be shared amongst other staff members unless there was a specific need to know that was approved by a supervisor.

- (c) Policy Directive 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.
- (d) Agency policy 05.01.140, Prisoner Placement and Transfer was reviewed and outlines the 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 site review, and through interviews with the Facility Supervisor, and PREA Coordinator, it was observed that Carson City Correctional Facility does not house youthful offenders and is therefore compliant with this provision of the standard.

- (e) 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 an example of a 3rd party allegations made to the Legislative Ombudsman. Investigative reviews provided adequate examples of written, verbal, staff suspicion, grievance and 3rd party allegations that were immediately forwarded to the attention of investigatory staff. 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) of this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a) Policy directive 05.01.140 and the PREA Manual, which were reviewed by this auditor, 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. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization.

Random Interviews with Staff, Inmates, and Administration indicated that immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas. Sample documents to show immediate action taken were provided to this auditor.

The Carson City Correctional facility demonstrates compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) This auditor reviewed Policy 03.03.140 and the PREA Manual, which establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The 03.03.140 specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard. Random Staff, Inmate, Inspectors, and Administration interviews indicated that no allegations were received that an inmate was abuse while confined at another facility.
- (b) 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 reports provided post-audit and reviewed by the auditor were sufficient to determine compliance with provision (b) of the standard.
- (c) The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours, establishing compliance with provision (c).
- (d) 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 3 allegations of sexual abuse were received from other facilities for investigation. Based upon the documentation of notifications, reviewed investigation provided and staff interviews, this auditor has determined that Carson City Correctional Facility is compliant with provision (d) of this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a) The PREA Manual- Response to Reported/Detected Sexual Abuse- First Responder Duties was reviewed and it indicates "Upon learning of an allegation that a prisoner was sexually abused, the first staff member to respond shall be required to take action as follows: Non-custody staff shall immediately notify his/her chain of command for a referral to the Inspector. The non-custody staff member shall also request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence. Custody staff shall:
- (1) Separate the alleged victim and abuser;
 - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable;
 - (3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

Additionally, the Michigan Department of Corrections Sexual Violence Response and Investigation Guide was provided and reviewed by this auditor.

Security and non-security staff first responders were interviewed during the on-site portion of the audit regarding the actions taken when responding to an allegation of sexual abuse. Staff reported that they separate the victim from the perpetrator, preserve and protect the crime scene, and request that the alleged victim and perpetrator do not take any actions that could destroy physical evidence. Investigation files reviewed indicate appropriate response to allegations.

Carson City Correctional Facility reports that 33 allegations were made reporting sexual abuse, 14 allegations resulted in security staff separating the alleged victim from the abuser, 3 allegations were made within a timeframe which allowed for evidence collection and the scene was preserved and protected, the victim and abuser were requested to not take any actions which could destroy physical evidence. In 19 of the cases, a non-security staff member was the first responder.

Inmates who reported sexual abuse were interviewed and those who reported the alleged abuse directly to a staff member report assistance from staff immediately. Inmates interviewed stated that the staff asked questions regarding the event, referred to medical and/or mental health, reassessed for risk, and regular retaliation monitoring began. The majority of inmates interviewed reported receiving an appropriate response to the alleged incident. This auditor finds that Carson Correctional Facility is compliant with provision (a) of the standard.

- (b) The PREA Manual, which was reviewed by this 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 3 non-security first responders during the audit period. This auditor finds that Carson City Correctional Facility is compliant with provision (b) of the standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a) As required by the agency's PREA Manual the Carson City Correctional facility has developed its own operating procedures for agency policy directive 03.03.140. The document titled Operating Procedure 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. In interviews, this auditor asked staff members about the facility's plan for a coordinated response to an incident of sexual abuse. The administrative staff stated that all incidents are handled in a coordinated manner, everyone has a role, and all coordination is coordinated by the inspector or PREA Coordinator. This auditor finds that Carson City Correctional Facility is compliant with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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 is consistent with the requirements 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 Employees 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. All agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. 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.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) This auditor review agency policy 03.03.140 and the PREA Manual, to determining compliance with provision (a) of the standard. These documents indicate 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. Based upon the available information, this auditor determined compliance with provision (a) of the standard.
- (b) At Carson City Correctional Facility, a variety of protective measures can be employed to protect inmate victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- Abusers (staff/inmate) would be removed from the facility
 - Housing assignments can be changed to increase staff monitoring of inmate victims measures to protect inmates victims

Through interviews with the agency head's designee, the PREA Administrator (Manager), 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 that the facility separates individuals involved in allegations. He stated the facility has multiple housing units of each security level, where the involved parties can be moved. He also stated that staff can be reassigned until investigations are complete. In addition to separating individuals, the Warden stated that mental health referrals can be made for supportive services, when necessary. If retaliation is observed or reported, an investigation would be initiated. Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (b), 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 and staff charged with retaliation monitoring confirm that if retaliation is observed or reported, it is referred for investigation.

- (c)** The facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed for documentation of retaliation monitoring. After reviewing the investigative files provided by Carson City Correctional Facility, this auditor concludes that when warranted, a 90 day monitor is assigned to each investigation. It is substantially evident that the facility monitors those who have alleged sexual abuse in compliance with provision (c) of the standards.

The PREA Coordinator at the facility indicates 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. The facility reported no incidents of retaliation in the past 12 months and is determined to be in compliance with provision (c) of the standard.

- (d)** The PREA Coordinator at the facility stated the ARUS is generally charged with retaliation monitoring. He stated in an interview 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 these activities and face-to-face meetings, consistent with provision (d) of the standard.

Investigatory files were reviewed and it was discovered that facility practice includes face-to-face contacts with applicable parties during the monitoring period. The facility monitors each individual on a weekly basis for a total of thirteen weeks. Documentation of monitoring was provided in pre-audit documentation and available for the investigatory file review, thereby providing evidence of compliance with provision (d) of this standard.

- (e)** 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.

- (f)** The PREA Manual specifies, reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded. This auditor has determined that Carson City Correctional Facility is in compliance with provision (f) of the standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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: A prisoner at high risk for sexual victimization or who has been the victim of sexual abuse shall not be placed in temporary segregation unless a review of all available alternatives has been made and there are no less restrictive means of separation from likely abusers. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed.

This auditor reviewed the PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. Two inmates in the past twelve months were held in involuntary segregated housing for one and eleven days awaiting release or a transfer to another facility. One inmate was placed in segregation due to the suspected abuser being a staff member and had allegedly received contraband from the staff member. In the second case, the decision to transfer the inmate was determined to be for protection and the least restrictive option. Interviews were conducted with the Warden's designee, staff who supervise inmates in segregated housing, and the PREA Coordinator regarding this standard. The Warden's designee reports that involuntary segregation for an alleged victim of sexual abuse is very rare, unless it is the only option to ensure the safety of the victim. The Warden's designee was adamant about only using

involuntary segregation for alleged victims and inmates at high risk for victimization as a last resort.

Staff members who supervise inmates in segregated housing report that the facility typically tries to keep inmates out of segregation. Staff interviewed report that programs, privileges, education, and work assignments are restricted for inmates in segregation. Inmates typically do not spend more than thirty days in segregation, but if they do, staff reports that reviews are done. This auditor reviewed OMNI reports that show placement dates for inmates placed in segregation which confirm that most inmates are placed in segregation for short time periods. No inmates were being housed for the purpose of protection from sexual victimization and who had alleged sexual abuse, during the on-site portion of this audit. This auditor finds that Carson City Correctional Facility is compliant with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) This auditor reviewed Policy Directive 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual. These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it shall be investigated. Staff shall ensure that all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation. Referrals to law enforcement shall be documented in conjunction with the Michigan Department of Corrections' (MDOC) administrative investigation. Referrals to law enforcement shall be documented in the MDOC's investigative report, PREA investigation worksheet, and pertinent computerized database entries. 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 entry for each alleged incident. Policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.

This auditor interviewed investigative staff, and reviewed the investigation procedure with the PREA Coordinator. When an allegation of sexual abuse or sexual harassment is made the staff respond immediately by ensuring the safety of the inmate or inmates involved, secure the scene, and then contact the supervisor.

Carson City Correctional Facility has 23 trained PREA Investigators. Once they are notified of an allegation they immediately begin an investigation by interviewing inmates and staff involved or with possible knowledge of the alleged incident and reviewing any relevant video surveillance. All reports of sexual abuse or harassment regardless of how reported are investigated thoroughly. This auditor reviewed 6 investigations provided with the pre-audit documentation and 40 investigation files while on-site and confirmed that all allegations are thoroughly investigated. If the investigation finds that a criminal act took place, a report will be made to the Michigan State Police. This auditor finds that Carson City Correctional Facility is compliant with provision (a) of the standard.

- (b) Policy Directive 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual indicate investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly and objectively. All PREA investigations shall be conducted in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual.

Michigan Department of Corrections Sexual Violence Response and Investigation Guide requires that *"All investigations shall be conducted promptly, thoroughly and objectively."*

Carson City Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has 23 current investigators on staff who completed the MDOC's Basic Investigator's Training course. All 23 investigators also completed the NIC Specialized Investigator's course.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department investigators receive basic investigators training from the Training Division as well as specialized training from the National Institute of Corrections (NIC) 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.

Interviews with facility investigators demonstrated knowledge of Miranda and Garrity warnings. They articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. Their knowledge was indicative that they understood the essentials of the training required under provision (b) of the standard.

- (c) MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. The Basic Investigator Training “Interview and Investigation Techniques and Fundamentals” manual was provided for review. A sampling of 40 random investigative files were selected for review during the on-site audit phase. The facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur and to substantiate elements of allegations that it could. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire. Agency policy prohibits the use of investigative questionnaires without an interview for PREA investigations, and following a review of 6 investigations prior to the audit and 40 investigations during the onsite audit, the auditor is satisfied that the Carson City Correctional Facility conducts interviews as required by provision (c) of the standard and is in substantial compliance with provision (c) of the standard.

Interviews with MDOC facility Investigators indicated that their investigations were limited to Administrative investigations. A review of the random sampling of investigations shows that cases are being referred for investigation to the Michigan State Police to conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation.

- (d) This auditor reviewed the Basic Investigator's training and the PREA Manual, which 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 multiple investigations were investigated by the Michigan State Police (MSP) and referred for prosecution appropriately. All investigators interviewed report that when there is evidence that a prosecutable crime may have taken place the MSP and prosecutor are contacted and all coordination of the investigation is maintained by the PREA Coordinator. This auditor finds that The Carson City Correctional Facility is compliant with provision (d) of this standard.
- (e) The MDOC 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. All allegations are investigated, regardless of prior unfounded allegations, or previous behavior of the alleged victim. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited, allowing this auditor to find Carson City Correctional Facility in compliance with provision (e).

(f) In accordance with the PREA Manual- *Department investigative reports shall include:*

- (1) An effort to determine whether staff actions or inaction contributed to the abuse;*
- (2) A description of the physical, forensic and testimonial evidence; (3) The reasoning behind credibility assessments; and,*
- (4) Investigative facts and findings.*

The outcome of the investigation shall be documented in pertinent computerized database entry (ies), including administrative findings and information related to the criminal investigation, including charges and disposition. The investigation shall be processed in accordance with applicable Manuals and Department policies.

The auditor finds compliance with provision (f) based on a review of 40 random facility investigations to include sexual harassment and sexual assault allegations. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

All investigations are done electronically in the AIM system. The AIM system prompts the investigator as to what needs to be included in the report such as description of evidence, interview summaries, video breakdowns, relevant documents such as questionnaires and face sheets, date/time/ and location of the alleged incident, investigative facts and findings. Investigative staff interviewed report that the consideration of staff actions or failure to act is all assessed. The investigators review the round reader reports, staff and inmate interviews, and video footage to evaluate if staff actions or failure to act may have contributed to the incident.

(g) According to interviews with the PREA Coordinator, 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. Interviews with investigative staff found that all criminal investigations are documented and include thorough descriptions of physical, testimonial, and documentary evidence. The facility provides MSP with a copy of all investigatory materials gathered by the facility's investigators and then MSP works in collaboration with the facility's investigators to complete the investigation. This auditor finds that the Carson City Correctional Facility is compliant with provision (g) of the standard.

(h) In accordance with the PREA Manual: *Criminal investigations shall be documented in a written report that contains a thorough description of physical, forensic, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Upon completion of the investigation and in accordance with policy, the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution. The assigned investigator shall remain informed about the progress of the criminal investigation and disposition. Documentation of such information shall be recorded in the Department investigative report, PREA investigation worksheet(s), pertinent computerized database entry(ies) and forwarded to the Office of Legal Affairs. Michigan Department of Corrections (MDOC) investigative files for allegations of sexual abuse and/or sexual*

harassment are available on-site for your review. Please be advised there is a very rigid protocol in regard to referring substantiated allegations of conduct that appear to be criminal as is required by PREA §115.71(h).

An MDOC memo dated 07/21/2016 was provided with pre-audit documentation and indicates: The MDOC does not refer cases directly to a prosecutor's office for prosecution. Such responsibility lies solely with the law enforcement agency investigating the criminal aspects of a particular allegation. The MDOC can only provide documentation indicating a substantiated allegation has been referred to the law enforcement agency who then bares the responsibility to refer criminal behavior for prosecution.

Through interviews with the PREA Coordinator, facility Inspectors (investigators) and a review of investigations, this auditor confirms that, 2 cases of substantiated allegations that appeared to be criminal and were investigated by Michigan State Police during the audit period were reviewed 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 has determined that Carson City Correctional Facility has sufficient procedures in place and has exercised those procedures to review allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

- (i) The MDOC PREA Manual: *All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.*

A random sampling of investigative reports were reviewed and staff members were interviewed regarding retention of documentation. Based upon the collected information, the facility has demonstrated compliance with this standard. This auditor finds that Carson City Correctional Facility is compliant with provision (i) of the standard.

- (j) 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. A review of facility investigations produced no evidence that investigations were terminated due to the departure of a victim or an abuser. Interviews with Carson City Correctional Facility investigators indicated that no investigations had been terminated due to the departure of the inmates involved in any of their investigations.

A sampling of investigations involving inmates that have transferred and or released were reviewed along with terminated staff member's investigations and were in compliance with this standard. Additionally, the PREA Manual specifies that: *The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that: (6) Prohibits referral to law enforcement and relevant licensing bodies, regardless of whether the staff member resigned.* Additionally, requires that: *A thorough investigation shall be completed even if:*

- (1) The alleged abuser departs from Department employment;*
- (2) The victim or perpetrator departs from the control of the facility; or*
- (3) The victim or perpetrator departs from control of the Department.*

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

(l) Interviews with the Warden, PREA Coordinator, PREA Administrator (Manager) and investigators support the fact that facility staff are required to comply with outside investigators. The facility Inspector is the responsible party for ensuring coordination with the MSP. A review of investigatory documentation revealed email correspondence between the facility and MSP to demonstrate that the facility attempted to remain informed of a rape kit's status relative to the investigation, allowing this auditor to find compliance with provision (l).

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) The PREA Manual indicates specifically in reference to Collective Bargaining: *The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that: (2) Imposes a standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated;*

Basic Investigator Training specifies: 1. Administrative-..., *Preponderance of the evidence (in theory 51%) is the general principle that is used administratively.*

The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. A review of investigation files indicates that the facility's standard of proof is the preponderance of the evidence for all administrative investigations. The standard of proof is to be a preponderance of the evidence for the Michigan State Police, who conduct the criminal investigations for Carson City Correctional Facility. Investigators could articulate their knowledge of the evidentiary standard in investigations during formal interviews conducted as part of the on-site audit. Through a review of investigations, there appears to be sufficient application of this standard to find compliance.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and includes the following direction: The Warden or Administrator shall ensure the victim is notified in writing of the final disposition of an investigation involving allegations of sexual abuse. The PREA Prisoner Notification of Sexual Abuse Investigative Findings and Action Form (CAJ-1021) shall be used for this purpose. The CAJ-1021 shall be retained as part of the investigative packet.

Additionally, the PREA Manual- Prisoner Notification Following an Investigation requires: *Following investigation of an allegation a prisoner suffered sexual abuse in a facility, the appropriate Warden or Administrator shall ensure the victim is notified in writing as to whether the allegation has been Substantiated/Sufficient Evidence, Unsubstantiated/Insufficient Evidence or Unfounded/No Evidence.*

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, Carson City Correctional facility provided sample documentation of 6 completed CAJ-1021 inmate notifications to demonstrate compliance with provision (a) of the standard. During the onsite portion of the audit, the audit team collectively reviewed facility investigations and found evidence that victims of sexual abuse were notified of investigatory outcomes in each case. This auditor has determined compliance with provision (a) of the standard.

- (b) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify.*

This auditor reviewed Agency Policy 03.03.140 and the PREA Manual, which 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 were multiple investigations completed by MSP during the review period and reports were forwarded to provide notifications consistent with provision (b) of the standard.

- (c) In accordance with Policy Directive 03.03.140 Prohibited Sexual Conduct Involving Prisoners: *For Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner, the facility shall subsequently inform the prisoner whenever:*

- (1) Any disciplinary action is taken. However, details of the discipline including the specific charges and sanctions shall not be provided;*
- (2) The staff member is no longer posted within the prisoner's unit;*
- (3) The staff member is no longer employed at the facility;*
- (4) The Department learns the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- (5) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

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 requires that notification of the factors enumerated in provision (c) of the standard are now provided for Substantiated/Sufficient Evidence and Insufficient Evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner. Based upon pre-audit documentation of samples, this auditor finds Carson City Correctional Facility to be in compliance with provision (c) of this standard.

(d) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *For allegations that a prisoner was sexually abused by another prisoner, the Department shall subsequently inform the alleged victim whenever:*

(6) The Department learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(7) The Department learns that the alleged abuser has been convicted on the charge related to sexual abuse within the facility.

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 in compliance with provision (d).

(e) A review of facility investigations yielded 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 to demonstrate compliance with provision (e) of the standard.

(f) 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.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) 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.

- (b) The staff sanctioning matrix was provided 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. Documentation of substantiated instances of sexual abuse within the audit period confirm agency practice. The facility reports that 2 staff members were terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. Based on policy provisions and samples provided, the facility demonstrates it is in compliance with provision (b) of the standard.
- (c) The PREA Manual and staff sanctioning matrix was provided 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. Samples of investigations and official actions issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies confirm agency practice with respect to provision (c) of the standard. Based on the review of all available evidence, the auditor determines compliance with provision (c).
- (d) 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 two substantiated allegations of sexual abuse or sexual harassment against a staff member. The staff members resigned or were terminated and the facility acted in accordance with agency policy and procedures which demonstrates facility practice with respect to provision (d) standard. Based upon a review of all available information, the auditor determines compliance with provision (d).

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) 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. The facility reports that there were no instances of contractors or volunteers being reported to law enforcement for engaging in sexual abuse of inmates. Based upon policy provisions, the auditor determines compliance with provision (a).
- (b) 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.

Michigan Department of Corrections Memorandum- "Investigation of Contractual Employees" outlines additional checks and balances to manage Contractual employee investigations.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents 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.
- (b) 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.

Interviews with the Facility Supervisor, and Sergeants indicated that the facility would relocate the alleged perpetrator pending the outcome of the investigation.

Reports from the facility indicate that in the preceding 12 months, 14 cases have had administrative findings of inmate-on-inmate sexual abuse and no criminal findings of guilt for inmate-on-inmate sexual abuse. PREA Analyst, PREA Coordinator, and Administration indicated knowledge that this requirement must be met when an allegation occurs.

- (c) The auditor reviewed agency policy 03.03.105, and the PREA Manual which established 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.
- (d) The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse in considering placing offending inmates into such programs.

- (e) Agency policy 03.03.140, was reviewed by the auditor, which dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation. In accordance with MCL 750.520c prisoners are unable to consent to sexual contact with MDOC employees, volunteers, or contractors. Therefore, a prisoner may be disciplined for sexual contact with MDOC employees, volunteers, or contractors only after it is determined the employee, volunteer or contractor did not consent to the contact. Administration indicated that there have not been any inmate-on-staff sexual assaults during the last 12 months. Thus no discipline has been issued regarding this standard. The PREA Auditor and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.
- (f) 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. Documentation of misconducts provide evidence that inmates incur misconducts if the investigation concludes that the inmate was intentionally interfering with the administration of facility rules.

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).

- (g) 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).

Random Staff, Inmate, PREA Coordinator, Inspectors, and Administration interviews indicated that there have not been any consensual sexual encounters at the facility that have been reported, observed, or disciplined.

PREA Auditor and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) Carson City Correctional Facility (DRF) Operating Procedure 03.03.140 section I. indicates that prisoners who disclose previous sexual victimization or perpetration during the Risk Assessment will be referred to Health Care and Mental Health for follow-up. As per the Michigan Department of Corrections PREA Manual if the risk assessment reveals that a prisoner has previously perpetrated or been a victim of sexual abuse in an institutional setting a follow up will be done by a medical or mental health practitioner within fourteen calendar days of the intake screening. The pre-audit documentation included a PREA Intake Screening Tracker to monitor ongoing compliance with this standard.
- (b) Policy Directive 03.04.100 Health Services, section T. states that fourteen days after arrival at reception facility a comprehensive medical and physical examination will be completed by a medical provider, a comprehensive health appraisal including a psychological screening will be conducted, and a comprehensive assessment shall be conducted to determine history of sexual abuse or history of being a perpetrator of sexual abuse. Policy Directive 04.06.180 Mental Health Services section F. and H. state that qualified mental health professionals will be available to provide services in a timely manner. Documentation provided indicates that all inmates who have reportedly perpetrated sexual abuse were offered follow up meetings with mental health practitioners.
- (c) Policy Directive 04.01.105, Reception Facility Services section KK. states that any prisoner identified as having a history of physical or sexual abuse or who poses a reasonable concern that he/she may be a victim of sexual abuse during incarceration shall be referred to psychological services.
- (d) 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 site review 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.

Carson City Correctional Facility provided documentation that all PREA Risk Assessments, and Reviews are being stored electronically and only retroactively accessible to the authorized staff members. Screenshots of the electronic system were provided as well as the scanned Risk Assessments that are being stored.

- (e) The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. Michigan Department of Corrections PREA Manual states that any information related to sexual victimization or abusiveness that occurred

in an institutional setting shall be strictly limited to medical and mental health practitioners and other designated staff as necessary to inform treatment plans and security and management decisions. Michigan Department of Corrections PREA Manual states that medical and mental health care staff shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting. Section T. states that any allegations of alleged victims under the age of 18 or considered a vulnerable adult under statute will be reported to the PREA Manager. Interviews conducted with the Health Unit Manager and medical and mental health staff confirm that informed consent is obtained before reporting about prior sexual victimization that did not occur in an institutional setting. The Carson City Correctional Facility does not house inmates under the age of 18 therefore they do not have a separate informed consent process for inmates under the age of 18. This auditor finds that Carson City Correctional Facility is compliant with provision (e) of the standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

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

Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a) 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 members 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.

Random Staff, Administration, and Medical Contractors interviews indicated that if any offender has a medical or mental health emergency they are transported to the local emergency room.

- (b) As per the Michigan Department of Corrections PREA Manual first responder duties are to separate the victim from the abuser, preserve and protect the crime scene. First responders interviewed reported that they separate the victim and abuser, preserve and protect the crime scene and any physical evidence, and immediately notify medical and mental health practitioners. This auditor finds that Carson City Correctional Facility is compliant with provision (b) of the standard.

(c) Based on the review of the PREA Manual, Operating procedure 03.04.100H, investigations and evidence of access to sexually transmitted infection prophylaxis where clinically appropriate, the auditor is satisfied that the Carson City Correctional Facility is in substantial compliance with provision (c) of the standard.

(d) 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.

Staff interviews verified the medical services provided regardless of cooperation with the investigation. Based on policy provisions, the auditor determines compliance with provision (d) of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

- (a)** Policy Directive 03.04.100 Health Services sections UU. and VV. facilities shall offer medical and mental health care to prisoner who have been victimized by sexual abuse. Operating Procedure 03.04.100H Health Care Management of Reported Sexual Assaults policy states that all prisoners who have allegedly been sexually assaulted shall receive prompt medical and mental

health care. Policy Directive 04.06.180 Mental Health Services sections F. and H. state that qualified mental health professionals will be made available for crisis intervention.

Examples of referrals to health care and mental health were provided to this auditor for review. Based upon a review of all available evidence, a determination of compliance was made by this auditor for provision (a) of this standard.

- (b)** All inmates who have been victimized by sexual abuse are offered a medical and mental health evaluation. Follow-up services, treatment plans, and referrals are provided as needed. If the inmate is transferred follow up continues and is monitored by the facility's PREA Coordinator. As per the Health Unit Manager inmate victims of sexual abuse are offered tests and prophylaxis for sexually transmitted diseases free of charge. The Health Unit Manager noted that often times if the inmate is sent to the hospital these tests and medications are done while at the hospital. Medical and mental health services offered are consistent with those in the community.
- (c)** The PREA Manual states that the facility shall offer medical and mental health evaluations and as appropriate, treatment that is necessary and consistent with the community level of care to prisoners who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This includes follow-up services, treatment plans, and when necessary referrals. The PREA Coordinator, and other staff members confirmed through interviews that medical and mental health evaluations followed by appropriate treatment is provided to all alleged victims of sexual abuse and those services are consistent with the community level of care.
- (d)** 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. Carson City Correctional Facility 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.
- (e)** 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. Carson City Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.
- (f)** 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 sampling of documentation verifying prisoner's testing for Sexually Transmitted Diseases was provided to this auditor for review.

- (g)** 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.

- (h) The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuse, 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. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?
 Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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.

- (a) 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 at the Carson City Correctional Facility determined to be unsubstantiated, a sexual abuse incident review was completed for most sampled investigative files to demonstrate substantial compliance with provision (a) of the standard.
- (b) Through review of investigative reports and incident review documentation showing incident reviews within 30 days of the conclusion of the investigation as per the PREA Manual, the Carson City Correctional Facility has demonstrated compliance with provision (b) of the standard.

(c) In sampled incident reviews, the auditor notes that the facility did involve upper-level managers, generally including the Warden, Deputy Warden and Warden's assistant. A mental health manager was part of some of the reviews. Interviews with the Warden and facility PREA Coordinator (Manager) confirm that upper level managers are part of the review team and input from all staff members is considered, to include line, medical and mental health staff members. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.

(d) Agency form CAJ-1025 utilized for incident reviews, which was reviewed by the auditor, incorporates 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. The six factors considered are: whether the allegation or investigation indicates a need to change policy or practice to prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status, gang affiliation, or any other group dynamic at the facility; were there physical barriers in the area where the alleged incident occurred which may have enabled the abuse; assessment of staffing levels to check for adequacy; and assessment of monitoring technology.

Interviews with the Warden and facility PREA Coordinator confirms that Carson City Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process and recommendation would be considered for implementation. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

(e) The auditor reviewed the agency PREA Manual and samples of incident reviews conducted by the facility. The Carson City Correctional Facility conducted 12 incident reviews in the 12 months preceding the audit. Based on policy provision, example documentation and interviews with staff members, the auditor determines compliance with provision (e) of the standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

(a) The PREA Manual states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident 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.

(b) 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 exists for 2014, 2015, 2016 and 2017.

(c) The agency's annual PREA statistical reports for 2014 through 2017 and its surveys of sexual violence for 2013 through 2017 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.

(d) 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.

A review of the agency's annual PREA statistics for 2017 and the Survey of Sexual Violence 2017 confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence. According to interviews with the agency PREA Administrator and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.

In addition to the agency investigation database, each sexual abuse incident review is sent to the agency PREA Administrator for review and data collection.

The agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect from these facilities.

(e) During the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. These contracts were not reported under 115.12, nor were the facilities' incident based and aggregate data included in its 2017 annual report; despite the fact that the contracted entities were under contract in 2017.

During the evaluation of 115.12, it was determined that there is insufficient evidence that the agency completes contract monitoring required by 115.12. Without established contract monitoring, it also appears that the agency does not have documented evidence of collecting data required by 115.87(e); evidenced by the exclusion of such data in its 2017 annual report. Based upon the absence of evidence of data collection for each of its contracted entities; there is insufficient evidence to support compliance with provision (e) of the standard.

Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture incident based and aggregate data for its contracted facilities.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been

established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

(f) 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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 prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2017 report identified its efforts to continue training Department investigators, the inmate population and expand reporting options for third parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with an intent to continue this activity until all agency facilities have been audited.

The agency's 2015 annual PREA report compares data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The 2015 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress.

The agency head's designee confirmed during an interview that the Director approves the agency's annual PREA report prior to publication on the agency website and provided policy 01.01.101 relative to Director's approval. The agency does not redact information from its annual report.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Exceeds Standard (*Substantially exceeds requirement of standards*)

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 noncompliance 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.

(a) The PREA Manual specifies that data must be security retained. An interview with the agency PREA Administrator confirms that only he has access to the agency's overall data pool for PREA information. There are a limited number of upper agency administrators above the PREA Administrator who have access to the agency investigative database. These procedures are consistent with provision (a) of the standard.

(b) As noted under 115.87(e), the agency contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The facilities' aggregate data was not included in the agency's 2017 annual report; despite the fact that the contracted entities were under contract in 2017. Absent evidence that the agency collects and publishes aggregate data for its contracted facilities; the audit team does not find compliance with provision (b) of the standard.

Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture aggregate data for its contracted facilities, which is subsequently published within its annual report.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC's annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

(c) The agency's reports that are published on the agency website do not contain personally identifying information, consistent with provision (c) of the standard.

(d) 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 encompass the 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).

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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 made a commitment to PREA compliance in 2014. The agency entered into a circular auditing 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. Through this consortium, all of the agency's facilities will be audited prior to the conclusion of the second audit cycle on August 19, 2019.

The Carson City Correctional Facility was very accommodating during the audit and provided access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) and (m) of the standard. The auditor was provided copies of all documents requested to demonstrate compliance with provision (i) of the standard. The auditor was able to conduct private interviews with staff, inmates, residents, and detainees.

Confidential information from inmates was received for review by this auditor to demonstrate compliance with provision (n) of the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 noncompliance 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 auditor did access the public website and noted that there are 15 Audits posted from 2015-2017 and the 2017 PREA Yearly Report. The reports are located at <http://www.mdoc.ms.gov/Divisions/Pages/PREA-Audit-Reports.aspx>

To date, the agency has demonstrated that it is willing to publish all audit reports on its public website. At the time of this audit, the agency had published all previous audit reports to its website.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Rene Adams-Kinzel

11/14/19

Auditor Signature

Date