

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

Interim Final

Date of Report June 18, 2020

Auditor Information

Name: Kendra Prisk Email: Kendra@preaauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: 14506 Lakeside View Way City, State, Zip: Cypress, TX 77429

Telephone: 713-818-9098 Date of Facility Visit: March 11-13, 2020

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: 206 E. Michigan Avenue City, State, Zip: Lansing, MI 48933

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: http://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html

Agency Chief Executive Officer

Name: Heidi Washington

Email: WashingtonM6@michigan.gov Telephone: 517-335-1426

Agency-Wide PREA Coordinator

Name: Charles Carlson

Email: CarlsonC2@michigan.gov Telephone: 517-230-1464

PREA Coordinator Reports to: Julie Hamp, State Administrative Manager Number of Compliance Managers who report to the PREA Coordinator: 30

Facility Information

Name of Facility: Oaks Correctional Facility

Physical Address: 1500 Caberfae Highway City, State, Zip: Manistee, MI 49660

Mailing Address (if different from above): City, State, Zip:

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Prison Jail

Facility Website with PREA Information: http://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ACA
 NCCHC
 CALEA
 Other (please name or describe):
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Les Parish

Email: ParishL@michigan.gov Telephone: 231-723-8272

Facility PREA Compliance Manager

Name: Terry Mackay

Email: MackayT@michigan.gov Telephone: 231-723-8272

Facility Health Service Administrator

Name: Nicki Monroe

Email: MonroeN@michigan.gov Telephone: 231-723-8272

Facility Characteristics

Designated Facility Capacity:	1,108
Current Population of Facility:	1,041
Average daily population for the past 12 months:	1,053
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	20-79
Average length of stay or time under supervision:	0-3 Years
Facility security levels/inmate custody levels:	Secure Level II-IV
Number of inmates admitted to facility during the past 12 months:	763
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	762
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	720
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	315
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	22
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	28

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	57
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	37
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	12
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	5
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	96
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	28
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for Oaks Correctional Facility, Michigan Department of Corrections (MDOC), in Manistee, Michigan was conducted on March 11-13, 2020 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The auditor had one support staff member assist with the audit, Ms. Kellie Eberlein.

The previous PREA audit was conducted by PREA auditor Thomas E. Greishaw on May 22-23, 2019. The previous auditor conducted the audit with one exceeds standard and 44 met standards.

Prior to the on-site audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received two emailed photos on January 28, 2020 confirming that the PREA audit announcement was posted. The photos evidenced the announcement posted in bright neon orange at the front door of the institution and in an inmate housing unit. The auditor received six letters from inmates at Oaks CF prior to the onsite portion of the audit. The correspondence topics varied but most were from inmates who did not agree with how their investigation was handled or had questions or comments about their investigation. One inmate did indicate he filed an allegation with the Warden and that information was provided to the facility to ensure the allegation was reported and forwarded for investigation.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (1,041) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates selected for the targeted interviews were selected across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listing depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	21
Total Inmates Interviewed	41
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	8
• Inmates who are LEP	0
• Inmates with a Cognitive Disability	4
• Inmates who Identify as Lesbian, Gay or Bisexual	0
• Inmates who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	3
• Inmates who Reported Sexual Victimization During Screening	3

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected across varying factors, when possible. Staff from all shifts were interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* supplemented by the *Interview Guide for Specialized Staff*. The table following the staff listing depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches, if any
 - Administrative (Human Resources) staff
 - SAFE and/or SANE staff

- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	22
Total Staff Interviews	34
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resources Staff	1
• Volunteers and Contractors	2
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	2
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Charles Carlson (Agency Head Designee)
- Mr. Les Parish (Warden)
- Mr. Charles Carlson (PREA Coordinator “PC”ⁱⁱⁱ)
- Mrs. Terry Mackay (PREA Compliance Manager “CM”^{iv})

The on-site portion of the audit was conducted from March 11, 2020 through March 13, 2020. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor reviewed documentation and selected inmates and staff for interviews as well as identified all documentation needed for review. A tour of the facility was conducted on March 11, 2020 and began at 10:00am. The tour including all areas associated with Oaks Correctional Facility, to include, all housing units (1-7), the support services building (cafeteria, kitchen, receiving, medical, mental health and dental), the education building (classrooms, multipurpose rooms and a library) and the warehouse. During the tour the auditor was cognizant of staffing levels, monitoring device placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to numerous staff and inmates informally about PREA and the facility in general. The tour was completed at 1:30pm.

Interviews were conducted on March 12, 2020 and March 13, 2020. During the audit the auditor requested personnel and training documents of staff and inmates, as well as medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 315 staff assigned. The auditor reviewed a random sample of 40 personnel and training records that included 22 individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for four contractors as well as training files for five volunteers who have contact with inmates were reviewed. Personnel and training files were selected for those staff and contractors that the auditor conducted random interviews with and as such the files selected were an unbiased random sample.

Inmate Files. On the first day of the onsite phase of the audit, the inmate population was 1,041. A total of 32 inmate records were reviewed. The records reviewed were of inmates selected to be interviewed via the targeted and random inmate selection.

Medical and Mental Health Records. During the past year, there were 25 inmates that reported sexual abuse at the facility. The auditor reviewed a sample of twelve inmate victims medical and mental health files. Additionally, thirteen mental health files were reviewed for inmates who reported prior victimization during the risk screening.

Grievances. The auditor reviewed the facility’s allegations log and identified eleven total PREA grievances. Of the eleven only two were sexual abuse allegations and were filed utilizing the PREA grievance form. The remainder were sexual harassment and not filed using the PREA sexual abuse grievance process. The auditor reviewed the two PREA grievances and three additional sexual harassment emergency grievances. It should be noted that the facility has a separate grievance process for PREA allegations and as such any written request is referred to as a grievance. These do not meet the definition of a grievance but rather written information. The two PREA grievances and the three emergency grievances identified were those that met the spirit of standard 115.52.

Hotline Calls. The facility received four PREA hotline calls within the previous twelve months. The auditor reviewed the hotline call log to verify no additional calls were made related to PREA allegations.

Incident Reports. Incident reports are not written for every allegation. The auditor reviewed all written information to include emails and reports for fourteen allegations.

Investigation Files. Facility investigators complete an investigation for all sexual abuse and sexual harassment allegations. During the previous twelve months, there were 90 allegations reported at the facility. Of the 90, all had an administrative investigation completed by the facility and 20 were referred to the Michigan State Police (MSP) for criminal investigation. At the time of the audit all facility investigations were complete. The auditor reviewed a sample of fourteen investigations (twelve sexual abuse allegations and two sexual harassment allegations) to determine compliance with PREA standards. The below table depicts the allegations and the investigative outcomes.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	1	12	1
Unsubstantiated	10	6	0	46
Unfounded	0	8	0	6
Total Allegations	10	15	12	53

Facility Characteristics

Oaks Correctional Facility is a state prison under the authority of the Michigan Department of Corrections, located at 1500 Caberfae Highway, in Manistee, Michigan. Oaks Correctional Facility (Oaks CF) opened in 1992 and is located on approximately 76 acres. Oaks CF is located in Manistee, Michigan which sits on the northern section of Lake Michigan. Manistee is located approximately an hour south of Traverse City, Michigan and approximately four hours northwest of Detroit, Michigan. Oaks CF houses Level II through Level IV inmates. The facility is home to the START program, which is an alternative to segregation that allows inmates with serious mental illnesses to be placed in the unit in lieu of segregation. Inmates in the START program receive programming and other structured and unstructured out of cell activities based on their positive adjustments with the goal of reintegrating them into general population. The facility also has a specialized unit that houses inmates that have protection needs that cannot be met in a traditional general population setting but do not require segregation. The facility comprises twelve buildings. Ten are found within the secure perimeter and two are outside of the perimeter.

Within the secure perimeter are all housing units, a support services building (which comprises a cafeteria, a kitchen, receiving, medical, mental health, dental and numerous staff offices), an education building (which comprises a library, a multipurpose room, numerous classrooms and numerous offices) and the administration building (which comprises the control bubble, visitation, the mail room, records, training, the Warden's office, Michigan State Police's office and numerous other staff offices). The entrance to the facility is through the administrative building. This is a two-story building where both staff and visitors enter. Visitation is found in the administrative building and contains both contact and no contact visitation. The search area for visitation is found in a separate room with a small window. Visitation is conducted six days a week. The visitation area is equipped with cameras and PREA posters. The entrance to the compound is found directly after passing through the control bubble area. The facility is shaped in a large rectangle with housing units 6 and 7 separated from the rest of the compound via cross fencing. Upon exiting the administration building, housing unit 1 is directly south. Housing units 2 through 5 as well as the education building and the support services building continue in an upside down "U" shape. Housing units 1 through 3 have their own individual recreation yards, while housing units 4 and 5 have recreational enclosures. These enclosures can accommodate one or two inmates at a time and can

be secured. Northwest of housing unit 5 is the education building. This building is one story and contains the cafeteria, kitchen, receiving, medical, mental health, dental, numerous office and numerous storage spaces. The cafeteria is a large open area with tables, chairs and a blind serving line. The kitchen is north of the cafeteria and contains all necessary materials to feed over 1,000 inmates three meals a day. This includes a dish wash area, a tray assembly area, freezers, refrigerators, food preparation areas and numerous storage areas. Both the cafeteria and kitchen are equipped with cameras. The inmate restroom in this area contains privacy film on the door as well as privacy barriers for the toilets. Receiving is located north of the kitchen and is accessible via large garage doors. The restrooms area provides privacy for inmates and the search area also provides privacy from staff of the opposite gender. The medical area contains numerous exam rooms. Each room is equipped with a solid door with a small window for safety. The bathroom area has a solid door with blinds that provide privacy over the small window. Routine medical services are provided on-site while serious issues and emergencies require the inmate to be transported to the local hospital. The support services building is next to the education building (northwest). This building is two-stories with only the upper multipurpose room being authorized for inmate use on the second floor. The first floor contains the multipurpose room, property, the library, numerous classrooms and staff offices. The multipurpose room is utilized for indoor recreation as well as for programs and religious services. The restroom in the building is a large area with saloon style doors for privacy. The building is equipped with cameras as well as reflective mirrors. PREA information is posted on bulletin boards that are visible to all inmates. The facility offers a wide variety of programs to include violence prevention, blood borne pathogens, prisoner observation aid training, alcoholics anonymous, thinking for a change, cage your rage, anger management, life skills, leader dogs for the blind, etc. Additionally, the facility offers education through adult basic education, general education development and special education. The remaining housing units (6 and 7) are accessible via gates in the cross-fencing northeast of the support services and education building. In addition to the housing units, this area of the compound has a large outdoor recreational area. This recreation area includes a baseball field, a volleyball court, a basketball court and a weight area.

Outside of the secure perimeter is the warehouse and a storage building. Inmates with gate passes are authorized to work in the warehouse, however at the time of the audit no inmates with authorized gate passes were at Oaks CF. The warehouse building is utilized for storage but also houses maintenance and all the material to provide general upkeep of the facility. The storage building was a smaller separate building that also houses materials for maintenance and the warehouse.

The total capacity of the facility is 1,108. On the first day of the audit the population at the facility was 1,041. The facility houses adult male inmates. The age range of the facility's population is 20-79 years of age. The facility houses inmates with custody levels of Secure II through IV. The average length of stay for inmates at the facility is from zero to three years.

The facility comprises seven housing units, also referred to as blocks. The blocks are labeled 1 through 7. Housing units comprise general population inmates, protective segregation inmates, segregation inmates and mental health inmates. Inmates range from Level II custody to Level IV. A breakdown of the blocks and the inmate population that make up each block is found below. All seven dorms are multiple occupancy cells that range in population from 98 to 192.

Housing units 1 through 7 have the same physical plant design with a few modifications in units 3, 4 and 5 due the inmate population. All units are a "V" shape. The bottom of the V is where the officer's station is located as well as unit staff offices, the laundry room and the dayrooms. Each unit has two wings, an A and B side. Both wings contain two floors, a top and a bottom that are connected by a small staircase. Each cell contains bunk beds, a sink, a toilet, a desk, a chair and lockers for storage. The cell door is solid with a window. The window has an additional metal flap attached in order to provide additional privacy. Each floor of each wing contains two common showers. The showers are equipped with curtains for privacy. In addition to the cells, each housing unit contains a laundry space with washers and dryers and three dayrooms. The dayrooms are multipurpose and can be utilized for activities, programming and if applicable based on the population type, eating meals. All housing units have signs on the doors indicating that opposite gender staff are required to knock, announce and wait ten seconds before entering the unit. Additionally, bulletin boards in all housing units had PREA reporting information,

advocacy numbers and the PREA hotline number posted. All housing units were equipped with cameras and had mirrors covering blind spots.

While all the housing units are constructed the same, the use of the physical plant varies based on population type. In housing unit 3, one side of the unit (A side) is single bunked and is utilized as a step down from the mental health units. Cells on A side contain the same set up, but without a bunk bed. A side of the housing unit eats in the dorm while the B side goes to the cafeteria.

Units 4 and 5 differ from the others in that they have two suicide observation rooms located in front of the officer's station on each wing. Additionally, due to the type of population the units are equipped with medical examination rooms and programming rooms with physical restraint chairs. The showers in these units are also different in that they are single showers with a door and a cover for the cuff port of the door.

All housing units have PREA reporting information posted in English and Spanish. The auditor tested the phones in two housing units and reached both the hotline and the advocacy center. Video technology is found throughout the facility to include in each housing unit and in common areas.

Unit	Capacity	Style	Inmate Population
1	192	Multiple Occupancy	Specialized Housing Level IV/Protective Segregation
2	192	Multiple Occupancy	General Population Level IV
3	144	Multiple Occupancy	General Population Level IV/Mental Health (START Program)
4	98	Multiple Occupancy	General Population Level IV/Mental Health (START Program)
5	98	Multiple Occupancy	Segregation
6	192	Multiple Occupancy	General Population Level II/Leader Dog Program
7	192	Multiple Occupancy	General Population Level II/Leader Dog Program

The facility employs 315 staff members. Staff make up three shifts; first shift works from 6:00am-2:00pm, second shift works from 2:00pm-10:00pm, and third shift works from 10:00pm-6:00am. The 6:00am-2:00pm and the 2:00pm-10:00pm shifts have a Captain, two Lieutenants and four or five Sergeants that serve as supervisors. The 10:00pm-6:00am shift has two Lieutenants and three Sergeants that serve as supervisors. The number of minimum staffing is dependent upon the custody level of the housing unit. Unit 1, 6 and 7 require two unit officers, units 2 and 3 require three unit officers and units 4 and 5 require four unit officers. Additional officers are assigned to other areas to include; the yard, food service, education, medical, visitation, the control bubble, etc. The facility employs 57 contractors that can provide services across all MDOC facilities. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 37 volunteers that provide services to the inmates.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.11 & 115.31

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

PREVENTION PLANNING

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. Prison Rape Elimination Act (PREA) Manual
4. Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a PREA Policy: PD 03.03.140 and numerous other policies and procedures that supplement to include the PREA Manual. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address "Preventing" sexual abuse and sexual harassment through the designation of a PC, a CM at each facility, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "Detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "Responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position (also known as PREA Manager) is an upper-level position and is agency-wide. In addition to the PREA Coordinator, the MDOC employs PREA Analysts, that assist with ensuring facility and agency PREA compliance. The PREA Analysts are responsible for a region of the state and conduct site visits and review facility documentation. They forward any issues or concerns to the PREA Coordinator to address. The PC was interviewed and he reported that he has enough time to manage his PREA responsibilities. He indicated that he has 30 Compliance Managers that report to him and that he provides direction through email, training materials, annual trainings and through the regional analysts. During the site review, the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.

115.11 (c): The facility has a staff member responsible for ensuring PREA compliance. The facility's organizational chart confirms that this staff member is the facility investigator. The interview with the Compliance Manager indicates she has enough time to coordinate the facility's PREA responsibilities. She indicated that she spends anywhere from four to eight hours a day on PREA.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and has a PREA Compliance Manager as verified through the facility organizational chart. Additionally, the agency employs PREA Analysts to assist on both levels with PREA compliance. Based on the review of the PAQ and related documents, PREA implementation appears to exceed the standard under the PC, CM and PREA Analysts. The preparedness for the audit, the absence of any additional job duties for the PC, the addition of the PREA Analyst positions, the numerous policies and overall incorporation of institutionalized sexual safety practices demonstrates the agency and facilities continue to place the appropriate emphasis and resources on eliminating sexual abuse and sexual harassment. Additionally, the PC, CM and PREA Analysts have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

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.) Yes No NA

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*)

Documents:

1. Pre-Audit Questionnaire
2. Agency Contracts

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency contracts with three Sheriff's Offices for the confinement of inmates. A review of the three Sheriff's Office contracts indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115. The interview with the Contract Administrator indicated that the agency has a contracts compliance division and that they are responsible for ensuring all contracts meet required specifications. The interview indicated that all contracts have language that requires them to comply with PREA and to complete an audit every three years as outlined by the federal rule. The interview revealed that the division completes site visits and they verify that contract requirements are met through these visits. As of the date of the interview (April 8, 2020) all current contracts are in compliance.

115.12 (b): The agency contracts with three Sheriff's Offices for the confinement of inmates. A review of the three Sheriff's Office contracts indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115. The interview with the Contract Administrator indicated that the agency has a contracts compliance division and that they are responsible for ensuring all contracts meet required specifications. The interview indicated that all contracts have language that requires them to comply with PREA and to complete an audit every three years as outlined by the federal rule. The interview revealed that the division completes site visits and they verify that contract requirements are met through these site visits. As of the date of the interview (April 8, 2020) all current contracts are in compliance.

Based on the review of the PAQ, agency contracts and the interview with the Contract Administrator, this standard appears to be compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 04.04.100
3. Prison Rape Elimination Act (PREA) Manual
4. Oaks Correctional Facility Staffing Plan
5. Memo Related to Deviations
6. PREA Annual Staffing Plan Review – CAJ-1027
7. Log of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Adequate Staffing Levels Throughout the Facility
2. Cameras and Mirrors Utilized for Monitoring and Blind Spot Coverage

Findings (By Provision):

115.13 (a): The PREA Manual, pages 20 and 21 indicate that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with the staffing plan. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off an average daily population of 1,053. Staff make up three shifts; first shift works from 6:00am-2:00pm, second shift works from 2:00pm-10:00pm, and third shift works from 10:00pm-6:00am. The 6:00am-2:00pm and the 2:00pm-10:00pm shifts have a Captain, two Lieutenants and four or five Sergeants that serve as supervisors. The 10:00pm-6:00am shift has two Lieutenants and three Sergeants that serve as supervisors. The number of minimum staffing is dependent upon the custody level of the housing unit. Units 1, 6 and 7 require two unit officers, units 2 and 3 require three unit officers and units 4 and 5 requires four unit officers. Additional officers are assigned to other areas to include; the yard, food service, education, medical, visitation, the control bubble, etc. The interview with the Warden confirmed that the facility has a staffing plan and that they look at the required factors to include the physical layout, the population, blind spots, incidents of sexual abuse and findings of inadequacy. He indicated that if there are any discrepancies they would make recommendations to improve the plan. He also indicated that they would look at other facility issues and court cases to determine if any changes are needed at Oaks CF in order to prevent any issues from occurring. The CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they take into consideration the required factors. The CM indicated that any discrepancies, violations or recommendations are reviewed and that if they feel it necessary they can make any changes or corrections to the plan.

115.13 (b): The facility indicated on the PAQ and via a memo from the CM that deviations from the staffing plan had occurred and indicated these occurrences were due to medical emergencies, critical incidents, sick leave and transportation runs. The memo indicated that at no time would Oaks CF ever go under the minimum staffing requirements for housing units or other essential assignments. The PREA Manual, page 21 indicated that all deviations from the staffing plan are required to be documented with justification for the deviations. A review of a sample of 20 daily reconciliation reports indicated that deviations are documented. The interview with the Warden indicated that all deviations are documented on the daily reconciliation report. He indicated that the report would include reasons or justifications for why activities or posts were cancelled or closed.

115.13 (c): The most recent staffing plan was reviewed on January 30, 2020. The plan is reviewed via the CAJ-1027. The plan was reviewed to assess, determine and document whether any adjustments were needed and if any additional resources were needed and available to commit to ensuring adherence to the staffing plan. The PREA Manual, page 21, describes the required annual review. A review of prior staffing plan reviews indicated that a review was completed in January 2019, January 2018 and January 2017. The PC confirmed in the interview that staffing reviews are completed annually. He indicated that when they are updated each year, that PREA is a component that is considered. He confirmed that he reviews the plans and signs off on them if they are adequate.

115.13 (d): PD 04.04.100, pages 6 and 7, indicate that rounds are required monthly by the Warden, weekly by the Assistant Warden and daily by the Shift Commander. Additionally, policy prohibits staff from alerting other staff members that unannounced supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility. Interviews conducted with intermediate/higher level staff indicated that they conduct daily unannounced rounds and that it is documented via the round reader system (electronic). A review of the PAQ supplemental documentation as well as a review on-site of three days of unannounced rounds on all three shifts indicated that rounds

were conducted daily by Shift Commanders in all instances. During the interviews, staff indicated that they deviate their times and locations to ensure staff do not alert others of the rounds.

Based on a review of the PAQ, the PREA Manual, PD 04.04.100, Oaks CF Staffing Plan, CAJ-1027, the memo from the CM, documentation of unannounced rounds, observations made during the tour and interviews with Shift Commanders, the PC, the CM and the Warden, this standard appears to be compliant.

Standard 115.14: Youthful inmates

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*)

Documents:

1. Pre-Audit Questionnaire

2. Memorandum

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ as well as the memo from the PREA Analyst indicated that Oaks CF does not house inmates under the age of 18. While the agency does house youthful inmates, Oaks CF does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

115.14 (b): The PAQ as well as the memo from the PREA Analyst indicated that Oaks CF does not house inmates under the age of 18. While the agency does house youthful inmates, Oaks CF does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

115.14 (c): The PAQ as well as the memo from the PREA Analyst indicated that Oaks CF does not house inmates under the age of 18. While the agency does house youthful inmates, Oaks CF does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

Based on a review of the PAQ, the memo from the PREA Analyst, observations made during the tour and information from interviews with the Warden and CM, this standard appears to be non-applicable and as such, compliant.

Standard 115.15: Limits to cross-gender viewing and searches

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. Policy Directive (PD) 04.04.110

4. Policy Directive (PD) 04.06.184
5. Prison Rape Elimination Act (PREA) Manual
6. Personal Searches: The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public Instructors' Module
7. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Adequate Privacy
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): PD 04.04.110, pages 6 and 8, indicate that body cavity searches are to be conducted by medical staff and only in the presence of staff of the same sex as the prisoner. Additionally, it states that strip searches shall be conducted only by employees of the same sex as the prisoner being searched, except in an emergency situation. The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches.

115.15 (b): The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

115.15 (c): PD 04.04.110, pages 6 and 8 requires staff to document all cross-gender strip searches and cross gender visual body cavity searches via the CAJ-289 form prior to the end of the shift that the search took place. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

115.15 (d): The PREA Manual, page 15 indicates that the Warden shall ensure the facility's physical layout enables prisoners to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing the prisoner's breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. PD 03.03.140, page 2, indicates that female staff must announce their presence each time they enter a prisoners housing unit. Female staff will knock on the most interior door and announce in a loud clear voice "female in the area" and wait ten second before entering the unit. Interviews with random inmates and interviews with random staff indicated that inmates have privacy while showering, using the restroom and changing clothes via curtains and doors. The auditor observed that all housing units had curtains in the shower areas or doors for privacy. The toilets in each cell allowed for privacy via a small window that could be covered. Only seven of the 41 inmates indicated that staff of the opposite gender do not announce their presence when entering a housing unit. During the tour, the auditor observed staff knock on the inner most door, announced "female in the area", wait ten seconds and then enter the unit. Additionally, each housing unit had a sign posted on the door indicating the announcement was required and the directions for the announcement.

115.15 (e): PD 04.06.184, page 2, prohibits staff from searching or physically examining a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with random staff indicated that they are not allowed to search for this purpose and that there is a policy. The interviews with the three transgender prisoners indicated that two had never been searched for the sole purpose of determining their genital status. The one inmate indicated he thought he was back in 2017 when the

medical doctor stripped searched him after he indicated he was transgender; however it was conducted by a medical staff member and as such was not by security for the sole purpose of determining genital status.

115.15 (f): The PREA Manual, page 10, indicates that custody staff are trained on how to conduct cross gender searches and searches of transgender, intersex and gender dysphoric prisoners in a professional and respectful manner. The PAQ indicated that 100% of security staff had received this training. A review of training documents indicated that the facility utilizes two training modules for searches, one is Custody and Security in Corrections and the other is Personal Searches: The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public. The later includes the required training related to searches of transgender and intersex inmates. A review of a random sample of twelve training records indicated that all twelve staff had received the search training.

Based on a review of the PAQ, PD 03.03.140PD, 04.04.110, PD 04.06.184, the PREA Manual, the Personal Searches: The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public Instructors' Module, a random sample of staff training records, observations made during the tour of curtains and doors for privacy, the observation of the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140

3. Prison Rape Elimination Act (PREA) Manual
4. Prisoner Orientation Guidebook
5. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners (Braille)
6. Global Interpreting Services, LLC Purchase Order
7. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PREA Manual, page 18 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. A review of the orientation guidebook, PREA posters and other PREA education confirmed that information is available in bright colors, larger font with accompanying pictures, in Braille and in Spanish. Interviews with the Agency Head Designee and twelve inmates who had a disability indicated that inmates receive PREA information in a format that they can understand. The Agency Head Designee indicated that PREA educational information is provided in English and Spanish. He indicated that the PREA educational video has closed captioning and that facilities have contracts with entities that provide interpretive services. The auditor viewed the intake area. The television had closed captioning capabilities. A review of the twelve disabled inmate files indicated that they received PREA information and they signed that they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

115.16 (b): The PREA Manual, page 18 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. The facility has a purchase order with Global Interpreting Services, LLC. This organization provides interpretive services when needed. The facility can also utilize staff members if available. The PREA posters as well as the prisoner orientation guidebook is available in both English and Spanish. During the tour the auditor observed the PREA posters and PREA information posted in both English and Spanish. The interview with the Agency Head Designee indicated that inmates receive PREA information in a format that they can understand. The Agency Head Designee indicated that facilities have interpretive services contracts that assist with providing equal access to LEP inmates. No LEP inmates were identified during the on-site audit and therefore no interviews or documentation review could be completed.

115.16 (c): The PREA Manual, page 18 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or otherwise assist. Interviews with a random sample of staff indicated that eleven knew that inmates are not utilized to interpret, translate or assist for PREA purposes. Interviews with disabled inmates confirmed that no other inmates were utilized to provide them assistance with PREA related information. A few inmates indicated that there were staff that assisted them in understanding, but not other inmates.

Based on a review of the PAQ, PD 03.03.140, the PREA Manual, the prisoner orientation guidebook, the braille pages of the guidebook, the purchase order with Global Interpreting Services, LLC, PREA posted information, observations made during the tour to include the PREA signage, as well as interviews with the Agency Head Designee, random staff and disabled inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 02.06.111
3. Corrections Officer Application
4. Corrections Supervisor Application
5. Personnel Files of Staff
6. Contractor Background Files
7. Volunteer Background Files
8. Other Agency Requested Documentation

Interviews:

1. Interview with Human Resource Staff

Site Review Observations:

1. Review of Employee Personnel Files
2. Review of Contractor Personnel Files

Findings (By Provision):

115.17 (a): PD 02.06.111, pages 1 and 2, indicate that the Department will not hire any new employee, promote any existing employee or enlist the services of any contractor who has contact with prisoners if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The PAQ indicated that the agency prohibits hiring or promoting anyone who has engaged in the activities under this provision. A review of the Corrections Officer and Corrections Supervisor applications indicated that these three questions as well as an additional question about incidents of sexual harassment are part of the application process (questions 9-12 for Corrections Officer and questions 12-15 for Corrections Supervisor). A review of personnel documentation for the 22 staff hired in the previous twelve months confirmed that all staff completed an application and had a criminal background check completed prior to hiring. Additionally the four contractors reviewed had background checks completed prior to enlisting services and annually thereafter.

115.17 (b): PD 02.06.111, page 2, indicates that the agency considers any incidents of sexual harassment in determining whether to hire anyone, enlist the services of any contractor or promote existing employees for positions within the Department. The PAQ as well as the interview with the Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. A review of the Corrections Officer and Corrections Supervisor applications indicated that question 12 (Officer) and question 15 (Supervisor) ask about sexual harassment incidents/allegations.

115.17 (c): PD 02.06.111, page 3, indicates that a criminal history check must be processed through LEIN before hiring a new Departmental employee, a contractor and contractor's employees. Additionally, page 2 indicates that before hiring new employees who may have contact with prisoners, the Department shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegation of sexual abuse. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of the 22 personnel files of those hired in the previous twelve months indicated 100% of those reviewed had a criminal background completed and necessary institutional checks. Human Resource staff indicated that all facilities conduct a background check of all new hires as well as all contractors.

115.17 (d): PD 02.06.111, page 3, indicates that a criminal history check must be processed through LEIN before hiring a new Departmental employee, a contractor and contractor's employees. The PAQ indicated that there have been 22 contractors at the facility within the past twelve months. Of these 100%

have had a criminal background check prior to enlisting services. A review of a random sample of four contractor personnel files indicated that criminal background checks had been completed. Human Resource staff confirmed that all contractors have a background check completed at the facility prior to enlisting services.

115.17 (e): PD 02.06.111, page 3, outlines the system that is in place to capture criminal background information. The agency conducts criminal history checks through LEIN for all MDOC employees once every three years. The three-year check is required to be completed during the month of June. Additionally, the policy indicates on page 4 that all contractors and contractor's employees shall have an annual criminal history check processed through LEIN. The interview with the Human Resource staff member confirmed that all staff and contractors are required to have a LEIN check completed through the Michigan State Police law enforcement network. The interview indicated that all staff receive a background check at least every three years per policy, however some staff receive a check annually based on their position within the Department.

115.17 (f): PD 02.06.111, page 2, indicates that the Department shall ask all applicants, including existing employees applying for positions within the Department, about previous misconduct as described in paragraph "D", either in written applications and/or during the interview process. The misconduct in paragraph "D" includes: if they have engaged in sexual abuse in prison, jail, lockup or any other institution, if they have been convicted of engaging or attempting to engage in sexual activity in the community or if they have been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the Corrections Officer and Corrections Supervisor applications indicated that these three questions as well as an additional question about incidents of sexual harassment are part of the application process (questions 9-12 for Corrections Officer and questions 12-15 for Corrections Supervisor). A review of personnel documentation for the 22 staff hired in the previous twelve months confirmed that all staff completed an application which includes these questions. Additionally, the interview with Human Resource staff confirmed that anyone who is offered a position must answer the PREA questions on their application, which includes these questions.

115.17 (g): PD 02.06.111, page 2, indicates that falsification or omissions of any information given by an applicant for employment during employment screenings may result in removal from employment consideration and, if discovered after hire, may result in termination of employment.

115.17 (h): Human Resource staff indicated that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. He indicated that if it is outside of the Department they require it to be sent in writing. A review of five examples of these requests from Alaska, Arizona and the Geo Group confirm that the Department provides the requested information.

Based on a review of the PAQ, PD 02.06.111, the Correctional Officer and Correctional Supervisors applications, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

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*)

Documents:

1. Pre-Audit Questionnaire
2. Project Review and Approval – CAH-135

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Modification to the Physical Plant
2. Observations of Monitoring Technology

Findings (By Provision):

115.18 (a): The PREA Manual indicated on page 21 that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing, the effects of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered. The PAQ indicated that the facility has not acquired a new facility or made a substantial modification since the last PREA audit. The interview with the Warden confirmed there have not been any modifications to the facility since August 20, 2012. The interview with the Agency Head Designee indicated that the Department does numerous things to ensure the safety of staff and inmates to include pushing the zero-tolerance policy, training and education, walking the physical plant to minimize blind spots and having proper camera placement. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PREA Manual indicated on page 21 that when installing or updating a video system, electronic surveillance system or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered. The PAQ indicated that there have been no upgrades or installation of video monitoring technology at the facility since the last PREA audit. The interview with the Agency Head Designee indicated that the Department uses cameras and mirrors to minimize blind spots as well as assist with investigations. The technology that is utilized is advanced in that it can be manipulated to ensure 360-degree coverage. The interview with the Warden confirmed that the facility utilizes cameras to enhance their ability to protect inmates from sexual abuse. During the tour, the auditor observed cameras and reflective mirrors in housing units, work and program areas and common areas.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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 evidentiarily 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- 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 agency 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.04.100
3. Basic Investigator Training
4. Crime Scene Management and Preservation Training
5. Letter from the Michigan Department of State Police
6. Memo Related to Forensic Exams
7. Emails Related to Victim Advocate Efforts
8. Victim Advocacy Training Records

Interviews:

1. Interview with Random Staff

2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The letter from the Michigan Department of State Police indicates that they are the state agency responsible for investigating criminal allegations of sexual abuse for the MDOC. The MSP follow a uniform evidence protocol as outlined in Michigan State law. The Department conducts administrative investigations and utilizes the Basic Investigator Training and the Crime Scene Management and Preservation Training for uniform evidence protocol. Interviews with random staff indicated they are aware of evidence protocol (mainly through evidence preservation and collection). They indicated they would report to their Shift Commander and/or the CM who is the investigator.

115.21 (b): The letter from the Michigan Department of State Police indicates that they are the state agency responsible for investigating criminal allegations of sexual abuse for the MDOC. The MSP follow a uniform evidence protocol as outlined in Michigan State law. The Department conducts administrative investigations and utilizes the Basic Investigator Training and the Crime Scene Management and Preservation Training for uniform evidence protocol. The PAQ indicated that the protocol is developed appropriate for youth as well as was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents".

115.21 (c): PD 03.04.100, page 10, indicates that any prisoner who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. The examination will be performed by a SANE or SAFE, where possible. The memo from the Assistant Warden indicated that all forensic exams are completed at Munson Health Manistee Hospital. The hospital has SAFE/SANE trained staff available in the emergency department. The PAQ indicated that during the previous twelve months, there have been three forensic exams conducted. The PAQ indicate these were performed by a qualified medical practitioner. During the audit period, there were three instances where an inmate was provided a forensic medical examination. A review of documentation indicated that the three inmates were transported to the local hospital for a forensic examination, however only one forensic examination was actually completed and signed off on by a physician. One was determined by the hospital staff to not be appropriate for evidence collection while the other was declined by the hospital staff.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if and when a rape crisis center is not available to provide victim advocacy services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. A review of documentation indicated that the facility has attempted to enter into a MOU with a local rape crisis center unsuccessfully. Records indicate that the facility utilizes trained and qualified medical and mental health care staff as advocates. A review of training records indicate that medical and mental health staff completed the Office for Victims of Crime, Training and Technical Assistance Center's core and specific courses. The interview with the inmates who reported sexual abuse indicated that they did not have a victim advocate, however the allegations of the inmates interviewed did not involve penetration or a forensic examination. The interview with the CM indicated that the facility does not have an MOU with a local rape crisis center. She indicated that they attempted to enter into one, however there is not a local center in the county. She indicated that they provide services under standard 115.53 through Just Detention International. She indicated that health care staff and mental health care staff are trained advocates and respond to accompany the inmate during the forensic exam and investigatory interviews, if requested.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim during the forensic medical examination and investigatory interviews. A review of documentation indicated that the facility has attempted to enter into a MOU with a local rape crisis center unsuccessfully. Records indicate that the facility utilizes trained and qualified medical and mental health care staff as advocates. A review of training records indicate that medical and mental health staff completed the Office for Victims of Crime,

Training and Technical Assistance Center's core and specific courses. The interview with the inmates who reported sexual abuse indicated that they did not have a victim advocate, however the allegations of the inmates interviewed did not involve penetration or a forensic examination. The interview with the CM indicated that the medical and mental health unit Chief ensures that his/her staff are trained as advocates via the specialized training.

115.21 (f): The Michigan Department of State Police are responsible for criminal investigations of sexual abuse. The letter from the Deputy Director indicated that the Michigan State Police is the state agency responsible for investigating criminal allegations of sexual abuse in the MDOC. It also indicates that the MSP is required to comply with the Prison Rape Elimination Act standards for prisons and jails and that they are in compliance with the standards.

115.21 (g): The Michigan Department of State Police are responsible for criminal investigations of sexual abuse. The letter from the Deputy Director indicated that the Michigan State Police is the state agency responsible for investigating criminal allegations of sexual abuse in the MDOC. It also indicates that the MSP is required to comply with the Prison Rape Elimination Act standards for prisons and jails and that they are in compliance with the standards.

115.21 (h): Medical and mental health care staff serve as advocates for the facility. These staff have specialized training through the Office of Victims of Crime, Training and Technical Assistance Center.

Based on a review of the PAQ, PD 03.04.100, the Basic Investigator Training, the Crime Scene Management and Preservation Training, a letter from the Michigan Department of State Police, the memo related to forensic examinations, emails related to victim advocate efforts, victim advocacy training records, forensic examination documents and information from interviews with random staff, inmates who reported sexual abuse and the Compliance Manager, this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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 the policy 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 01.01.140
3. Policy Directive (PD) 03.03.140
4. Letter from the Michigan Department of State Police
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): PD 03.03.140, page 3 and PD 01.01.140, page 1, outline the administrative and criminal investigative process. PD 03.03.140 indicates that all reported allegations of sexual violence, threats of such behavior, staff sexual misconduct and sexual harassment shall be referred for investigation. PD 01.01.140 indicates that the manager of the Internal Affairs Division shall review all cases and shall coordinate the investigation of all cases under the jurisdiction of the Internal Affairs Division which are referred to the MSP. The PAQ indicated that there were 90 allegations reported within the previous twelve months. A review of documentation confirmed there were 90 administrative investigations and 20 investigations referred to MSP for criminal investigation. All allegations are investigated by the facility whether the MSP conducts an investigation or not, therefore all 90 allegations were investigated by the facility. Of the 20 allegations referred to MSP, all 20 were declined for investigation by MSP. A review of fourteen allegations indicated that all were reported and referred for investigation. The interview with the Agency Head Designee indicated that all allegations are referred for investigation. He indicated that all investigations are processed through the Internal Affairs unit. Allegations are initially reported and forwarded to the Warden or CM at the facility. Internal Affairs will then assign an investigator who has the specialized training. If it is a criminal allegation it will also be referred to the MSP.

115.22 (b): PD 03.03.140, page 3 and PD 01.01.140, page 1, outline the administrative and criminal investigative process. PD 03.03.140 indicates that all reported allegations of sexual violence, threats of

such behavior, staff sexual misconduct and sexual harassment shall be referred for investigation. PD 01.01.140 indicates that the manager of the Internal Affairs Division shall review all cases and shall coordinate the investigation of all cases under the jurisdiction of the Internal Affairs Division which are referred to the MSP. The letter from the Michigan Department of State Police confirm that they are responsible for all criminal sexual abuse investigations for the MDOC. The policies are available on the Department's website: https://www.michigan.gov/corrections/0,4551,7-119-1441_44369---,00.html. The interview with the investigators indicated that all criminal investigations are referred to the MSP.

115.22 (c): PD 01.01.140 indicates that the manager of the Internal Affairs Division shall review all cases and shall coordinate the investigation of all cases under the jurisdiction of the Internal Affairs Division which are referred to the MSP. The letter from the Michigan Department of State Police confirm that they are responsible for all criminal sexual abuse investigations for the MDOC. The policies are available on the Department's website: https://www.michigan.gov/corrections/0,4551,7-119-1441_44369---,00.html.

115.22 (d): PD 01.01.140 indicates that the manager of the Internal Affairs Division shall review all cases and shall coordinate the investigation of all cases under the jurisdiction of the Internal Affairs Division which are referred to the MSP. The letter from the Michigan Department of State Police confirm that they are responsible for all criminal sexual abuse investigations for the MDOC. The policies are available on the Department's website: https://www.michigan.gov/corrections/0,4551,7-119-1441_44369---,00.html.

115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.

Based on a review of the PAQ, PD 01.01.140, PD 03.03.140, the letter from the Michigan State Police, a review of sexual abuse and sexual harassment investigations, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Manual
3. Annual Training Plan
4. PREA: Sexual Abuse and Sexual Harassment in Confinement Module
5. Sample of Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): the PREA Manual, page 9, indicates that all Department employees who may have contact with prisoners shall receive PREA training developed by the Training Division that includes at a minimum the following information: the Department's zero tolerance policy for sexual abuse and sexual harassment of prisoners, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, prisoner's rights to be free from sexual abuse and sexual harassment, the right of prisoners and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with prisoners, how to communicate effectively and professionally with prisoners including lesbian, gay, bisexual, transgender, intersex or gender nonconforming prisoners and how to comply with relevant laws related to mandatory reporting sexual abuse to outside authorities. A review of twelve staff training records indicated that all twelve received PREA training. Interviews with random staff confirmed that all twelve had received PREA training within the previous year during their annual training. Staff indicated that they receive PREA training each year during their annual training.

115.31 (b): The PREA Manual, page 10, states that training shall address gender-specific issues of prisoners housed within the MDOC. The employee shall receive additional training if the employee is reassigned from a facility that houses only male prisoners to a facility housing only female prisoners, or vice versa. Oaks CF houses only male prisoners and as such the staff receive training tailored to male prisoners. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with the opposite gender are given additional training. A review of twelve staff training records indicated that all twelve of those reviewed received PREA training for male prisoners.

115.31 (c): The PAQ indicated that 315 staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that between trainings the agency provides employees with refresher information about current policies regarding sexual abuse and sexual harassment. A review of documentation confirmed that staff received PREA training in 2018 and 2019. A review of twelve staff training records indicated that all twelve of those reviewed received PREA training each year.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. All staff are required to complete an end of the course test to ensure they read and understood the information. A review of the training records indicate that staff complete a post course test and must receive a score of 70% or better.

Based on a review of the PAQ, the PREA Manual, the annual training plan, the PREA: Sexual Abuse and Sexual Harassment in Confinement module, a review of a sample of staff training records as well as interviews with random staff indicates that the facility exceeds this standard. The agency exceeds this standard by ensuring that staff are trained each year rather than every other year. Additionally, the facility provides information to staff through policies, procedures, emails and through the CM. Staff are required

to complete an end of course exam to ensure they understood the information and to ensure they retain the information.

Standard 115.32: Volunteer and contractor training

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.02.105
3. Oaks Correctional Facility Volunteer Orientation Manual
4. Correctional Facilities Administration Security Regulations Program A
5. Sample of Contractor Training Records
6. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): PD 03.02.105, page 4, as well as the PAQ indicated that volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers complete the Oaks Correctional Facility Volunteer Orientation Manual, which includes PREA information on page 4. Contractors receive information via the Correctional Facilities Administration Security Regulation Program A. Page 30 of Program A covers prisoner contact – sexual abuse, sexual harassment, overfamiliarity and unauthorized

contact. The PAQ indicated that 94 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of training documents for seven contractors and five volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the two contractors confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. It also indicated that the level and type of training is based on the services they provide and the contact they may have with inmates. All volunteers complete the Oaks Correctional Facility Volunteer Orientation Manual, which includes PREA information on page 4. Contractors receive information via the Correctional Facilities Administration Security Regulation Program A. Page 30 of Program A covers prisoner contact – sexual abuse, sexual harassment, overfamiliarity and unauthorized contact. A review of the curriculums indicated that they both contains information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. Interviews with the two contractors confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (c): The PAQ and a review of training documents for contractors and volunteers indicated that 100% of those reviewed had signed an acknowledgement signature sheet indicating that they had read and understood their responsibilities to immediately report any type of sexual violence, abuse or harassment.

Based on a review of the PAQ, PD 03.02.105, the Volunteer Orientation Manual, Program A, a review of a sample of contractor and volunteer training records as well as interviews with contractors indicate that this standard appears to be compliant.

Standard 115.33: Inmate education

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 the comprehensive education referenced in 115.33(b)? 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 04.01.140
3. Policy Directive (PD) 03.03.140
4. Memo Related to Inmate Education
5. Inmate Handbook – An End to Silence
6. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners (Braille)
7. Global Interpreting Services, LLC Purchase Order
8. PREA Posters
9. PREA Prisoner Education Verification – CAJ-1036
10. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): PD 04.01.140, page 1, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that within one week of arrival at the facility prisoners will participate in the facility's orientation program. Educational information regarding PREA and the PREA Manual shall be provided in accordance with PD 03.03.140. PD 03.03.140, page 10 indicates that educational materials shall be incorporated into facility orientation programs. Inmates receive information on the zero-tolerance policy and how to report allegations through numerous methods including, a video, a review of the PREA Manual and a review of PD 03.03.140. Inmates are required to sign CAJ-1036 indicating that they received the required information. The PAQ indicated that 763 inmates received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 763 inmates in the previous twelve month which is equivalent to 100%. A review of documentation indicated that PD 03.03.140, the PREA Manual, the inmate handbook and PREA posters have information on the zero-tolerance policy and the reporting methods. A review of a sample of sixteen inmate files that were received within the previous twelve months indicated that fifteen of those reviewed were documented with receiving PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Additionally, PREA posters and PREA information were provided to inmates and posted throughout the facility. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the inmate orientation manual. He indicated he goes over the zero-tolerance policy and the supporting PREA educational material. Of the 32 inmates that were interviewed, 26 indicated that they received PREA information at the time of intake.

115.33 (b): PD 04.01.140, page 1, outline the requirement for inmates to receive PREA education. Specifically, it indicates that within one week of arrival at the facility prisoners will participate in the facility's orientation program. Educational information regarding PREA and the PREA Manual shall be provided in accordance with PD 03.03.140. PD 03.03.140, page 10 indicates that educational materials shall be incorporated into facility orientation programs. The comprehensive education is completed at the time of intake and as such, all inmate received comprehensive education during intake (within a week of arrival). The PAQ indicated that 720 inmates received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 720 inmates in the previous twelve months whose length of stay was for 30 days or more, indicating that 100% had received comprehensive education. The comprehensive education is completed via the inmate orientation (PD 03.03.140, the

PREA Manual, the inmate handbook and PREA posters). A review of sixteen inmate files of those inmates received in the previous twelve months indicated that fifteen of those reviewed had been documented that they received comprehensive PREA education. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Additionally, PREA posters and PREA information were provided to inmates and posted throughout the facility. Additionally, the auditor was shown PREA emails that are sent weekly to the inmate population via JPay. The interview with the intake staff indicated that he provides inmates PREA information via the inmate orientation manual. He indicated he goes over the zero-tolerance policy and the supporting PREA educational material typically within the first 72 hours. Interviews with 32 inmates confirmed that 26 inmates remember receiving comprehensive PREA education.

115.33 (c): A memo from the Regional PREA Analyst indicated that all prisoners had received comprehensive PREA education by 2013 and it was documented on the appropriate form. The auditor identified one inmate who was housed at Oaks CF prior to 2013. A review of that inmate's record indicated that he had received comprehensive PREA education by 2014. Inmates receive PREA information at Oaks CF related to the agency's PREA policies and procedures. Interviews with intake staff indicate all inmates receive PREA education.

115.33 (d): The PREA Manual, page 18, establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. The facility has a purchase order with Global Interpreting Services, LLC. This organization provides interpretive services when needed. The facility can also utilize staff members if available. A review of the orientation guidebook, PREA posters and other PREA education confirmed that information is available in bright colors, larger font, with accompanying pictures, in Braille and in Spanish. Interviews with the Agency Head Designee and twelve inmates who had a disability indicated that inmates receive PREA information in a format that they can understand. The Agency Head Designee indicated that PREA educational information is provided in English and Spanish. He indicated that the PREA educational video has closed captioning and that facilities have contracts with entities that provide interpretive services. The auditor viewed the intake area and noted that the space was large enough for education and included a television. A review of twelve disabled inmate files indicated that they received PREA information and signed that they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in Spanish.

115.33 (e): Initial intake and the comprehensive education are completed at the same time. It is completed after the inmate receives the required information and signs the CAJ-1036 form. This form is then maintained in the inmates file. A review of sixteen inmate files of those received in the previous twelve months indicated that fifteen of those reviewed had documentation (via the CAJ-1036) that they received comprehensive PREA education.

115.33 (f): The PAQ as well as a memo from the CM indicated that information is continuously available through posters, JPay emails, institutional televisions and educational material in the library. A review of documentation indicated that the facility had PREA information via the inmate handbook, posters and through JPay emails. During the tour, the auditor observed the PREA signage in each housing unit and in common areas. Additionally, during the tour an inmate showed the auditor the weekly PREA JPay emails that are received.

Based on a review of the PAQ, PD 04.01.140, PD 03.03.140, the memo, the inmate handbook, the purchase order with Global Interpreting Services, LLC, CAJ-1036, PREA posters, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and random inmates, this standard appears to be compliant.

Standard 115.34: Specialized training: Investigations

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 receive 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 (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*)

Documents:

1. Pre-Audit Questionnaire

2. Policy Directive (PD) 03.03.140
3. Basic Investigator Training Manual
4. National Institute of Corrections (NIC) – Investigating Sexual Abuse in a Confinement Setting
5. Michigan State Police Letter
6. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): PD 03.03.140, page 2, requires that investigations of sexual abuse be completed by staff who have received specialized training. This training is completed through two curriculums; the MDOC's Basic Investigator Training and the NIC's Investigator Training. Interviews with the two facility investigators indicated that they both received the NIC Investigator Training as well as the MDOC Basic Investigator Training. One investigator indicated that they all recently went back through the MDOC Basic Investigator Training and that all investigators throughout the state were required to do this. A review of training files indicated that both investigators completed the MDOC training and the NIC training. One received the training most recently in January 2020 and the other in July 2019. Additionally, a review of documentation indicated that eight additional staff received the two specialized investigator trainings.

115.34 (b): PD 03.03.140, page 2, requires that investigations of sexual abuse be completed by staff who have received specialized training. This training is completed through two curriculums; the MDOC's Basic Investigator Training and the NIC's Investigator Training. A review of the training curriculums confirmed that they included the following; 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 criminal prosecution. A review of investigator training records indicated that the two facility investigators have completed the required training. One received the training most recently in January 2020 and the other in July 2019. Additionally, a review of documentation indicated that eight additional staff received the two specialized investigator trainings. Interviews with the two facility investigators indicated that they both received the NIC training as well as the MDOC Basic Investigator Training. One investigator indicated that they all recently went back through the MDOC Basic Investigator Training and that all investigators throughout the state were required to do this.

115.34 (c): The PAQ indicated that currently there are 28 investigators who complete sexual abuse investigations. Of the 28, the PAQ indicated that all have received specialized training. A review of the training documents indicated that the two facility investigators for Oaks CF had received specialized training via the Basic Investigator Training and the NIC training. The interviews with the two facility investigators indicated that they both received the NIC training as well as the MDOC Basic Investigator Training. One investigator indicated that they all recently went back through the MDOC Basic Investigator Training and that all investigators throughout the state were required to do this.

115.34 (d): The Michigan Department of State Police are responsible for criminal investigations of sexual abuse. The letter from the Deputy Director indicated that the MSP is the state agency responsible for investigating criminal allegations of sexual abuse in the MDOC. It also indicates that the MSP is required to comply with the Prison Rape Elimination Act standards for prisons and jails and that they are in compliance with the standards.

Based on a review of the PAQ, PD 03.03.140, the Basic Investigator Training Manual, the NIC's Investigating Sexual Abuse in a Confinement Setting curriculum, the letter from the MSP, a review of investigator training records and information obtained from the interviews with the facility investigators, this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual
3. PREA: Sexual Abuse and Sexual Harassment in Confinement Module
4. Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): The PREA Manual, page 10, indicates that in addition to the general PREA training provided to employees, all health care and mental health care staff will be provided specialized training developed by the Training Division related to sexual abuse in a confinement setting. The training is completed through the regular employee PREA: Sexual Abuse and Sexual Harassment in Confinement training as well as through the Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training. A review of the training modules indicated that they include the following topics; how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 24 medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that all four received annual PREA training and specialized PREA training. They all indicated that the required topics were covered during the trainings.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. Inmates are transported to a local hospital where nurses with specialized training complete the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of a sample of training documents for medical and mental health care staff

confirm that they sign a roster and that once the training is complete the roster is entered into the MDOC's Training Automated Data System.

115.35 (d): All medical and mental health care staff complete the required annual employee PREA training. A review of a sample of training documents for medical and mental health care staff indicated that 100% of those reviewed completed and signed the training. Additionally, the interview conducted with medical and mental health staff confirmed that they had received annual PREA training.

Based on a review of the PAQ, the PREA Manual, the PREA: Sexual Abuse and Sexual Harassment in Confinement Module, the Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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, as 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, as 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, as 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 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. Policy Directive (PD) 05.01.140
4. ECF Operating Procedure (OP) 03.03.140
5. The Prison Rape Elimination Act (PREA) Manual
6. PREA Risk Assessment Manual
7. PREA Risk Assessment Worksheet – CAJ-1023
8. Inmate Assessment and Re-Assessment Records

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): PD 03.03.140 and OP 03.03.140 address the risk screening process. Specifically, PD 03.03.140, page 3 states that all prisoners shall be assessed during the intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. OP 03.03.140, page 5 states that at the initial health screening upon arrival to Oaks CF, Health Care Staff will assess prisoner's potential for sexually aggressive behavior or sexual victimization. During the tour, the auditor observed the intake area. The risk screening is conducted in an office setting and allows for adequate privacy. Interviews with 32 inmates confirmed that 25 remember being asked questions either the same day or within the first few days. Of the 32 interviews, there were sixteen inmates received within the previous twelve months. A review of documentation indicated that of the sixteen, fifteen had an initial risk screening completed within 72 hours. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake for their risk of sexual victimization or sexual abusiveness.

115.41 (b): PD 03.03.140, page 3 indicated that staff shall complete both PREA risk assessments within 72 hours of a prisoners' arrival at a correctional facility. The PAQ indicated that inmates are screened within this timeframe and that 762 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 762 of those whose length of stay was for 72 hours or more received the risk screening within 72 hours, which is equivalent to 100%. A review of a sample of sixteen inmate files of those received in the previous twelve months confirmed that of the sixteen inmates, fifteen were screened for their risk within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. PD 05.01.140, page 5 states that the risk assessment will be completed by staff utilizing the PREA Risk Assessment Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. A review of CAJ-1023 indicated that the worksheet consists of yes or no questions. The screening staff verify answers and complete a file review for topics such as violent criminal history, any previous sexual convictions, etc.

115.41 (d): A review of CAJ-1023 indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. Interviews with risk screening staff indicated that there are fourteen questions prisoners answer for the victim section and seven for the aggressor section. Interviews indicated staff ask the questions to include, height, physical build, age, gang affiliation, violent offenses, time incarcerated, if they have any disabilities, if they are on any medication etc. and then review the prisoners file to confirm any necessary information. Interviews confirmed the screening is typically yes or no answers, but a few are open ended.

115.41 (e): A review of CAJ-1023 confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with risk screening staff indicated that there are fourteen questions prisoners answer for the victim section and seven for the aggressor section. Interviews indicated they ask the questions to include, height, physical build, age, gang affiliation, violent offenses, time incarcerated, if they have any disabilities, if they are on any medication etc. and then review the prisoners file to confirm any necessary information. Interviews confirmed the screening is typically yes or no answers, but a few are open ended.

115.41 (f): PD 03.03.140, page 3, indicates that in addition to the initial risk screening, staff designated by the Warden shall complete a PREA Risk Assessment Review-Prisoner within 30 calendar days of a prisoner's arrival at a correctional facility, including intake. A review of a memo dated March 6, 2019 from

the Assistant Deputy Warden indicated that staff at Oaks CF are required to complete the PREA Risk Assessment after fourteen days but shall not exceed 30 days. The PAQ indicated that the facility requires inmates to be reassessed and that 720 inmates were reassessed within 30 days. The PAQ indicated that 720 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed between fourteen and 30 days after intake. Interview with 32 inmates indicated that only four inmates remember being asked the risk screening questions a second time. A review of the documents indicated that of the sixteen inmates received within the previous twelve months, thirteen had a risk assessment completed within 30 days. Of the three that were not completed, all were received within the previous 30 days and the risk assessments were not yet due at the time of the on-site audit. It should be noted that while inmates did not remember the risk screening questions a second time, it was confirmed that the prisoners are asked three follow up questions during the 30 days risk assessment and that it is not exactly the same as the initial screening.

115.41 (g): PD 03.03.140, page 4, indicates that staff designated by the Warden will complete both PREA Risk Assessments whenever warranted due to referral, request, incident of sexual abuse or receipt of additional information that may increase the prisoner's risk of being sexually abused by another prisoner or being sexually abusive toward another prisoner. The PAQ indicated that this practice is occurring. Interviews with the staff responsible for risk screening indicated inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interview with 32 inmates indicated that only four remember being asked the risk screening questions after the first time. A review of the twelve sexual abuse investigations indicated that one allegation was substantiated and the prisoner was not reassessed. It should be noted that the agency does not consider an allegation of sexual abuse as an incident of sexual abuse for risk screening purposes. Prisoners are only reassessed if the allegation is deemed substantiated and as such they determine an incident actually occurred. Based on the agency's interpretation of the standard, the one instance where a reassessment was required was not completed and as such the auditor is unable to determine compliance with this provision. Additionally, the auditor has recommendations related to this standard.

115.41 (h): The PREA Manual, page 13, indicates that prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions related 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 perceptions of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interviews with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): PD 03.03.140, page 2, and the PREA Manual, page 13, indicate that information obtained during the risk screening 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. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information is maintained electronically. Anyone with access to the electronic database can see the prisoner's risk level, however their answers to the risk screening questions are only accessible on a need to know basis. Those that need to know are typically the PC, the Resident Unit Manager (RUM) and the Assistant Resident Unit Supervisor (ARUS).

While provisions (a)-(f), (h) and (i) appear to be compliant based on a review of the PAQ, PD 03.03.140, PD 05.01.140, OP 03.03.140, the PREA Manual, the PREA Risk Assessment Manual, CAJ-1023, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, provision (g) appears not to be met due to the lack of evidence to support the reassessment process. The agency does not consider an allegation of sexual abuse as an incident of sexual abuse for risk screening purposes. Prisoners are only reassessed if the allegation is deemed substantiated and as such they determine an incident occurred. Based on the agency's interpretation of the standard the one instance where a reassessment was required was not completed and as such the auditor is unable to determine compliance with this provision. As such, corrective action is required.

Corrective Action & Recommendations:

Based on the lack of evidence with regard to reassessments the auditor will need a memo from the Warden indicating the process that is or will be utilized to ensure risk assessments are completed for incidents of sexual abuse. Additionally, a sign in roster or an equivalent from the staff that are responsible for this process will also need to be sent to the auditor. While substantiated cases are rare and as such examples during the corrective action period may not exist, the auditor recommends that the agency revise their current practice related to reassessments based on incidents of sexual abuse. The agency does not consider an allegation of sexual abuse as an incident of sexual abuse for risk screening purposes. Prisoners are only reassessed if the allegation is deemed substantiated and as such they determine an incident occurred. While the auditor did not find the agency in non-compliance related to their outlook on this matter, the auditor strongly recommends that this practice be revised. While the auditor agrees that every allegation may not have merit related to validity, all allegation should be taken seriously. As such, it is the agency's responsibly to take all allegation seriously and treat them as they occurred until proven otherwise. That being said, the auditor recommends that all alleged inmate victims of sexual abuse be referred for a reassessment after an allegation of sexual abuse whether it was deemed substantiated or not. Sexual abuse allegations are difficult to prove without physical evidence, however the lack of physical evidence does not necessary mean that an inmate has not been victimized. Numerous allegations that may be deemed unsubstantiated may have occurred, however the evidence is unable to prove one way or another. By referring an inmate for reassessment the agency allows for the inmate to be reevaluated related to his risk of victimization. While the investigation may not have proved he was a victim, his response during the subsequent risk screening as well as potential new vulnerabilities may change the inmates current risk level. It is imperative that risk levels be assessed as frequently as possible as they are the driving force behind housing, bed and work assignments and ultimately the inmate's sexual safety. If the agency moves forward with the auditor's recommendation, the auditor will need five examples of inmate's reassessments subsequent a sexual abuse allegation. If the agency does not move forward with the auditor's recommendation, the auditor will need all inmate victim reassessment for substantiated sexual abuse allegation during the corrective action period.

Verification of Recommendations since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memo from the Warden
2. Staff Training Documents
3. Inmate Re-Assessments

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (g). The auditor had communication with the PREA Analyst and PREA Coordinator related to an update regarding the implementation of the corrective action. On May 20, 2020 the PREA Analyst provided the auditor with the two re-assessments of inmate sexual abuse victims (substantiated cases only). Additionally, the PREA Analyst provided the auditor with a memo from the Warden indicating the CM will be responsible for the re-assessments and will ensuring that the ARUS completes it using the risk assessment tool. The memo also included signatures from the CM as well as all the facility's ARUSs. Based on a review of the memo, the signatures and the completed re-assessments, this standard appears to be corrected and compliant. It should be noted however, that the auditor still stands by the above recommendation related to all victims of sexual abuse allegations be re-assessed.

Standard 115.42: Use of screening information

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 04.06.184
3. Policy Directive (PD) 05.01.140
4. ECF Operating Procedure (OP) 03.03.140
5. Memo Related to Use of Screening Information
6. Sample of Risk Based Housing Documents
7. Sample of Transgender/Intersex Reassessments
8. Inmate Housing Assignments/Logs

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): PD 05.01.40, page 5, OP 03.03.140, page 6 and the memo describe how the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate prisoners at high risk of being sexual abused from those at high risk of being sexually abusive. Specifically the policies indicate that the risk assessment shall be considered when making housing, bed, work, education and program assignments and that prisoners at risk for sexually aggressive behavior or sexual victimization should be housed in such a manner as to prevent harm to themselves and others. The PAQ as well as interviews with the Compliance Manager and staff

responsible for the risk screening indicated that the risk assessment scores are utilized to house inmates and that the scores will not allow for victims to be housed with aggressors. A review of inmate files and of inmate housing and work assignments for the three inmates who reported prior victimization during the screening, as well as for the three inmates who identified as transgender confirmed that inmates at high risk of victimization were not placed in a cell with inmates at high risk of being sexually abusive. Additionally, they did not participate in work or program assignments at the extent possible.

115.42 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interviews with the staff responsible for the risk screening indicates that any prisoner who is deemed a potential aggressor or potential victim would be referred to mental health. Additionally the interviews indicated that staff would go over the PREA information with them and would recognize that they are prisoners that may need to be observed closer. The interviews confirmed that the risk assessments are utilized for housing and that prisoners who score as an aggressor would not be housed with a prisoner who scores as a victim. The scores are individualized based on responses during the risk screening.

115.42 (c): PD 04.06.184, page 2, states that when making housing and programming assignments (for Gender Dysphoric and Gender Nonconforming), the Gender Dysphoria Collaborative Review Committee (GDCRC) and facility staff shall consider on a case-by-case basis whether a placement would comprise the prisoner's health and safety and any management or security concerns. The PAQ indicated that this practice is taking place. At the time of the audit, the facility was housing three transgender females. A review of documentation indicated that two of the three had been evaluated by the GDCRC and facility staff and determined to be best housed at a male facility with another Gender Dysphoric or Gender Nonconforming prisoner. The one transgender female without the review had just arrived at the facility and the review was in process. The interviews with the transgender prisoners indicated that two of the three were asked about their safety by staff. The interview with the CM indicated that the original facility placement is completed by Central Office. She indicated that this review is done on a case-by-case basis and a review and management plan is created. Additionally, she indicated once the prisoners are at the facility, staff also consider their placement within the facility to ensure the prisoner's health and safety.

115.42 (d): PD 04.06.184, page 3, indicates that the prisoner shall be assessed by an appropriate medical provider, in consultation with the GDCRC, at least twice a year to determine if any changes are needed to the approved individual management plan. A review of documentation indicated that two of the three transgender females had biannual assessments completed in 2019. The one transgender prisoner had assessments completed in October and then in December while the other prisoner's assessments were completed in March and November. The third transgender female had just arrived at the facility and as such the biannual review was not due yet. The interview with the CM and the staff responsible for risk screening indicated that biannual reviews are completed, typically every six months. Additionally, risk assessments are completed annually in addition to the individual management plan review.

115.42 (e): PD 04.06.184, page 2, states that the prisoner's own views with respect to his or her own safety shall be given serious consideration. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex prisoners are asked about their safety during the assessments and this information is given serious consideration. Additionally, the CM indicated they discuss the safety with prisoners because they want to determine what each transgender prison is most comfortable with. The interviews with the transgender prisoners indicated that two of the three were asked about their own view with respect to their safety.

115.42 (f): PD.04.06.184, page 3, indicates that if an evaluation supports a diagnosis of Gender Dysphoria that the evaluator shall give consideration of the access to toilet and shower facilities relative to privacy in the individual management plan. During the tour it was confirmed that all showers had either a door or shower curtains and as such all prisoners were provided privacy. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The CM indicated that transgender inmates are afforded the opportunity to shower during count times and that the housing units have individual shower stalls with curtain. The interviews with the

transgender prisoners indicated that all three were afforded the opportunity to shower separately. Additionally, a review of the individual management plans indicates a section related to showers and toilets and the prisoner's privacy.

115.42 (g): The facility does not have a method to track LGB self-identified inmates, however a review of housing assignments of the three transgender prisoners indicated that these inmates were assigned to various dorms throughout the facility. The interviews with the PC and CM confirmed that LGBTI prisoners are not placed in one specific housing unit.

Based on a review of the PAQ, PD 04.06.184, PD 05.01.140, OP 03.03.140, the memo related to use of screening information, a sample of Transgender/Intersex biannual assessments, a review of prisoner housing assignment and information obtained from interviews with the PC, CM, staff responsible for the risk screening and transgender prisoners, this standard appears to be compliant.

Standard 115.43: Protective Custody

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 04.05.120
3. The Prison Rape Elimination Act (PREA) Manual

Interviews:

1. Interview with the Warden
2. Staff who Supervise Inmates in Segregated Housing

Findings (By Provision):

115.43 (a): The PREA Manual, page 16, indicates that prisoners at high risk for sexual victimization shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exists. It also states that 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. The PAQ indicated that there have been zero inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. The interview with the Warden indicated that prisoners would only be placed in

temporary segregation as a last resort and that there have not been any instances within the previous twelve months.

115.43 (b): The PREA Manual, page 17, indicates that if no less restrictive means of separation from the abuser or likely abuser exists, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 “Segregation Standards”. Additionally, it states that if a prisoner is placed in temporary segregation for this purpose he/she will have access to programs, privileges, education and work opportunities to the extent possible and all limitations to opportunities including the duration and reason for limitations would be documented. During the tour the auditor did not observe any inmates placed in segregation based on their high risk of sexual victimization. The interview with staff who supervise inmates in segregated housing indicated that prisoners in segregated housing would not have access to programs, privileges, education and work assignments, but that the limitations would be documented.

115.43 (c): The PREA Manual, page 17, indicates that if no less restrictive means of separation from the abuser or likely abuser exists, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 “Segregation Standards” for a time period not to ordinarily exceed 30 calendar days. The PAQ indicated that no inmates were assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. A review of documentation indicated no inmates were held in involuntary segregation for 30 days or more due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicated that prisoners would typically be held in involuntary temporary segregated housing only until an alternative means of separation could be arranged. He indicated that they could be held until the investigation was completed. The interview with the Warden indicated that prisoners would not be held in involuntary segregated housing for more than 24 hours typically. He indicated that they would be housed there the least amount of time necessary and that the facility would typically review the placement by the next day.

115.43 (d): The PAQ indicated that zero inmates were involuntarily segregated in the previous twelve months that required documentation of the basis for the facility’s concern for the inmates’ safety and the reason why no alternative means of separation could be arranged. A review of documentation indicated no inmates were held in involuntary segregation for 24 hours or more that would require this justification.

115.43 (e): The PREA Manual, page 17, indicates that every 30 calendar days, the facility shall afford the prisoner a review to determine whether there is a continuing need for separation from the general population. A review of documentation indicated no inmates were held in involuntary segregation for 24 hours or more that would require this justification. The interview with the staff who supervise inmates in segregated housing indicated that a review would be completed every 30 days and that it would be documented in a written report of the review.

Based on a review of the PAQ, PD 04.05.120, the PREA Manual, observations from the facility tour related to segregation areas as well as information from the interview with the Warden and staff who supervise inmates in segregated housing, indicate that this standard appears to be compliant

REPORTING

Standard 115.51: Inmate reporting

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. Policy Directive (PD) 05.13.118
4. Legislative Corrections Ombudsman (LCO) Memorandum of Understanding (MOU)
5. Prisoners Guidebook
6. Identifying and Addressing Sexual Abuse and Sexual Harassment Pamphlet
7. PREA Poster

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting in all Housings Units

Findings (By Provision):

115.51 (a): PD 03.03.140, page 5, indicates that prisoners may report allegations prohibited by policy, including threats of such conduct and retaliation for reporting such conduct, verbally or in writing to any Department employee, through the MDOC Sexual Abuse Hotline, through the PREA grievance process as outlined in policy, through the Legislative Corrections Ombudsman, or through a third party. A review of additional documentation indicated that methods of reporting are included on the PREA poster (Sexual Abuse Hotline), the prisoner guidebook (staff, Sexual Abuse Hotline, LCO or the Michigan State Police) and the pamphlet (verbally, written, Sexual Abuse Hotline, PREA grievance, the PREA Administrator, LCO or through family and friends via the website). During the tour, it was observed that information pertaining to how to report PREA allegations was outlined on the PREA posters throughout the facility. The posters indicated inmates could report via the Sexual Abuse Hotline. Interviews with inmates confirm that all 32 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. The majority knew numerous methods to report and most indicated they would report via the PREA hotline, in writing, to staff or through a family member. Interviews with twelve random staff confirmed that there are numerous methods for inmates to privately report sexual abuse and sexual harassment. Staff indicated that inmates could report to any staff member, could call the hotline or could report through a family member. During the tour the auditor tested the PREA hotline in two housing units to ensure access. The auditor received confirmation from the PC the same day the phones were tested that the calls were received and forwarded to him.

115.51 (b): PD 03.03.140, page 5, indicates that prisoners may report allegations prohibited by policy, including threats of such conduct and retaliation for reporting such conduct, verbally or in writing to any Department employee, through the MDOC Sexual Abuse Hotline, through the PREA grievance process as outlined in policy, through the Legislative Corrections Ombudsman, or through a third party. The LCO is the outside third-party reporting mechanism. PD 05.03.118 indicates on pages 3 and 4 that outgoing mail to the Office of the Legislative Corrections Ombudsman shall not be opened or otherwise inspected by staff prior to mailing. The MOU with the LCO indicates that prisoners can report sexual abuse and sexual harassment and that the LCO will immediately forward prisoner reports of sexual abuse and sexual harassment to MDOC officials, allowing the prisoner to remain anonymous upon request. The MOU was initially signed in September 2014. A renewal was not signed in 2017, however documentation provided by the agency indicated that there is still a working relationship and LCO is still an outside reporting entity. A review of the prisoner guidebook and the pamphlet indicate that prisoners are informed of the outside reporting mechanism (LCO). The interview with the CM indicated that prisoners can report through LCO, Just Detention International (JDI), through the local Sheriff's Office and through the MSP. The CM indicated that all of these mechanisms would involve the information being immediately reported back to the facility through the PC. Interviews with inmates confirm that 32 inmates were aware of the outside reporting mechanism and that the information is posted around the facility. A memo from the PREA Analyst indicated that the facility does not detain prisoners solely for civil immigration purposes so this section of the provision does not apply.

115.51 (c): PD 03.03.140, page 5, notes that prisoners may report allegations prohibited by policy, including threats of such conduct and retaliation for reporting such conduct, verbally or in writing to any Department employee, through the MDOC Sexual Abuse Hotline, through the PREA grievance process as outlined in policy, through the Legislative Corrections Ombudsman, or through a third party. It further states that if reported verbally to an employee, the employee shall document it in writing as soon as

possible and report it to the appropriate supervisory staff. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the prisoner guidebook and sexual abuse pamphlet indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with inmates confirm that all 32 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. Interviews with a staff indicate that they accept all allegations of sexual abuse and sexual harassment, that they immediately report any allegation to their supervisor and that they document the allegation.

115.51 (d): The PAQ indicates that the agency has a procedure for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with staff indicate that they can privately report sexual abuse and sexual harassment of prisoners to any supervisor, to the Inspector (also the CM) and through the Sexual Abuse Hotline. A review of documentation confirmed that staff are able to report via the Sexual Abuse Hotline.

Based on a review of the PAQ, PD 03.03.140, PD 05.13.118, the MOU, the prisoner's guidebook, the sexual abuse pamphlet, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the CM, random inmates and random staff, this standard appears to be compliant.

Standard 115.52: Exhaustion of administrative remedies

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. ECF Operating Procedure (OP) 04.01.140
4. PREA Prisoner Grievance Form (Step I) - CAJ-1038A
5. PREA Prisoner Grievance Appeal Form (Step II) – CAJ-1038B

Findings (By Provision):

115.52 (a): PD 03.03.140 is the policy related to inmate grievances/administrative remedy. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): PD 03.03.140 describes the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 7 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 6 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. Additionally, OP 04.01.140 indicates on page 1 that prisoners receive information during prisoner orientation on the disciplinary and grievance process. A review of the orientation packet indicated that information is provided to prisoners related to the grievance process.

115.52 (c): PD 03.03.140 outlines the grievance process for allegations of sexual abuse and sexual harassment. Page 7 specifically state that the prisoners shall not be required to submit a PREA grievance to a staff member who is the subject of the complaint and that grievances will not be referred to staff members who are the subject of the complaint. Additionally, OP 04.01.140 indicates on page 1 that prisoners receive information during prisoner orientation on the disciplinary and grievance process. A review of the orientation packet indicated that information is provided to prisoners related to the grievance process.

115.52 (d): PD 03.03.140 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 7 indicates that the PREA Coordinator shall ensure a written response is provided to the prisoner within 60 calendar days of the receipt of the Step I PREA Grievance, absent an extension. It also states that the facility may claim an extension, not to exceed 70 calendar days, if the normal time period for the response is insufficient to make an appropriate decision regarding the grievance. The prisoner is required to be notified in writing of the extension and the date which a decision will be made. The policy further states that the prisoner may appeal a Step I decision to Step II if s/he is dissatisfied with the Step I response or did not receive a Step I response in a timely manner. Additionally, the Step II response is required to be issued within 90 calendar days of receipt of the Step I PREA Grievance, absent an extension, and is considered to be the final decision regarding the matter. The PAQ indicated that there were two grievance of sexual abuse filed in the previous twelve months. The PAQ indicated that the grievances were both completed within the 90-day timeframe. A review of the one grievance indicated that it was received on January 18, 2019 and a response was provided to the prisoner on February 14, 2019 indicating the allegation was referred for investigation. A second grievance was received on June 24, 2019 however at the time of the audit a copy of the response was not provided. A review of the allegation tracker indicated that two sexual abuse allegations were reported via a PREA grievance while nine other sexual abuse allegations were reported via a grievance. Further clarification indicated that the term grievance is simply a written format of the report and it is not the actual PREA grievance process. Facility and agency staff confirmed that a separate grievance process was created for PREA and as such any informal written document would be considered a regular grievance rather than the PREA grievance which is on CAJ-1038A and CAJ-1038B.

115.52 (e): PD 03.03.140 outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specifically, page 7 states that third parties, including fellow prisoners, staff members, attorneys, and outside advocates shall be permitted to assist inmates in filing PREA grievances related to sexual abuse, and shall be permitted to file such grievances on behalf of the inmate. In addition, it states that if a PREA grievance is filed by a third-party on behalf of a prisoner, that the alleged victim must sign the PREA grievance authorizing the grievance to be filed on his/her behalf. Failure to sign the grievance will result in the grievance being immediately dismissed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the allegation tracker indicated that two sexual abuse allegations were reported via a PREA grievance and that neither of those allegations were filed by a third party.

115.52 (f): PD 03.03.140 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, pages 7 and 8 states that if a prisoner has reasonable belief s/he is subject to substantial risk of imminent sexual abuse, s/he may file an Emergency PREA Grievance in order to seek protection from the imminent risk. It further states that upon receipt of the Emergency PREA Grievance, staff shall forward the grievance to the Warden, or designee, in order for immediate corrective action to be taken, if appropriate. The Warden, or designee is required to provide a response within 48 hours addressing the prisoners claim regarding imminent risk and whether emergency action is necessary. The facility's initial response will be forwarded to the PREA Manager who will provide the Department's final decision within five calendar days of the submission of the grievance. The PAQ indicated that there have been two emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. Further review indicated that there were actually three emergency grievances, as one prisoner filed two emergency grievances related to the same issue. A review of the three emergency grievances indicated that one was received on December 10, 2019 and was responded to by the facility on the same day. The grievance was forwarded to the PREA Manager who provided the final decision to the prisoner on December 16, 2019. The second was received by the facility on December 16, 2019 and was responded to by the facility on the same day. The grievance was forwarded to the PREA Manager who provided the final decision on December 19, 2019. The third was received by the facility on November 4, 2019 and was responded to by the PREA Manager on November 5, 2019. A review of the allegation tracker indicated that these allegations were reported under the PREA grievance, however they were sexual harassment allegations and as such were not captured in the sexual abuse grievance

numbers. A review of the log further indicated that no other emergency PREA grievances were filed in the previous twelve months.

115.52 (g): PD 03.03.140, page 2, indicates that if a prisoner makes false allegations of sexual abuse on a PREA grievance which is investigated and determined to be no evidence/unfounded, the prisoner may be disciplined in accordance with policy. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

While a review of the PAQ, PD 03.03.140, OP 04.01.140, CAJ-1038A, CAJ-1038B, a review of the grievances and a review of the allegation tracking log indicates that provisions (a)-(c) and (d)-(f) appear to be compliant, the auditor was unable to determine if provision (d) was compliant due to missing documentation. The facility had two grievances documented, and while one was responded to within the 90-day period, the second grievance response was unable to be located during the audit. Until documentation can be located the auditor is unable to determine compliance with this standard and as such provision (d) is not met and this standard is not compliant.

Corrective Action:

The facility will need to provide the auditor with the required documentation related to the second grievance response.

Verification of Recommendations since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Prisoner Grievance

After the issuance of the Interim Audit Report, the auditor was provided the second grievance response. On May 20, 2020, the PREA Analyst located the appropriate grievance response and provided it to the auditor. The grievance was received on June 24, 2019 and a response was provided to the prisoner on July 1, 2019 indicating that the allegation was referred for investigation. After receiving the appropriate documentation the auditor determined this standard is was compliant during the interim report and now that documentation was reviewed is now able to show this standard corrected and compliant.

Standard 115.53: Inmate access to outside confidential support services

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 05.03.118
3. Policy Directive (PD) 05.03.130
4. An End to Silence Handbook
5. PREA Poster
6. MOU with Just Detention International

Interviews:

1. Interview with Random Inmates

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that inmates are provided access to outside victim emotional support services related to sexual abuse through a mailing address and a phone numbers and that the facility enables reasonable communication with these services in as confidential a manner as possible. A review of the PREA poster as well as the handbook indicated that prisoners are provided a phone number to Just Detention International and a mailing address to the Michigan Protection and Advocacy Service, Inc. (MPAS). PD 05.03.130 noted on page 4 and on attachment B that the phone number to JDI is on the universal phone list and that all prisoners have access to this phone number. During the tour the auditor observed that all PREA signage contained the phone number to JDI as well as an anonymous pin that prisoners were authorized to use in order to remain anonymous. Interviews with random inmates indicated that nine were familiar with the victim advocacy/emotional support information. While inmates did not indicate they were familiar with the advocacy information, the majority of the inmates indicated they received PREA information at orientation and knew that there was information posted around the facility. The victim advocacy information is contained on the "An End to Silence" handbook and on the

PREA signage, therefore inmates were provided this information at intake and walk by this information daily in the facility. Interviews with inmates who reported abuse indicated that they were not provided an advocate and did not speak to anyone related to the victimization. It should be noted that none of the prisoners interviewed received a forensic examination and all had access to the JDI hotline. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that inmates were informed of the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. PD 05.03.130 and PD 05.03.118 indicated that all phone calls and mail correspondence to the advocacy centers (JDI and MPAS) are unmonitored. Inmates are informed of this information via orientation. Additionally, the information is contained on the PREA posters. Interviews with random inmates indicated that nine were familiar with the victim advocacy/emotional support information. While inmates did not indicate they were familiar with the advocacy information, the majority of the inmates indicated they received PREA information at orientation and knew that there was information posted around the facility. The victim advocacy information is contained on the “An End to Silence” handbook and on the PREA signage, therefore inmates were provided this information at intake and walk by this information daily in the facility. The confidentiality information is contained in the orientation packet information and on the PREA posters and therefore the prisoners are informed that calls and correspondence are unmonitored. Interviews with inmates who reported abuse indicated that they were not provided an advocate and did not speak to anyone related to the victimization. It should be noted that none of the prisoners interviewed received a forensic examination and all had access to the JDI hotline.

115.53 (c): The agency has a MOU with Just Detention International that indicates JDI will provide a statewide, sexual abuse support line for incarcerated sexual abuse survivors in MDOC facilities. Additionally, the MOU indicates that JDI shall engage the Michigan Coalition to End Domestic and Sexual Violence and local rape crisis centers with the goal of building the capacity of Michigan service providers. A review of the MOU indicates it was signed and executed on April 11, 2018.

Based on a review of the PAQ, PD 05.03.118, PD 05.03.130, An End to Silence handbook, PREA posters, the MOU with the JDI, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates, this standard appears to be compliant.

Recommendation:

While information is included in the prisoner orientation packet and posted throughout the facility, the auditor recommends that information related to JDI, MPAS and qualified staff advocates be more thoroughly explained during the orientation process. The majority of the prisoner population was not aware of these services and as such would benefit from additional information with a more specific description of services and explanation of available services.

Standard 115.54: Third-party reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. PREA Posters

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the PREA posters as well as the agency’s website (https://www.michigan.gov/corrections/0,4551,7-119-68854_70096-340267--,00.html) confirms that third parties can report on behalf of an inmate. Third parties can contact the facility, call the Sexual Abuse Hotline, report online by clicking the “report online” link on the page or by writing the PREA Office. Additionally, PREA posters provide inmates information that can be shared with family and friends on reporting via the agency website or through the Sexual Abuse Hotline. The agency also provides the opportunity for third party grievances.

Based on a review of the PAQ, PREA posters and the agency’s website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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 persons 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. ECF Operating Procedure (OP) 03.03.140
4. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): PD 03.03.140, pages 4 and 5 and OP 03.03.140, page 2, outlines staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, threats of such conduct and retaliation for reporting such conduct. The PAQ along with interviews with random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, staff neglect and/or retaliation due to reporting such abuse. All twelve staff indicated they would document the allegation and immediately notify their supervisor.

115.61 (b): PD 03.03.140, page 4, states that reasonable steps shall be taken to ensure confidentiality of information obtained from reports of conduct prohibited by policy and any resulting investigations. It

further states that persons interviewed as part of an investigation shall be specifically warned not to discuss the investigation and any staff that intentionally compromise this confidentiality shall be subject to discipline. The PAQ and interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated they would only report to their supervisor and the CM.

115.61 (c): PD 03.03.140, page 5, indicates that employees who are Health Care and Mental Health practitioners are required to report allegations of sexual abuse that occurred in an institutional setting, whether or not the institution is part of the Department. It further states that practitioners shall inform the prisoner of the practitioner's duty to report and that confidentiality is limited. The interviews with medical and mental health care staff confirmed that they are required to report all allegation of sexual abuse that occurred within a confinement setting to security. All four of the medical and mental health care staff indicated they inform prisoners of their duty to report and their limits to confidentiality.

115.61 (d): PD 03.03.140, page 2, indicates that any allegations of alleged victims under the age of 18 or who are considered a vulnerable adult under a state or local vulnerable person statute shall be reported to the PREA Manager. The PREA Manager then is responsible for forwarding the allegation to the appropriate agencies, to the extent the law requires such reporting. The interviews with the PREA Coordinator and the Warden indicated that they had not had any of these reports but if they did, they would report the allegation through the MSP and the Department of Health and Human Services would be contacted.

115.61 (e): OP 03.03.140, page 3, indicates that all reported allegations of sexual abuse, sexual misconduct, sexual harassment or staff overfamiliarity, whether reported verbally or in writing will be referred for investigation. The interview with the Warden confirmed that this is the practice. A review of the fourteen investigative reports indicate that all allegations were reported to the facility investigator and an investigation was completed.

Based on a review of the PAQ, PD 03.03.140, OP 03.03.140, investigative reports and information from interviews with random staff, medical, mental health, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

Standard 115.62: Agency protection duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 05.01.140

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): PD 05.01.140, pages 5 and 6 state that whenever a prisoner is subject to imminent risk of sexual abuse the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Actions to protect the victim may include, but are not limited to, changes in housing units and/or assignments, transfers and stop orders. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. The interview with the Warden indicated that the prisoner would be removed from harm's way and then they would look at the situation to determine the reason for the potential abuse. The Agency Head Designee interview confirmed the prisoner would be immediately removed from the potential risk. The interview also indicated that the prisoners would be separated and that involuntary segregation would not be utilized unless it was the least restrictive method of separation possible. The interviews with random staff indicated that all would contact their supervisor and remove the inmate from the situation by separating him from the risk.

Based on a review of the PAQ, PD 05.01.140 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

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*)

Documents:

1. Pre-Audit Questionnaire

2. Policy Directive (PD) 03.03.140
3. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a). PD 03.03.140 pages 4 and 5, describe the requirements for reporting to other confinement facilities. Specifically, it states that if an allegation pertains to conduct at another facility the Warden shall provide email notification within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had two instances where inmates report that they were abused while confined at another facility. During the audit the auditor was not provided the two reports and as such was unable to determine compliance with this provision.

115.63 (b): PD 03.03.140 pages 4 and 5, describe the requirements for reporting to other confinement facilities. Specifically, it states that if an allegation pertains to conduct at another facility the Warden shall provide email notification within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had two instances where inmates report that they were abused while confined at another facility. During the audit the auditor was not provided the two reports and as such was unable to determine compliance with this provision.

115.63 (c): PD 03.03.140 pages 4 and 5, describe the requirements for reporting to other confinement facilities. Specifically, it states that if an allegation pertains to conduct at another facility the Warden shall provide email notification within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had two instances where inmates report that they were abused while confined at another facility. During the audit the auditor was not provided the two reports and as such was unable to determine compliance with this provision.

115.63 (d): PD 03.03.140, page 5, states that when receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation. The PAQ indicated that during the previous twelve months, the facility had three reports from other facilities that a prisoner reported that they were abused while confined at Oaks CF. A review of documentation indicated that all three allegations had an investigation completed. The interview with the Agency Head Designee indicated that the specific facility Warden or the PC are the designated staff persons that are contacted when another agency reports that a prisoner has been sexually abused or sexually harassed. The interview with the Warden confirmed that any allegation received from another facility or agency is assigned to an investigator at the facility and is fully investigated. The Warden indicated he was aware of one allegation that was received from Minnesota Department of Corrections.

Based on a review of the PAQ, PD 03.03.140, a review of notifications, a review of investigative reports and interviews with the Agency Head Designee and Warden provision (d) appears to be compliant. However, the auditor was unable to determine if provisions (a)-(c) were compliant. The facility had two allegations that required notification and documentation of these notification was not available to the auditor. As such, the auditor was unable to determine if notifications were made and if they were made in the appropriate timeframe. Based on the lack of documentation this standard is not compliant.

Corrective Action:

The facility will need to provide the auditor with the two notification to allow the auditor to review the documentation to determine compliance.

Verification of Recommendations since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Email from the PREA Analyst
2. Investigative Log

After the issuance of the Interim Audit Report, the auditor was provided an email from the PREA Analyst indicating that the PAQ contained an error and that there were zero instances where an inmate reported he was abused while confined at another facility. A review of the investigative report log and a sample of investigations confirmed there were zero allegations and the PAQ had an error. Based on this information this standard appears to have been compliant during the interim report and as such is corrected and compliant.

Standard 115.64: Staff first responder duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual
3. Sexual Violence Response and Investigation Guide
4. Investigative Reports

Interviews:

1. Interview with Security Staff and Non-Security Staff First Responders
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a). The PREA Manual pages 25 and 26 describe staff first responder duties. Specifically, page 25 states that custody staff shall; separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable, and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Additionally, a review of the Sexual Violence Response and Investigation Guide confirmed that the three steps above are included in the guide and the guide is utilized by all staff to direct them on steps and actions to take post sexual abuse. The PAQ indicated that during the previous twelve months, there have been 25 allegations of sexual abuse. Of these 25 allegations, two involved a custody staff member separating the victim and alleged perpetrator. Three however did occur within a timeframe that allowed for the collection of physical evidence. A review of the investigative reports for the three allegations indicated that security staff separated the victim and the alleged perpetrator in two of the three instances. The one allegation was reported after the victim and alleged perpetrator were already separated. Only one of the allegations required preservation of the crime scene and only one was documented that the staff member requested and ensured the prisoners did not destroy physical evidence. All three victims were taken to the local hospital for forensic examinations. Two exams were not completed by hospital staff due to their professional opinion that DNA evidence would not be able to be obtained. Interviews with first responders indicated they are well versed on their duties. All random staff interviewed indicated they would separate the prisoners, preserve evidence and preserve the crime scene. The custody first responder indicated he would contact his supervisor and also ensure the prisoner was taken to medical for services. The interviews with inmates who reported sexual abuse indicated that they all believed security staff responded appropriately. One prisoner indicated that he banged on his door and staff immediately opened the door and allowed him to exit. The other two inmate victims indicated they were away from their alleged perpetrators prior to reporting.

115.64 (b): The PREA Manual, pages 25 and 26 describe staff first responder duties. Specifically, page 26 states that non-custody staff first responders shall immediately notify his/her chain of command and request that the prisoner victim not take any action to destroy physical evidence. The PAQ indicated that during the previous twelve months, there has been one allegation of sexual abuse where the first responder was a non-security staff member. A review of the investigative report confirmed that the non-custody staff member notified security immediately and requested that the victim not destroy any physical evidence. The interview with the non-security first responders confirmed that she was aware of her first responder duties. She indicated she would immediately notify security staff. Interviews with random staff confirmed that they were all well versed on first responder duties to include separating the prisoners, preserving the crime scene and preserving physical evidence on the prisoner(s).

Based on a review of the PAQ, the PREA Manual, the Sexual Violence Response and Investigations Guide, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.65: Coordinated response

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*)

Documents:

1. Pre-Audit Questionnaire
2. Facility Response Plan to Sexual Abuse Allegations

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the Facility Response Plan to Sexual Abuse Allegations indicated that staff first responder duties, supervisory duties, facility leadership duties, medical and mental health duties and investigative duties were included in the plan. The plan includes the information and actions that each person and/or department is responsible for completing after an allegation of sexual abuse. The Warden confirmed that the facility has a policy related to their plan. Additionally, he indicated that each staff member has a booklet that includes responsibilities by position. A review of the booklet indicated that first responder duties were outlined.

Based on a review of the PAQ, the Facility Response Plan to Sexual Abuse Allegations and the interview with the Warden, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Collective Bargaining Agreement with Michigan Council 25
3. Security Unit Agreement with Michigan Corrections Organization SEIU Local 526M, CTW
4. Collective Bargaining Agreement with The Michigan State Employee Association
5. Labor Agreement with Michigan Public Employees, SEIU Local 517M
6. Primary Agreement with UAW Local 6000

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. The agency has five collective bargaining agreements. A review of all five indicated that all had a section that indicated that the employer has the authority to suspend, demote, discharge or take other appropriate disciplinary actions against employees for just cause. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement, however the agreement does not prevent nor would it limit the disciplinary process for staff.

115.66 (b): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. The agency has five collective bargaining agreements. A review of all five indicated that all had a section that indicated that the employer has the authority to suspend, demote, discharge or take other appropriate disciplinary actions against employees for just cause. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement, however the agreement does not prevent nor would it limit the disciplinary process for staff.

Based on a review of the PAQ, the five agreements and the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

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 inmates 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. The Prison Rape Elimination Act (PREA) Manual
4. Memorandum Related to PREA Retaliation Monitoring Tracking
5. Prison Rape Elimination Act (PREA) Sexual Abuse Retaliation Monitoring – CAJ-1022

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): PD 03.03.140, page 4, states that all prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation from reporting the incidents or participating in the investigation. The PAQ and the memo indicated that the facility has a policy and that retaliation monitoring is delegated to unit counselors and tracked via a spreadsheet.

115.67 (b): The PREA Manual, page 18, outlines that the Department shall act promptly to remedy any retaliation including employing protective measures such as housing changes, transfers, changes of alleged staff work assignments and continuing such monitoring beyond 90 calendar days if the initial monitoring indicates a need. The interview with the Agency Head Designee confirmed that the agency has a mandatory monitoring for 90-days of alleged victims of sexual abuse. The Agency Head Designee indicated that a few of the measures could include housing unit changes, work assignment changes or transfers to a different facility. The Warden indicated that prisoners or staff are met with weekly and checked on to ensure there is no retaliation. He stated that possible measures could include cell transfers, unit transfers and facility transfers. The interview with the staff member charged with monitoring retaliation indicated that he monitors them closely and does interviews with them. He indicated that he calls them to his office every two weeks for a face to face for twelve weeks. He also indicated that measures may include moving them to a different location in a dorm or to a completely different dorm. He also indicated that the perpetrator may be placed in segregation if necessary.

115.67 (c): The PREA Manual, pages 17 and 18 addresses that upon receipt of a sexual abuse allegation, staff shall initiate the 90-calendar day retaliation monitoring using the appropriate form. It indicates that the Department shall monitor for changes that may suggest possible retaliation by prisoners or staff, regardless if the prisoner is transferred. The PREA Manual indicates that staff who report sexual abuse will be monitored by supervisory staff, other than their direct supervisor, and that the supervisor will monitor for retaliatory performance reviews, reassignments and other retaliatory actions not substantiated as legitimate discipline or performance matters. With regard to prisoners who reported sexual abuse or who have been an alleged victim, the PREA Manual indicates that supervisory staff shall monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks. Page 18 indicates that monitoring may continue beyond 90 calendar days if the initial monitoring indicates a need. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of CAJ-1022 shows that the form has check boxes to indicate the required components are reviewed and monitored by the staff. A review of the twelve allegations of sexual abuse indicated that five had incomplete monitoring. While the facility goes above and beyond and conducts weekly monitoring checks with prisoners, the documentation of the monitoring is mostly incomplete. Two instances involved no documentation that monitoring was completed and three were documented to not extend to the full 90 days. Additionally, while monitoring was documented with face to face contact, the majority of the monitoring forms did not indicate that the required disciplinary reports, housing changes, program changes, performance reviews and reassignments were checked. The interview with the staff member charged with monitoring for retaliation indicated that he monitors prisoners or staff for twelve weeks (90 days) and that he monitors for any misconduct, unordinary movement, performance reviews and staff discipline. The monitoring staff indicated that if there was a report of retaliation that he would report the allegation for investigation and a new twelve-week monitoring process would start. The interview with the Warden indicated that if there was a report of retaliation that they would stop the relation immediately and would investigate the allegation. He indicated that they would also remove the person from the situation and ensure they are safe.

115.67 (d): The PREA Manual, page 17, states that supervisory staff will conduct period status checks when monitoring for retaliation. A review of the twelve allegations of sexual abuse indicated that ten incorporated weekly status checks. The review indicated that the facility exceeds the requirement by checking in with prisoners and staff weekly to ensure they are safe and not being retaliated against. The two allegations that did not have status checks, did not have any monitoring documentation available for

review. The interview with the staff responsible for monitoring indicated that he would call the prisoner or staff member to his office every two weeks for a face to face interview.

115.67 (e): The PREA Manual, page 18, states 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 the 90-calendar day retaliation monitoring if deemed necessary. A review of the CAJ-1022 forms indicated that no prisoners or staff who cooperated with investigation were required to be monitored. Additionally, no individuals expressed fear of retaliation based on the review of the forms. Interviews with the Agency Head Designee and Warden indicated that they would employ the same protective measures as stated previously related to staff and prisoners to include, a 90-day monitoring period, housing unit changes, work assignment changes or transfers to a different facility.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, the PREA Manual, a review of investigative reports, a review of monitoring efforts via the CAJ-1022s and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

Recommendation:

While monitoring is documented to be systematically conducted, there were a few instances where monitoring was not done or was incomplete. The auditor recommends that the monitoring staff be retrained on the requirements under this provision, specifically the required checks under provision (c). Additionally, the auditor recommends that the CM or a designated staff member be responsible for reviewing all monitoring documents over the next 90 days to ensure they are accurately and fully completed.

Standard 115.68: Post-allegation protective custody

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 04.05.120
3. The Prison Rape Elimination Act (PREA) Manual
4. Investigative Reports
5. Housing Logs

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of Segregation Unit

Findings (By Provision):

115.68 (a): The PREA Manual, page 16, indicates that prisoners who reported sexual victimization shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exists. It also states that 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. It also indicates on page 17 that if no less restrictive means of separation from the abuser or likely abuser exists, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 "Segregation Standards". All limitations, including duration and reasoning is required to be documented. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of the investigative reports for the fourteen allegations and the housing logs for the victims associated with those allegations indicated that none of the victims were involuntarily segregated due to their sexual abuse or sexual harassment allegation. During the tour, it was observed that there were no inmate victims of sexual abuse in restrictive housing as a means of involuntary protection or segregation due to an allegation of sexual abuse. The interview with the staff who supervise inmates in segregated housing indicated that inmates would typically be held in involuntary temporary segregated housing only until an alternative means of separation could be arranged. He indicated that they could be held until the investigation was completed. Additionally, he indicated that prisoners in segregated housing would not have access to programs, privileges, education and work assignments, but that the limitations would be documented. The interview with the Warden confirmed that prisoners would only be placed in temporary segregation as a last resort. He indicated that prisoners would not be held in involuntary segregated housing for more than 24 hours typically. He also indicated that they would be housed there the least amount of time necessary and that the facility would typically review the placement by the next day.

Based on a review of the PAQ, PD 04.05.120, the PREA Manual, investigative reports, housing logs and interviews with staff who supervise inmates in segregated housing and the Warden, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 01.01.140
3. Policy Directive (PD) 03.03.140
4. The Prison Rape Elimination Act (PREA) Manual
5. Letter from the Michigan State Police
6. PREA Memo
7. Investigative Reports
8. Investigator Training Records

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): PD 03.03.140 page 8, states that all investigations shall be conducted promptly, thoroughly and objectively. PD 01.01.140, page 3 further states that all employee misconduct and PREA related allegations shall be entered into the investigation system and referred to the Internal Affairs Division and/or the PREA Section. There were 25 allegations of sexual abuse and 65 allegations of sexual harassment reported at the facility in the previous twelve months. A review of the fourteen of the investigations confirmed that all were investigated at the facility level and the reports were thorough, objective and completely promptly. The interviews with the facility investigators indicated that once an

allegation is received the investigation is initiated immediately. The interviews indicated that facility investigator conduct administrative investigations and that they complete a prompt, thorough and objective report, including those received from the hotline and from outside entities (third parties).

115.71 (b): 03.03.140, page 2, requires that investigations of sexual abuse be completed by staff who have received specialized training. This training is completed through two curriculums; the MDOC's Basic Investigator Training and the NIC's Investigator training. A review of investigator training records indicated that the two facility investigators have completed the required training. One received the training most recently in January 2020 and the other in July 2019. Additionally, a review of documentation indicated that eight additional staff received the two specialized investigator trainings. Interviews with the two facility investigators indicated that they both received the NIC training as well as the MDOC Basic Investigator Training. One investigator indicated that they all recently went back through the MDOC investigator training and that all investigators throughout the state were required to do this.

115.71 (c): The PREA Manual, pages 28 and 29 state that the facility shall coordinate the actions of the investigation, first responders, law enforcement and forensic examiners to ensure that available direct and circumstantial evidence is gathered and preserved, including any physical DNA evidence and available electronic monitoring data. It also states that investigators shall interview alleged victims, suspected perpetrators and sufficient witnesses to establish facts. Additionally, page 29 states that the investigator shall also review prior complaints and reports of sexual abuse involving the suspected perpetrator at the facility/facilities. There were 25 allegations of sexual abuse and 65 allegations of sexual harassment reported at the facility in the previous twelve months. A review of the fourteen of the investigations indicated that all investigations included an interview of the victim, an interview of the alleged perpetrator (if applicable) and interviews of available witnesses (if applicable). Three allegations involved collection of physical evidence, however once at the hospital two were denied by the medical staff due to their professional opinion. Clothing and other physical evidence was also obtained in two of the cases. In all fourteen of the investigations the investigator reviewed the available video monitoring data as well as security rosters and any other available evidence. The interview with the investigators indicated that they receive the complaint, interview the victim and suspect(s), gather evidence including video monitoring data, physical evidence (clothing, bedding, etc.) and medical evidence (to include DNA), review any incident reports and prior complaints and complete the investigation within 60 days. The interview with the investigators indicated that they query their investigative database to determine if the alleged perpetrator had any prior complaints of sexual abuse or sexual harassment and print the query for the investigative file. However, they do not document in the report unless it is clearly linked to the current investigation.

115.71 (d): The PREA Manual, page 29, states that investigators shall interview alleged victims, suspected perpetrators and sufficient witnesses to establish facts. When the evidence appears to support criminal prosecution, the assigned inspector shall coordinate all investigative interviews with law enforcement to ensure that interviews conducted by the Department, if any, will not be an obstacle for subsequent criminal prosecution. A review of the fourteen investigative reports indicated that all interviews were voluntary and that no compelled interviews were conducted. The interview with the investigators confirmed that they do not deal with prosecutors, rather they refer the investigation to the Michigan State Police who would conduct any compelled interviews.

115.71 (e): The PREA Manual, page 29, states that the credibility of the alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as "prisoner" or "staff". Additionally, it states that a prisoner who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth telling device/serum as a condition for proceeding with the investigation of an allegation. The interview with the investigators indicated that credibility is based on evidence. Additionally, the interviews confirmed that the agency does not utilize polygraph tests or any other truth-telling devices. Interviews with inmates who alleged sexual abuse confirmed that none were required to submit to a polygraph test or other truth telling device.

115.71 (f): The PREA Manual, page 29, states that investigative reports shall include; an effort to determine whether staff actions or inaction contributed to the abuse, a description of physical, forensic

and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. A review of fourteen investigations from the previous twelve months indicated that all had a completed administrative investigation. The investigations included all required elements under this provision. The investigators gathered evidence to include physical, DNA and testimonial and a description of the evidence was included in the reports. Additionally, the investigator gathered information related to staffing and staff actions and included that information in the investigative report. No reports included a credibility assessment and as such information was not included, however the outcome of the evidence was based only on the facts and findings that were found in all fourteen of the reports. The one substantiated sexual abuse allegation involved abusive sexual contact by a staff member. The staff member was dismissed but the allegation was not referred for criminal prosecution as this responsibility lies with the law enforcement agency investigating the criminal aspect of a particular allegation. The interview with the two investigative staff indicated that if an administrative investigation is completed it would be documented in a written report. The interviews confirmed that the reports would include who, what, where, when, the narrative, the summary and the resolution (case outcome). They indicated that staffing would be reviewed, cameras would be reviewed, interviews would be conducted, evidence would be collected and processed and all the information would be analyzed to produce an outcome.

115.71 (g): Criminal investigations are completed by the Michigan State Police. The letter from the Deputy Director indicates that the agency is responsible for conducting criminal allegations of sexual abuse in MDOC prisons and that they comply with PREA standard 115.21, however there is no mention of 115.71. No criminal investigations were completed by the MSP, however based on information from the facility, MSP reports are documented in a written report that typically contains information related to the allegation, all applicable interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interviews with the investigators confirmed that the Michigan State Police conduct criminal investigations and that their investigations are documented in a written report.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PREA memo indicated that there is a very rigid protocol in regard to referring substantiated allegations of conduct directly to the prosecutor's office and that such responsibility lies solely with the law enforcement agency investigating the criminal aspect of the allegation. The PAQ indicated that there have been zero allegations referred for prosecution since the last PREA audit. A review of fourteen investigations indicated that none were referred for prosecution. The interview with the investigators indicated that allegations that appear to be criminal are referred to the Michigan State Police. The MSP are then responsible for referrals for prosecution.

115.71 (i): The PREA Manual, page 30, states that 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 review of sexual abuse and sexual harassment investigations from 2014 to present confirmed that they are properly retained by the agency.

115.71 (j): PD 03.03.140, page 8, indicates that an investigation shall not be closed simply due to the resignation, transfer or termination of the accused staff person. Additionally, the PREA Manual, page 29 states that a thorough investigation shall be completed even if the alleged abuse departs from Department employment, the victim or perpetrator departs from the control of the facility or the victim or perpetrator departs from the control of the Department. All investigations reviewed were completed, whether the alleged abuser or victim departed from the facility/agency. The interviews with the investigators confirmed that all investigations are completed no matter if staff leave/resign or if a prisoner departs the facility or Department's custody.

115.71 (k): The agency is responsible for conducting administrative investigations while the Michigan State Police is responsible for conducting criminal investigations. A review of the letter from the Michigan State Police confirms that they are responsible for investigating criminal allegations of sexual abuse in MDOC prisons. The letter further states they comply with standard 115.21 related to evidence protocol and forensic medical examinations.

115.71 (I): The agency is responsible for conducting administrative investigations while the Michigan State Police is responsible for conducting criminal investigations. A review of the letter from the Michigan State Police confirms that they are responsible for investigating criminal allegations of sexual abuse in MDOC prisons. The letter further states they comply with standard 115.21 related to evidence protocol and forensic medical examinations. The interview with the Warden, PC, CM and investigative staff indicated that the Department has a great working relationship with the MSP. The CM and facility investigators work closely with the MSP and assist them as necessary. Updates are provided through the facility investigators and a parallel administrative investigation is completed at the facility once the criminal investigation is completed by the MSP.

Based on a review of the PAQ, the PREA Manual, PD 01.01.140, PD 03.03.140, the letter from the Michigan State Police, the PREA memo, a review of investigative reports, investigator training records and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and investigative staff, this standard appears to be compliant.

Recommendation:

While a preliminary review of prior sexual abuse and sexual harassment allegations is conducted, there is no documentation in the written report related to this query. The auditor recommends that in addition to the database printout in the investigative file, that the investigator include the findings of the query in the investigative report.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PREA Manual, page 29, indicates a preponderance of evidence shall be the standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of fourteen sexual abuse and sexual harassment investigations confirmed that all only required a

preponderance of evidence to make a substantiated finding. The interviews with investigative staff indicated that 51% would be the level to substantiate an investigation.

Based on a review of the PAQ, the PREA Manual, investigative reports and information from the interviews with investigative staff it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. The Prison Rape Elimination Act (PREA) Manual
4. Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Actions – CAJ-1021
5. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): PD 03.03.140, page 7, describes the process for reporting investigative information to prisoners. Specifically, it states that the Warden 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 Finding and Action Form (CAJ-1021) shall be used for this purpose. The PAQ indicated that there were 24 sexual abuse investigations completed within the previous twelve months and that 23 inmates were notified of the outcome of the investigation. A review of the fourteen investigations indicated that all fourteen included a victim notification via the CAJ-1021. The review included allegations of sexual abuse and sexual harassment; therefore the facility exceeds this provision as they provide prisoners notifications of both sexual abuse and sexual harassment allegations. The interviews with the Warden and the Investigative staff confirmed that prisoners are provided a copy of the CAJ-1021 indicating the outcome of the investigation. The interviews with inmates who reported sexual abuse confirmed that two of the three received information on the outcome of their investigation.

115.73 (b): The PREA Manual, page 30, states that the assigned investigator shall remain informed about the progress of the criminal investigation and disposition. The PAQ indicated that when an outside entity conducts investigations that the agency requests relevant information from the investigative entity

in order to inform the inmate of the outcome of the investigation. The PAQ indicated that there have been no investigations completed by an outside entity within the previous twelve months. The Michigan State Police are responsible for conducting criminal investigations.

115.73 (c): PD 03.03.140, page 7, describes the process for reporting investigative information to prisoners. Specifically it requires that following an allegation that a staff member committed sexual abuse against a prisoner, the facility notify the prisoner (unless it is unfounded) about any disciplinary action taken, whenever the staff member is no longer assigned to the prisoner's unit, whether the staff member is no longer employed at the facility, whether the staff member has been indicated and whether the staff member has been convicted. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been seven substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed that there has been one substantiated sexual abuse allegation against a staff member in the previous twelve months. A review five investigation determined that four did not require any notification while the one substantiated allegation that required the notification had no documentation indicating that the prisoner was informed that the staff member was no longer employed at the facility and that the staff member was disciplined (as outlined in policy). Further information obtained indicated that the original allegation was not coded as a sexual abuse allegation and as such the notification was an oversight. While this does not appear to be a systemic issue, the lack of documentation to prove that this provision is compliant is unavailable. The interviews with the inmates who reported sexual abuse indicated that none were informed of any of the requirements under this provision, however upon review only one involved a staff member and the notification was not required.

115.73 (d): PD 03.03.140, page 7, indicates that following allegations that a prisoner was sexually abused by another prisoner, the Department shall subsequently inform the alleged victim whenever the alleged abuser has been indicted or that the alleged abused has been convicted. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there have not been any substantiated allegations of prisoner on prisoner sexual abuse in the previous twelve months. The interviews with the inmates who reported sexual abuse indicated that none were informed of any of the requirements under this provision, however upon review two involved another prisoner, neither of which were substantiated and as such notifications were not required.

115.73 (e): PD 03.03.140, page 7, describes the process for reporting investigative information to prisoners. Specifically, it states that the Warden 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 Finding and Action Form (CAJ-1021) shall be used for this purpose. The PAQ indicated that there were 23 notifications made during the audit period. A review of fourteen investigative reports confirmed that all fourteen victims received notification related to the outcome of their investigation via the CAJ-1021.

115.73 (f): This provision is not required to be audited.

While provisions (a), (b), (d) and (e) appear to be compliant based on a review of the PAQ, PD 03.03.140, the PREA Manual, investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, documentation under provision (c) is not adequate for the auditor to determine compliance. Therefore corrective action is required. While the policy indicates under provision (c) that prisoners are to be informed when staff have been disciplined, moved from the unit, no

longer employed at the facility, indicted or convicted, the one instance of a substantiated case did not involve any documented notifications to the prisoner. Further information obtained indicated that the original allegation was not coded as a sexual abuse allegation and as such the notification was an oversight. While this does not appear to be a systemic issue, the lack of documentation to prove that this provision is compliant is unavailable. Therefore, the auditor requests that the facility correct the current issue and provide the victim in the substantiated case a notification related to the staff abuser. Additionally, the auditor would like documentation indicating how this oversight will be avoided in the future along with signatures from the staff involved on the training/information they were provided to ensure correction of this issue.

Verification of Recommendations since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memo from the Warden
2. Staff Training Documents
3. Inmate Notification Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (c). The auditor had communication with the PREA Analyst and PREA Coordinator related to an update regarding the implementation of the corrective action. On June 17, 2020 the PREA Analyst provided the auditor with an email from the facility CM indicating the process for notifying prisoners when staff are moved, terminated, convicted or indicted. The new process will be incorporated in the sexual abuse incident review and will be the responsibility of the CM. She indicated via email the process and her responsibilities under this new process. Additionally, the PREA Analyst provided the auditor with the inmate notification for the one substantiated allegation where the staff member was terminated. Based on a review of the memo, the signatures and the prisoner notification, this standard appears to be corrected and compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 02.03.100
3. Policy Directive (PD) 03.03.140
4. The Prison Rape Elimination Act (PREA) Manual
5. Investigative Reports

Findings (By Provision):

115.76 (a): PD 03.03.140, page 4, states that staff sexual harassment/sexual misconduct and staff overfamiliarity are violations of Department work rules. Staff that engage in such conduct are subject to disciplinary action pursuant to PD 02.03.100 "Employee Discipline". It is also a felony for staff to engage in sexual contact with a prisoner. Page 2 of PD 02.03.100 indicates that discharge is the discipline for sexual contact with an offender while the discipline for sexual harassment of an offender is determined by the Chief Deputy Director or designee and may be any sanction up to and including discharge.

115.76 (b): PD 03.03.140, page 4, states that staff sexual harassment/sexual misconduct and staff overfamiliarity are violations of Department work rules. Staff that engage in such conduct are subject to disciplinary action pursuant to PD 02.03.100 "Employee Discipline". It is also a felony for staff to engage in sexual contact with a prisoner. Page 2 of PD 02.03.100 indicates that discharge is the discipline for sexual contact with an offender while the discipline for sexual harassment of an offender is determined by the Chief Deputy Director or designee and may be any sanction up to and including discharge. The PAQ indicated that there were two staff member who violated the sexual abuse and sexual harassment policies within the previous twelve months. Of the two staff, one was terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies. A review of the substantiated sexual abuse investigation confirmed that the staff member resigned from her position prior to the closure of the investigation. A disciplinary review process was initiated for policy violations, however the employee no longer worked for the Department and as such did not attend. The documentation indicated that the discipline for the violation was dismissal. A review of a second allegation that was a sexual harassment was determined not to be repeated and therefore did not rise to the level of PREA. The report indicated that the staff member was disciplined for a one-time statement/gesture of a sexual nature

toward a prisoner. While it was not repeated and did not rise to the level of PREA, it was still reported, investigated and ultimately required staff discipline.

115.76 (c): The PREA Manual, page 31, states that disciplinary sanctions for sexual harassment and other violations of Department sexual abuse and sexual harassment policies and work rules shall be commensurate with policy and the nature and circumstances of the acts committed, the staff member's disciplinary history and sanctions imposed for comparable offenses committed by other staff with similar histories. The PAQ indicated that there has been one staff member that was disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of that allegation determined that it was not repeated and therefore did not rise to the level of PREA. The report indicated that a staff member was disciplined for a one-time statement/gesture of a sexual nature toward a prisoner. While it was not repeated and did not rise to the level of PREA, it was still reported, investigated and ultimately required staff discipline.

115.76 (d): The PREA Manual, page 31, states that all discharges for sexual abuse and sexual harassment of a prisoner, or resignations by staff who would have been discharged if not for their resignation, shall be reported to law enforcement agencies. The PAQ indicated that there have been no staff that were reported to law enforcement or licensing agencies for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of the substantiated sexual abuse investigation indicated that the contact did not rise to the level of a criminal offense and therefore would not have been reported to law enforcement. Additionally, the staff member was not custody staff, medical staff or mental health staff and therefore there were no relevant licensing bodies to report the information.

Based on a review of the PAQ, PD 02.03.100, PD 03.03.140, the PREA Manual and a review of investigative reports, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): PD 03.03.140, page 4, states that it is a felony for a contractual employee or volunteer to engage in sexual contact with an offender. A contractual employee or volunteer who engages in such behavior shall be prohibited from providing services with any Department correctional facility. The PAQ indicated that the agency requires any contractor or volunteer who engages in sexual abuse be reported to local law enforcement agencies and relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. A review of investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against contractors or volunteers during the audit period.

115.77 (b): The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor not being allowed admittance to the prison. He also indicated that it would be reported and investigated.

Based on a review of the PAQ, PD 03.03.140, a review of investigative reports and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

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)

- If the agency prohibits all sexual activity between inmates, 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.105
3. ECF Operation Procedure 03.03.105
4. The Prison Rape Elimination Act (PREA) Manual
5. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): OP 03.03.105, page 1, indicates that alleged violations of written rules are classified as Class I, Class II or Class III and are further defined in PD 03.03.105. The structure of the disciplinary process is of progressive sanction, with the maximum sanction reserved for only the most serious and persistent violators. PD 03.03.105, Attachment A, page 2 illustrates that sexual assault falls under a Class I rule violation. Attachment B, page 1 indicates the sanctions for Class I rule violations include, detention

(punitive segregation), toplock, loss of privileges and restitution. The PAQ indicated that there have been no administrative or criminal investigative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of the investigative reports confirmed that there were ten allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

115.78 (b): OP 03.03.105, page 1, indicates that alleged violations of written rules are classified as Class I, Class II or Class III and are further defined in PD 03.03.105. The structure of the disciplinary process is of progressive sanction, with the maximum sanction reserved for only the most serious and persistent violators. PD 03.03.105, Attachment A, page 2 illustrates that sexual assault falls under a Class I rule violation. Attachment B, page 1 indicates the sanctions for Class I rule violations include, detention (punitive segregation), toplock, loss of privileges and restitution. The interview with the Warden indicated that prisoners who violate sexual abuse policies will be subject to misconducts and potentially prosecution. He indicated they could receive a loss of privileges and/or detention sanctions (segregation). He indicated that the sanction would be commensurate with the nature and circumstances of the abuse and the prisoner's disciplinary history and comparable offense by other prisoners. A review of the investigative reports confirmed that there were ten allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

115.78 (c): The interview with the Warden indicated that the inmate's mental health would be reviewed to determine if he had any illnesses or disabilities that contributed to his actions. The Warden confirmed that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. A review of the investigative reports confirmed that there were ten allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

115.78 (d): PD 03.03.140, pages 10 and 11 indicate that prisoners with a history of sexual aggressive behavior or who have been found guilty of sexually aggressive behavior while incarcerated, shall be referred to mental health services, counseling and other necessary mental health services, as appropriate. The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, however, it is voluntary and that they would not require it in order to participate in other activities and obtain other privileges.

115.78 (e): The PREA Manual, page 32, states that 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. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. A review of the allegations of staff on inmate sexual abuse indicated no inmates were disciplined.

115.78 (f): The PREA Manual, page 32, states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ indicated that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): PD 03.03.140, page 4, states that prisoners are prohibited from having sexual contact with other prisoners. A prisoner who willingly engages in such behavior is subject to discipline. The PAQ indicated that the agency prohibits all sexual activity between inmates and that it only deems such activity to constitute sexual assault if it is determined that the activity was coerced.

Based on a review of the PAQ, PD 03.03.105, OP 03.03.05, the PREA Manual, a review of investigative reports, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

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? (N/A if the facility is not a prison.)
 Yes No NA

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 NA

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. The Prison Rape Elimination Act (PREA) Manual
4. Mental Health Documents
5. Prison Rape Elimination Act Authorization for Release of Information – CAJ-1028

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Inmate who Disclose Victimization at Risk Screening
3. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PREA Manual, page 14 and PD 03.03.140, page 9, describes medical and mental health screenings related to sexual abuse. Specifically, the PREA Manual states that if a PREA Risk Assessment or PREA Risk Assessment Review indicates a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. PD 03.03.140 states that prisoners identified as having a history of physical or sexual abuse, or who pose a reasonable concern that may be sexually victimized shall be referred as set forth in PD 04.01.105. The PAQ indicated that inmates who disclosed prior sexual victimization are offered a follow-up with medical or mental health within fourteen days. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for thirteen prisoners who were identified as disclosing prior victimization during the risk screening indicated that ten were completed within the fourteen days, one was completed past the fourteen-day timeframe and two were not completed at all. Interviews with staff responsible for the risk screening indicated that a form is filled out and emailed to mental health. The interviews confirmed that prisoners are typically seen within a few days. Interviews with the three prisoners identified as disclosing prior victimization indicated that two stated they were seen by mental health within fourteen days while one stated he had never seen mental health.

115.81 (b): The PREA Manual, page 14 and PD 03.03.140, page 9, describe the medical and mental health screenings related to sexual abuse. Specifically, the PREA Manual states that if a PREA Risk Assessment or PREA Risk Assessment Review indicates a prisoner has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up meeting with a mental health practitioner within fourteen calendar days of the intake screening. PD 03.03.140 also states that prisoners with a history of sexually aggressive behavior, or who are found guilty of sexually aggressive behavior shall be referred to mental health services for assessment, counseling and other necessary mental health services. The PAQ indicated that 100% of those inmates who reported previously perpetrating sexual abuse, were seen within fourteen days by medical or mental health. Interviews with staff responsible for the risk screening indicated that a form is filled out and emailed to mental health. The interviews confirmed that prisoners are typically seen within a few days.

115.81 (c): This provision does not apply as the facility is not a jail but rather a state prison.

115.81 (d): The PREA Manual, page 14 and the PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff. The PAQ did indicate though that the information is only shared with other staff as necessary, to inform treatment plans and security and management decision. During the tour, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting.

15.81 (e): PD 03.03.140, page 5 as well as the PAQ indicated that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Additionally, it states that the prisoner's informed consent (CAJ-1028) shall be retained for auditing purposes. During the tour the auditor observed signs in the medical and mental health areas that informed prisoners about limitations of confidentiality. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting victimization that did not occur in an institutional setting and that they disclose their duty to report as they are mandatory reporters.

Based on a review of the PAQ, PD 03.03.140, the PREA Manual, CAJ-1028, medical and mental health documents, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. Policy Directive (PD) 03.04.100
4. The Prison Rape Elimination Act (PREA) Manual
5. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): PD 03.03.140, page 5, describes inmates' access to emergency medical and mental health treatment. Specifically, it states that prisoners who report that they have been the victim of prisoner on prisoner sexual abuse or staff sexual misconduct shall be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection and treatment. They also shall be referred to BHCS mental health services staff for assessment, counseling and other necessary mental health services. The PAQ indicated that inmates receive timely unimpeded access to emergency medical treatment and crisis interventions and that the nature and scope are determined by medical and mental health staff based on their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. A review of the twelve sexual abuse allegations indicated that all were provided immediate access to medical services as well as access to mental health services. Additionally, three victims were transported to the local hospital for forensic medical examinations. During the tour, the auditor noted that the numerous medical areas were private and allowed for adequate confidentiality. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement and current policy and procedure. Interviews with three prisoners who reported abuse indicated that all three were seen by mental health and two were seen by medical. The one who indicated that he was not seen by medical stated that his allegation did not involve penetration.

115.82 (b): The PREA Manual, page 26 and the PAQ indicated that if no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse, that custody staff first responders shall take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. A review of the twelve sexual abuse allegations indicated that all were seen by medical after the allegation. The interviews with first responders indicated the prisoners would be immediately separated and protected. The staff member would contact a supervisor and the prisoner would be taken to medical.

115.82 (c): PD 03.04.100, page 10, indicates that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. A review of the twelve sexual abuse allegations

indicated that two involved incidents applicable for sexual transmitted infection prophylaxis. Of those incidents, both prisoners were documented with being provided the required access and information. Interviews with medical staff confirm that prisoners receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with the three inmates who reported sexual abuse indicated that two did not involve penetration, but the one that did was offered prophylaxis.

115.82 (d): PD 03.04.100, page 10 and the PAQ state that treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.

Based on a review of the PAQ, PD 03.03.140, PD 03.04.100, the PREA Manual, medical and mental health documents, and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

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

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. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.04.100
3. The Prison Rape Elimination Act (PREA) Manual
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): PD 03.04.100, page 10, states that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. The PAQ indicated that the agency offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that there were numerous medical areas for treatment of inmates. All of the rooms are private and allow for confidentiality. Medical staff are on site at the facility during normal business hours and prisoners are transported to the local hospital after hours and for emergencies.

115.83 (b): The PREA Manual, page 27, states that the evaluation and treatments shall include as deemed medically appropriate follow up services, treatment plans and when necessary referrals for continued care following their transfer, placement in other facilities or release from custody. A review of medical and mental health records for the twelve sexual abuse allegations confirmed that all were provided medical and/or mental health services. Numerous prisoners were provided follow up appointments and services. Interviews with medical and mental health care staff confirmed that they provide follow up services as deemed necessary. Interviews with inmates who reported sexual abuse indicated that one was provided follow up services, one did not want follow up services and the other prisoner indicated that the investigation was unfounded and the facility indicated it did not occur so he was not provided any follow up services.

115.83 (c): The PREA Manual, page 27, states that medical and mental health treatment shall be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local hospital for forensic medical examinations. A review of medical and mental health documentation from the twelve allegations confirmed that inmates are provided immediate medical services. Three inmates were provided access to forensic medical examination and all twelve received mental health access. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): This provision does not apply as the facility does not house female inmates.

115.83 (e): This provision does not apply as the facility does not house female inmates.

115.83 (f): PD 03.04.100, page 10, indicates that prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. A review of the twelve sexual abuse allegations indicated that two prisoners were medically appropriate for the testing. Of those incidents, two prisoners were documented with being provided the required access and information.

115.83 (g): PD 03.04.100, page 10 and the PAQ state that treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.

115.83 (h): The PREA Manual, page 27 and the PAQ indicates that a mental health evaluation of all known prisoner on prisoner abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. There have been ten prisoner-on-prisoner sexual abuse allegations within the previous twelve months. Zero of those allegations were determined to be substantiated. Therefore, due to no substantiated allegations the facility determined there were no "known" abusers and as such no required mental health services were attempted. Interviews with mental health staff confirm that inmate-on-inmate abusers would be offered mental health services.

Based on a review of the PAQ, PD 03.04.100, the PREA Manual, medical and mental health documents, and information from interviews with medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual
3. PREA Sexual Abuse Incident Review Form – CAJ-1025

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PREA Manual, page 32, states that the facility PREA Coordinator (CM) shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be No Evidence/Unfounded. The PAQ indicated that there have been 24 sexual abuse investigations completed within the previous twelve months, excluding those that were unfounded. The PAQ indicated that 23 sexual abuse reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. A review of twelve sexual abuse investigations revealed that four were unfounded and did not require a review. Of the eight remaining investigations all had a completed PREA Sexual Abuse Incident Review Form (CAJ-1025).

115.86 (b): The PREA Manual, page 32, states that such reviews shall generally occur within 30 calendar days after the conclusion of the investigation. The PAQ indicated that there have been 24 sexual abuse investigations completed within the previous twelve months, excluding those that were unfounded. The PAQ indicated that 23 sexual abuse reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. A review of twelve sexual abuse investigations revealed that four were unfounded and did not require a review. Of the eight remaining investigations all had a completed CAJ-1025 within 30 days of the completion of the investigation.

115.86 (c): The PREA Manual, page 32, indicates that the review team shall upper-level custody and administrative staff, with input from relevant supervisors, investigators and medical and mental health practitioners. A review of the completed CAJ-1025s indicated that the Warden, the CM, the investigators, supervisory staff, medical staff and mental health staff typically participate in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper-level management officials, supervisors, investigators and medical and mental health practitioners.

115.86 (d): The PREA Manual, pages 32 and 33 and the PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews via the CAJ-1025 and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of CAJ-1025 indicates that the form includes a section for all of the requirements of this provision. A review of the eight incident reviews indicated (1)-(5) of this provision were considered in all of the reviews. The CM completes the form and forwards the required information to the Warden. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will look at the situation and where it occurred to determine if there are any needed changes to physical plant, prisoner movement, staffing, policy, procedure or if there is a need for any additional training. The interview with the CM indicated that she takes the form and evaluates if any corrective action is needed. If there is any required she indicated that she coordinates with the Warden and oversees the necessary actions (policy change, staffing change, training, etc.)

115.86 (e): The PREA Manual, page 34, indicates that the Warden shall review and forward through the chain of command to the Deputy Director or designee for consideration any recommendations for improvement. A review of CAJ-1025 indicated that a section exists for recommendations and corrective action. A review of the eight completed CAJ-1025 forms confirmed that each had a section for recommendations and corrective action.

Based on a review of the PAQ, the PREA Manual, a review of CAJ-1025 forms and information from interviews with the Warden, PC, CM and a member of the sexual abuse incident review team this standard appears to meet the standard.

Standard 115.87: Data collection

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*)

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive (PD) 03.03.140
3. The Prison Rape Elimination Act (PREA) Manual
4. 2018 Survey of Sexual Victimization (SSV)

Findings (By Provision):

115.87 (a): The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at minimum, the data necessary to complete the SSV. A review of the PREA Manual and PD 03.03.140 indicates they contain the definitions used to collect data at each facility. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2013 to current.

115.87 (b): The PREA Manual, page 33, states that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The agency reports their data annually to the DOJ via the SSV. The PAQ indicated that the agency aggregates the incident based sexual abuse data at least annually. A review of the agency website confirmed that SSV data is available from 2013 to current.

115.87 (c): The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at minimum, the data necessary to complete the SSV. A review of the PREA Manual and PD 03.03.140 indicates they contain the definitions used to collect data at each facility. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2014 to current.

115.87 (d): The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The PAQ indicated that the agency maintains, reviews and collects data as needed from all available incident-based documents.

115.87 (e): The PAQ as well as the PREA Manual, page 33, indicates that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate.

115.87 (f): The PAQ as well as the PREA Manual, page 33, indicate that the Department provides the all data to the Department of Justice from the previous calendar year no later than June 30th. A review of the Survey of Sexual Victimization indicated that the last survey was submitted in 2018. The current Survey has not yet been submitted for 2018 data as the form was not published until August 2019.

Based on a review of the PAQ, PD 03.03.140, the PREA Manual and the Survey of Sexual Victimization this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual
3. Annual Reports

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PREA Manual, page 33 and the PAQ indicate that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of Annual Reports indicates that the report contains information on the MDOC's PREA efforts to include the actions taken in response to the previous year's PREA audits. The reports contain a comparison of collected data from the previous two years. The reports were reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee indicated that there are many ways that data is utilized to assess and improve the Department's sexual safety practices. This includes sexual abuse incident reviews, the Annual Report, the Survey of Sexual Victimization and the annual review by the Wardens at each facility related to their staffing plans. All of this information is then utilized to identify any trends and improve or update policies, procedures and practices. The PC and the CM indicate that each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern.

115.88 (b): The PREA Manual, page 33 and the PAQ indicated that the agency's Annual Report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of Annual Reports indicates that the report contains information on the MDOC's PREA efforts to include the actions taken in response to the previous year's PREA audits. The report contains a comparison of collected data from the previous two years.

115.88 (c): The PAQ indicated that the agency's Annual Report is approved by the Agency Head and made available to the public through its website. The reports were reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee confirmed that after it is approved it is published on the agency website. A review of the website confirmed that current and previous Annual Reports are available to the public online.

115.88 (d): The PAQ indicated that the agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of Annual Reports confirmed that no information was required to be redacted. The interview with the PC indicated that all personally identifiable information would be redacted if necessary.

Based on a review of the PAQ, the PREA Manual, Annual Reports, the agency website and information from interviews with the Agency Head Designee, PC and CM, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PREA Manual, page 33, states that the Department shall ensure that all sexual abuse and sexual harassment data collected is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained. The PC indicated that all electronic data is maintained in a centralized system and all paper files are under lock and key at the facility and central office.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the most current (2018) Survey of Sexual Victimization as well as previous Annual Reports (aggregated data) are available to the public online.

115.89 (c): The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical Annual Reports confirmed that no personal identifiers were publicly available.

115.88 (d): The PREA Manual, page 34, states that the Department shall maintain sexual abuse data collected pursuant to the data collection section of this manual for at least ten years after the date of the initial collection. A review of the agency's website confirmed that data is available from 2014 to present.

Based on a review of the PAQ, the PREA Manual, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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*)

Findings (By Provision):

115.401 (a). The facility is part of the Michigan Department of Corrections. All MDOC facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Michigan Department of Corrections. The MDOC has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the first year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

Findings (By Provision):

115.401 (a). The facility was previously audited on May 22-23, 2019. The final audit report is publicly available via their website.

https://www.michigan.gov//documents/corrections/Oaks_Correctional_Final_Report_671288_7.pdf

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.

Kendra Prisk _____

June 18, 2020 _____

Auditor Signature

Date

- i Agency and Department are utilized interchangeably in this document.
- ii Michigan Department of Corrections utilizes the term prisoner rather than inmate. It should be noted that they are used interchangeably within this document. Prisoner equals inmate and vice versa.
- iii The MDOC refers to their PREA Coordinator as the PREA Manager. These terms will be used interchangeably throughout this document.
- iv The MDOC refers to their facility Compliance Managers as PREA Coordinators. The auditor utilizes CM except when directly quoting policy when referring to the facility Compliance Manager.