

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: 8-15-2016

Auditor Information			
Auditor name: Alison Yancey			
Address: 9310 State Road 67 South			
Email: ayancey@idoc.in.gov			
Telephone number: 765-778-3778			
Date of facility visit: July 11 and July 12			
Facility Information			
Facility name: Alger Correctional Facility			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Catherine Bauman			
Number of staff assigned to the facility in the last 12 months: 296			
Designed facility capacity: 1488			
Current population of facility: 1464			
Facility security levels/inmate custody levels: Level II and IV			
Age range of the population: 18+			
Name of PREA Compliance Manager: Jeff Contreras		Title: Inspector	
Email address: ContrerasJ@michigan.gov		Telephone number: 989-695-9880 ext 1187	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 206 East Lansing, MI, 48933			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 517-373-3966			
Agency Chief Executive Officer			
Name: Heidi Washington		Title: Director	
Email address: WashingtonH@michigan.gov		Telephone number: 517-373-0720	
Agency-Wide PREA Coordinator			
Name: Todd Butler		Title: PREA Administrator	
Email address: ButlerT4@michigan.gov		Telephone number: 517-373-3966	

AUDIT FINDINGS

NARRATIVE

A certified PREA Audit was conducted at the Alger Correctional Facility located in Munising, MI. The audit began on Monday, July 11th and concluded on Tuesday, July 12th. Assistance was received from Ty Robbins. The audit began with a “meet and greet” of the Alger Correctional Facility Executive Staff. Present were Warden Catherine Bauman, Deputy Warden Tony Immel, Deputy Warden Scott Sprader, PREA Coordinator Jeff Conreras (Inspector), Inspector Lyle Rutter and PREA Administrator Todd Bulter. The audit process was discussed along with a tentative schedule of events.

Alger Correctional Facility has a total of six housing units. Five are identical, and the sixth has additional beds. Four housing units are general population and two are used for segregation. Other buildings provide food service, health care, maintenance, storage and space for administrative offices. Programs include general library, law library, barbering, Adult Basic Education and General Education development classes. The prison also has substance abuse treatment, psychotherapy and religious activities. Offenders are provided on site routine medical and dental care. Serious and emergency problems are treated via local community providers, the Brooks Medical Center at Marquette Branch Prison and the Duane L. Waters Health Care in Jackson.

During the audit Ty Robbins and I observed camera placement, reviewed log books, reviewed offender active files, spoke with staff and offenders as we toured the facility. Camera placement was appropriate. Staffing was appropriate to supervise the offenders. The facility was clean and the structure was sound. Offenders are only allowed to unclothe in their cells or the shower area. During the tour, female staff made their announcement and waited 10 seconds before entering. Female on unit announcements were documented in the unit log book as well as supervisors doing their unannounced rounds. Warden Bauman was noted in the log books as making rounds at different times during the month. Offender files were reviewed for PREA Orientation and 30 days review. During the tour counselors showed where the offenders signed off as to the review of the PREA orientation. Staff have a good working knowledge of PREA information and how to report if there is an incident. Offenders interviewed also knew about PREA and how to report.

During the interview phase of the audit, I interviewed all the staff. Ty Robbins interviewed all the offenders. Interviews were conducted in private areas. Staff interviewed were willing to discuss PREA and had a good understanding of PREA practices. All offenders were forthcoming with information and felt staff would assist them if they reported a PREA case.

At the end of the day on Tuesday July 12th, we meet with Warden Bauman, Deputy Warden Tony Immel, Deputy Warden Scott Sprader, PREA Administrator Todd Butler and PREA Coordinator Jeff Contreras. It was explained that the final audit results were pending. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment. We enjoyed the visit to the Alger Correctional Facility and meeting the staff that are dedicated to the safety of all who enter and are housed at the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Alger Correctional Facility is located in Munising Township, Alger County, Michigan. This facility opened in 1990. Facility grounds are neatly maintained and consist of an Administration Building, Food Service, Program Building, six housing units, and Maintenance Building.

Programs include general library, law library, barbering, Adult Basic Education and General Education development classes.

On-site routine medical services are provided along with dental care. Serious medical issues are treated at local hospital or MDOC's Duane L. Waters Health Care in Jackson. .

The facility perimeter of the prison is enclosed by a double, 12-foot fence, topped with razor-ribbon. An electric detection system has been placed on the perimeter. There are a variety of cameras strategically placed around the facility which allow 24-hour remote observation and videotaping. A perimeter vehicle with armed personnel is on patrol 24 hours a day.

The facility is clean. The staff were knowledgeable and posts were staffed. There were a couple of gardens maintained by the offenders. Staff and offenders seemed to work well with each other. The facility was orderly.

SUMMARY OF AUDIT FINDINGS

Standard 115.12 Contracting With other Entities for the Confinement of Inmates – Does not Apply
Michigan houses their own prisoners.

Standard 115.14 Youthful Inmates – Does Not Apply
Alger Correctional Facility does not house youthful prisoners.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Alger Correctional Facility provided a departmental PREA Manual written for the Michigan Department of Correction. The manual outlines every policy as related to a zero tolerance policy. The documents and policy provided meet the standard. The Michigan Department of Corrections (MDOC) employs a PREA Coordinator for the state. Alger Correctional Facility also employs a PREA coordinator for the facility. Both staff stated that they had ample time to complete their PREA related duties to keep the offenders safe from sexual abuse and/or sexual harassment.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The MDOC does not contract with any agency to hold Michigan offenders. This standard is N/A.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Alger provided a staffing for year 2016. The staff plan provides adequate staffing for the facility to protect offenders from sexual abuse. Overtime staff are used as needed to fulfill the staffing plan. The Warden along with the PREA Coordinator and several custody staff review the staffing plan once a year as documented. The Agency PREA Manual supports in policy this practice. Cameras have been placed in strategic areas so that “blindspots” are diminished. Documents support that upper supervision make unannounced rounds to the units to check on the operations in accordance with the safety of the offenders.

Standard 115.14 Youthful inmates

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

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

Alger does not house youthful offenders. This standard is N/A.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The PREA Manual and Policy 04.04.110, “Search and Arrest in Correctional Facilities” both indicate that cross-gender strip searches are prohibited except in exigent circumstances (must be documented) or when performed by medical staff. Body cavity searches are done by medical staff only with witness/witnesses present of the same sex as the offender. Alger reported that no cross gender strip or cross gender visual body cavity searches have been conducted within the last 12 months. The PREA manual supports that offenders can shower, change clothes with out staff of the opposite gender being able to view except for incidental viewing. While touring, we did see that the practice supports this standard. Offenders are only allowed to change in their cells and in the shower. Each shower area had a mid range covering to provide privacy and still staff are able to maintain security while offenders are using that area. Interviews with offenders confirmed that

female staff are making their announcements before entering the units and offenders are not nude in front of staff. During the tour it was noticed that female staff do work in control rooms that have monitors for in-cell cameras. Due to these staff having access and monitoring cameras, the toilet areas are blurred as to not show any offender nude. Offenders are allowed to perform their bathroom duties without female staff seeing any private area of their body. Staff have been trained on how to perform searches of transgenders and intersex offenders. Staff interviews and training curriculum confirmed this.

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

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

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

The PREA Manual and Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners” supports the standard. Alger Correctional Facility has contracted Real Time Translation on 10-18-15 to provide interpreter services in foreign languages and American Sign Language. During the tour, we noticed PREA signs in English and Spanish. Intake also showed the offenders a video called “Taking Action”. All offenders sign off that they have viewed the video when entering Alger for the first time. This is done when the offenders first arrive at the back gate of the facility. A station is set up with all the documentation to be used before the offender is assigned to a housing unit. The PREA Administrator indicated that offenders would not be used for any translation under this standard. There were no offenders housed with disabilities or limited English proficient.

Standard 115.17 Hiring and promotion decisions

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

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

Policy review supports this standard. The PREA manual and Policy Directive “Employee Screening” 02-06-111 state that all potential employees must have a background check. The MDOC will not hire any contractor or employee that has engaged in any type of sexual abuse or attempting to engage in any type of sexual abuse. The pre-employment screens also check for any sexual abuse or harassment of staff that have been disciplined administratively. When speaking with human resources the employees have a background check completed annually. The MDOC applications questions each potential employee whether or not the individual has had any type of sexual misconduct in their past. Policy and procedure state that this type of behavior by an employee will result in discipline up to and including termination.

Standard 115.18 Upgrades to facilities and technologies

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

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

Alger has currently placed cameras in strategic areas to prevent incidents. The PREA Manual supports this standard. We viewed one of the monitor’s in a large conference room that showed the placement of all cameras. The cameras were placed appropriately to monitor the movement of offenders. The areas could be seen clearly on the monitoring screen. Warden Bauman reported that cameras are an invaluable asset to monitor activities and investigate abuse. The quality of the camera system is excellent.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Alger investigators are responsible for conducting administrative investigations only. The Michigan State Police conduct the criminal investigations at the facility. The state police follow Crime Scene Management Protocol. Facility staff are trained on basic crime scene management and the training is documented in each employee file. When I interviewed staff, they knew how to preserve the crime scene and also knew what statements to make to the victim to preserve evidence. All staff interviewed knew who was responsible for conducting sexual abuse investigations. Youth offenders are not housed at Alger. Victims of sexual assault are taken off-site for forensic medical examinations at no cost to the offender. Alger staff have been working to obtain an MOU to receive SANE services from the Sexual Assault Center, but have been denied due to policies within the the Sexual Assault Center. Therefore, offenders are sent to the emergency room in order to be seen by a SANE staff member or the physician will evaluate accordingly, conduct the exam and collect evidence based upon proper protocol. Policy 04.06.180, “Mental Health Services” indicates that mental health services will be offered by qualified staff. According to the PREA Coordinator, he has never had an offender ask about being accompanied to the exam by an advocate. The PREA Manual states that the Michigan State Police have the responsibility of conducting criminal investigations.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

- Does Not Meet Standard (requires corrective action)

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

The PREA Manual provides that all administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. When interviewing the inspector, he showed me several cases that were grievances that he had completed investigations on all allegations. MDOC has developed a worksheet to use when an allegation is received. The worksheet contains all information and documentation from the start of the investigation to the finish. All aspects of the investigation are contained within the form to provide a checklist to make sure that no step in the process is missed. Reports are taken from Inspectors and forwarded to Wardens; then referred to the MSP if warranted. PREA policies are maintained on the Michigan Department of Correction website for viewing by the public. The MDOC has multiple reviews of complaints and a tracking system and maintains statistics. Each complaint is entered in to AIPAS which is a tracking software for each case. All the cases are reviewed by the regional internal affairs and the state PREA coordinator.

Standard 115.31 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

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

The PREA Manual describes training received. All staff are provided computer based training annually regarding PREA. New staff receive classroom training and the CBT. Training documents were reviewed to verify compliance with this standard. Completion of the CBT indicates understanding of the employee. The facility submitted the training plan for 2015 which listed PREA information as part of the plan. When interviewing staff, I found that staff had an understanding of the policy and its components. The facility provides each new staff member with a pocket guide for PREA information regarding policy and first responder duties.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

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

The facility provides training to volunteers and contractors regarding sexual abuse and sexual harassment. Documentation supports the standard. I interviewed a volunteer that was knowledgeable on the zero tolerance policy. The PREA Manual and Policy 03.02.105, "Volunteer Services and Programs" indicates that all volunteers/contractors must complete training prior to admittance into the facility. A sample of volunteer training verification was reviewed in the documentation.

Standard 115.33 Inmate education

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

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

When an offender arrives at Alger, the first thing the staff do, is to review PREA education with the new arrival. Once the offender states that he understands the zero tolerance policy, reporting and that the offender has viewed the PREA DVD, the staff have him sign a form that is placed in his offender packet. I was shown where each offender packet had listed on the front that the offender had received the PREA education prior to being housed in a unit. At the intake facility, the offenders watches a DVD, receives a pamphlet and an orientation book. This provides the offender information about zero tolerance sexual abuse. During offender interviews, most offenders remember receiving information provided by orientation. Also available in the library is "An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse". Alger Correctional Facility contracts with Real Time Interpretation for interpretive services. Interviews with random offenders indicated that they did receive appropriate information upon arrival. All offenders stated they received the information the first day.

Standard 115.34 Specialized training: Investigations

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

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

Alger's investigative staff received specialized training for conducting investigation. The MDOC has a standardized training program for those staff assigned to conduct investigations. Training logs were provided for investigative staff. Investigative staff also completed NIC's "Specialized Training Investigating Sexual Abuse in Confinement Settings". Certificates were provided indicating proof of training. Staff also attended additional investigative training by a private company and learned interviewing techniques. The investigator stated that he wouldn't collect evidence unless instructed to do so by the MSP. All criminal investigations are the responsibility of the Michigan State Police.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Medical and mental health staff receive training on the detection and signs of sexual abuse/harassment. Staff are taught how to preserve evidence and how to respond to victims of sexual abuse. Each staff member completes a computer based training called, “Sexual Abuse and Sexual Harassment in Confinement for Health Care Staff and Sexual Abuse/Harassment in Confinement for Mental Health Staff”. Training logs were provided. Interviews indicate that mental/medical staff received training. Staff at the facility are prohibited from performing forensic exams. All offenders that are in need of forensic exams are sent to the local hospital for SANE or trained medical practitioners to gather the evidence. During interviews, staff recall receiving computer based training and were aware of reporting, detecting and preserving evidence. All staff stated that they were to immediately report to the inspector..

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The PREA Manual indicates appropriate screening periods regarding intake and transfer to another facility. The MDOC has also developed a Risk Assessment Manual for staff to refer to when completing an assessment. It supports the screening time frames and provides instructions for completion of required forms. During the tour, offender files were reviewed and there was documentation that staff did a review of the assessment in the OMNI program. 14 offenders were interviewed. 8 of the 14 said they remembered receiving paperwork regarding PREA. Several stated they did not read the paperwork but did say they knew about PREA zero tolerance. While on the tour, staff showed us the set up where every offender coming in through intake must be screened with the proper information being reviewed with them and obtaining the offender’s signature that each offender is aware of the “zero tolerance policy” and how to report if they have problems. The offenders had to sit at a desk and review with the staff before being escorted to their new housing unit. Staff interviewed regarding the completion of the assessment state that the assessments are only shared with counseling team, mental health/medical staff, upper level management and classification. All information is maintained on OMNI (a computer program used by the MDOC).

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The PREA Manual and the Risk Assessment Manual policies support this standard. All offenders are screened for PREA aggressor or PREA victim. The designations are used to determine the housing assignments for all offenders. A high risk offender will not be placed with an offender assigned as a possible victim or victim. The computer software used by the agency now automatically red flags when a staff person tries to put a prea aggressor in the same cell as a possible prea victim. When interviewing staff, all staff knew that an aggressor and a victim could not be housed together. The PREA Manual and Policy 04.06.184, "Gender Identity Disorder (GID)/Gender Dysphoria" indicate that assignments of transgender or intersex prisoners are to be made on a case by case basis. The PREA Manual states transgender/intersex offenders are to be assessed twice yearly by health care or mental health care to review any threats to safety experienced by the offender. The PREA Manual also states that the offender's own views are taken into consideration and that they are given the opportunity to shower separately. When speaking with staff, they did understand this policy. The PREA Coordinator indicated that transgender offenders are given the opportunity to be placed in single cells in any housing unit. Transgender offenders are allowed to shower at a different times than the general population. There were no transgender offenders currently housed at Alger..

Standard 115.43 Protective custody

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

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

The PREA Manual supports the standard. The interview with the Warden indicated that offenders can sometimes be separated by unit therefore avoiding placement in segregation. Sometimes an offender will have to go to segregation for a short period of time but not for a lengthy time. Either the victim or the aggressor will be moved out of the facility if need be depending on the situation to keep the victim safe. If an offender requires protective custody for any reason, an investigation is completed and the issue is resolved and the offender returned to general population or the offender is transferred.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Manual and Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" supports the standard. Offenders have many avenues to report privately inside the facility. A few are through a kite, grievance, talking with medical/mental health, reporting to an officer or non custody staff person or volunteer. There is also a MDOC Sexual Abuse Hotline that the offenders can use to report. Posters on the units have the numbers that the offenders can use to call. The offenders can also tell their family and the family can make a report. Offenders are also allowed to write the Ombudsman and make a report. IA starts an investigation immediately upon receiving a report of sexual abuse/harassment. When interviewing staff, the staff stated if any offender came with them with a report of abuse, they would immediately separate the victim for his protection and notify supervision for further instructions. The MDOC website also has a hotline number listed for use by a family member. Offenders interviewed all knew how to report an incident. We reviewed several case files that had examples of reports from offenders that investigations were started immediately.

Standard 115.52 Exhaustion of administrative remedies

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

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

Director's Office Memorandum 2016-29 supports this standard. This memo states that anyone can make a third party report and it must be investigated immediately. When interviewing offenders, they stated they could report to the family members and the family could file a grievance. Staff and offenders stated that if an offender filed a PREA grievance, that the grievance is considered an emergency grievance to be investigated immediately.

Standard 115.53 Inmate access to outside confidential support services

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

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

The PREA manual and Prisoner Mail and Telephone Use directives support this standard. When interviewing offenders, most of the offenders knew about the services on the outside but stated they would talk to the mental health staff inside the prison if they had any problems or issues. The offenders have access to the handbook, "An End to the Silence". The book provides many outside agencies that could potentially give information to an offender about his rights against sexual abuse. The facility also provides a universal list which gives

all the offenders access to several state agencies that could also help the offender.

Standard 115.54 Third-party reporting

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

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

The PREA manual supports this standard. The MDOC website had a sexual abuse/ harassment reporting option that goes directly to investigations. The state's Ombudsman also accepts reports for PREA information by family, friends and offenders.

Standard 115.61 Staff and agency reporting duties

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

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

The PREA Manual supports this standard. Staff understand that any time a report is made to them that the report will be investigated immediately. Staff understand that these reports are confidential. This facility does not house offenders under the age of 18.

Standard 115.62 Agency protection duties

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

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

corrective actions taken by the facility.

The PREA Manual supports this standard. When staff were interviewed, they knew that all reports were to be addressed immediately. Staff stated that they would immediately remove the offender from potential harm. Offenders knew that if they reported to the staff, that staff would address the situation and they could be moved to be safe from harm.

Standard 115.63 Reporting to other confinement facilities

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

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

The PREA manual supports this standard. Staff interviews of the inspector and the Warden , both stated if they received a report that an offender was a victim of sexual abuse at another facility that an investigation would be started immediately. When speaking with the Warden she did not recall any allegations of this type during the last year. Directive 03-03-140 also supports this standard.

Standard 115.64 Staff first responder duties

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

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

The PREA manual supports this standard. Staff interviewed stated that they were trained on their first responder duties. All staff that work at this facility are trained in the first responder duties. All staff are given a pocket reference guide to keep in their uniform pocket as a reminder of the protocols that are in place. When reviewing case files, the investigation file documentation support this standard.

Standard 115.65 Coordinated response

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Operating Procedure 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" supports this standard. The procedure outlines the step by step procedure and the responsibilities of each staff member as to what their individual duties are when a potential victim reports a possible incident.

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

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

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

The PREA Manual supports this standard. Collective bargaining units cannot place limits on the facility from the ability to remove staff that are abusing offenders. Staff may be removed immediately pending the outcome of the investigator's report. The manual specifically states that new agreements must support 115.72 and 115.76.

Standard 115.67 Agency protection against retaliation

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

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

The PREA Manual supports this standard. The PREA Manual requires 90 day retaliation monitoring of any sexual abuse allegation for both staff and offenders. The form CAJ-1022 was created to document the steps of the retaliation monitoring. A completed form was submitted showing the facility monitors retaliation. While touring the facility, I checked an offender's packet and found that the reviews were being done by the counselors on the units.

Standard 115.68 Post-allegation protective custody

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

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

The PREA Manual supports this standard to ensure compliance. The facility provided an investigation that supports this standard. An offender was placed in segregation for his own safety since the alleged perpetrator was affiliated with "STG" and had members located on other units that could harm the victim. The victim had to be placed in segregation because there was not an alternative placement at the time of the incident. The offender was released when the investigation was completed. The claim was unsubstantiated. The Warden stated that there would be no victims kept in segregation unless a situation such as this posed a threat to the victim. If this would have been a long term situation, the Warden would have the victim moved to another facility for his safety or have the aggressor transferred.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual address investigations of sexual abuse and sexual harassment. The Department's Basic Investigator Training details how and when investigations are conducted. Additionally, all allegations are referred to local law enforcement for criminal investigation. All criminal investigations and referrals for prosecution are handled by outside law enforcement agencies. Documentation was provided to show compliance of the standard. The documents included the investigation and the results of the prosecution. Staff interviews also confirmed compliance of the standard and detailed how and when the investigations took place.

Standard 115.72 Evidentiary standard for administrative investigations

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

- Does Not Meet Standard (requires corrective action)

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

The PREA Manual states the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

The PREA Manual and Directive 03.03.140 Prohibited Sexual Conduct Involving Prisoners support this standard. The facility documents all notification on form CAJ-1021. A completed form was provided that showed the prisoner was notified. While touring the facility we checked an offender's file to see if the form was in the offender's packet and the offender had been notified of the outcome of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

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

The PREA Manual outlines disciplinary standards for employees, volunteers and contractors to support this standard. I was given a copy of the employee handbook which also stated the rules and sanctions for staff working at the facility. . Alger human resources reported that they had 2 staff that violated agency sexual abuse or sexual harassment policies in the past 12 months. Both staff were disciplined for their behaviors.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The PREA Manual supports this standard. Policy prohibits any type of sexual conduct/harassment with offenders. Volunteers/Contractors that are suspected of sexual conduct will be investigated and if the behavior is true, the case will be referred to law enforcement authorities. During the last 12 months there was one staff investigated for violation of this standard. The contract staff resigned before the completion of the investigation. At the conclusion of the investigation, the case was referred to the court for possible prosecution.

Standard 115.78 Disciplinary sanctions for inmates

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

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

The PREA Manual supports this standard . Michigan Penal Code 750.520c states that prisoners are unable to consent to sexual contact with facility staff, volunteers and contractors. Therefore, prisoners engaging in sexual contact with staff who are willing participants are considered victims and cannot be disciplined. Alger did have a case that staff had relations with an offender, documentation supports this standard. Facility Directive "Prisoner Discipline" states that offenders will be disciplined if administrative investigations finds that inmate-on-inmate sexual abuse occurred. The discipline will be in line with the nature of the circumstances of the abuse. Mental health staff stated if therapy would help the offender, it would be offered.

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

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

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

corrective actions taken by the facility.

The PREA Manual and Policy Directive 03.04.100 “Health Services” support this standard. Health Services directive states that all offenders will have follow up services with the mental health staff within 14 days. Documentation supported this standard. Interviews with supervisory staff and medical staff also support this standard. Medical staff stated that there have been no offenders in the last 12 months that have reported previous abuse.

Standard 115.82 Access to emergency medical and mental health services

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

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

The PREA Manual, Policy 03.04.100H “Health Care Management of Reported Sexual Assaults of Prisoners” support this standard. Medical and/or mental health services must provide services to victims of sexual abuse without financial costs to them. Warden Bauman confirmed that services would be provided and there would be no charge to the victims for seeking medical or mental health care. The facility provided documentation to support that an offender that reported sexual abuse received timely care to medical treatment.

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

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

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

The PREA Manual, Directive 03.04.100 “Medical Services” and 04.06.180 “Mental Health Services” support this standard. When interviewing medical staff, they stated the services would be provided to the offender “free of charge” regardless if the victim named the perpetrator of the sexual abuse. Documentation supported that services would include treatment plans, follow up services, testing for sexually transmitted diseases and any other services needed. .

Standard 115.86 Sexual abuse incident reviews

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

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

The PREA manual supports this standard. All facilities are required to conduct an incident review after every sexual abuse investigation. Warden Bauman stated that these reviews typically involve custody supervision, the investigators, treatment staff and medical/mental health staff. The review is documented on form CAJ-1025. When reviewing case files, I did see that the reviews were completed for every case. .

Standard 115.87 Data collection

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

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

The State PREA Coordinator has submitted the annual data for the Department of Justice Survey on Sexual Victimization as required. He also has the survey posted on the Agency Website. We did review the survey for compliance.

Standard 115.88 Data review for corrective action

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

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

The Michigan State PREA Coordinator provides annual data to the Department of Justice with the completion of the annual “Survey on Sexual Violence”. The state coordinator reviews each report and develops a plan of action to increase the training

and increase the effectiveness of the prevention, detection and the response to sexual abuse. The State PREA Coordinator also reviews reports of alleged sexual abuse and conducts a monthly review of all investigations across the state. The MDOC began this process in 2014. Documentation shows the statistics from 2014 and 2015. The report does compare the statistics for each year. The statistics were found on the state's website.

Standard 115.89 Data storage, publication, and destruction

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

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

The PREA manual supports this standard. All aggregated sexual abuse data is publicly available on the MDOC website. All personal identifiers have been removed prior to posting to the website. Policy states that the information must be kept for at least 10 years.

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.

Alison Yancey

August 15, 2016

Auditor Signature

Date