

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: January 12, 2016

Auditor Information			
Auditor name: Richard Brown			
Address: P.O. Box 500, 6908 S. Old Hwy. 41, Carlisle, IN 47838			
Email: rbrown@idoc.in.gov			
Telephone number: (812) 398-5050, ext. 4102			
Date of facility visit: June 16, 2015 – June 18, 2015.			
Facility Information			
Facility name: Central Michigan Correctional Facility			
Facility physical address: 320 N. Hubbard, St. Louis, MI 48880			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (989) 681-6668			
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 Lori Gidley			
Number of staff assigned to the facility in the last 12 months: 391			
Designed facility capacity: 2,560			
Current population of facility: 2,364			
Facility security levels/inmate custody levels: Level 1			
Age range of the population: 18-81			
Name of PREA Compliance Manager: Laura Bowers		Title: Inspector	
Email address: bowersl@michigan.gov		Telephone number: (989) 681-6668 ext. 6818013	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Michigan, Michigan Dept. of Corrections			
Physical address: 206 E. Michigan Ave, 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: Daniel Heyns		Title: Director	
Email address: heynsd@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 Central Michigan Correctional Facility on June 16th through June 18th, 2015. I, Richard Brown, conducted the PREA Audit with the assistance of Certified PREA Auditor, Julie Stout. The audit began at 8am on June 16th with an introduction of the facility staff by Warden Gidley. Also present was Todd Butler, Agency PREA Administrator. The meeting lasted approximately 20 minutes with introductions being made, expectations from the auditors and discussion of the logistics for the duration of the PREA Audit.

The tour began immediately after introductions. It was noted that PREA Posters were present upon entering the Administration Building so all staff, visitors and contractors would see the information upon entering the facility. The tour lasted approximately 4.5 hours. There are a total of 22 buildings on grounds with 16 of those buildings being housing units. One of the Housing Units was unoccupied. All buildings were inspected during the tour. It was noted that PREA signs were present in all housing units. A recommendation was made to add some posters in offender non-living areas as well. The facility also displayed a "Privacy Sign" on all units. The privacy notice indicates that female staff may be in the unit/area at any given time. The notice advises prisoners that they are responsible for their own privacy and maintaining proper clothing attire at all times.

During the tour, Certified Auditor Stout and I looked at the locations of cameras, spoke to staff and offenders. Cameras were strategically placed within the units so that staff monitoring the cameras had good view of the units. All bathrooms were out of view of the cameras, showers had appropriate shower curtains to prevent staff from viewing offenders from the knees up and the shoulders down, a mobile wall was available for the prisoners to move to block their view when standing at the urinal and all toilets had partitions preventing staff and other offenders from direct view while using the toilet.

It was noted that all females knocked and announced their presence when entering the housing units. Facility log books were also checked during the tour and it was noted that Supervisors were making frequent unannounced rounds in the housing units. Supervisors sign the log books in green ink making it very easy to see when the unannounced rounds are being made when reviewing the log books. The housing units and other areas of the facility were adequately staffed for good prisoner supervision.

During the tour, PREA Auditor Stout and I spoke to several prisoners and staff. Staff was very familiar with the zero (0) tolerance for sexual abuse and sexual harassment. Staff also knew what to do if a prisoner approached them and reported an allegation of sexual abuse or sexual harassment. Prisoners were also very familiar with the zero (0) tolerance protocol. Offenders were aware that they could report allegations to staff or that a 3rd party could report for them. All prisoners knew they could report allegations either in writing or verbally.

At the conclusion of the tour, PREA Auditor Stout and I split into different areas. I randomly selected 15 prisoners to interview. I was assigned to an office area where confidentiality could be maintained while speaking to the prisoners. All offenders were familiar with PREA and knew it was their right to be free from any sexual abuse or harassment. Those prisoners were familiar with reporting and stated they would feel comfortable reporting any allegations. I also began interviewing prisoners identified as disabled, limited English speaking ability, gay, etc. PREA Auditor Stout worked directly with the Facility Inspector reviewing documentation provided by the facility for the standards.

On June 17th I concluded offender interviews, began specialized staff interviews and worked directly with the Facility Inspector reviewing documentation provided by the facility for the standards. PREA Auditor Stout interviewed 10 randomly selected staff. She was given an office area where she could conduct confidential interviews. She also conducted specialized staff interviews and worked with the Facility Inspector on documentation for standards.

On June 18th PREA Auditor Stout and I concluded specialized staff interviews and worked directly with facility staff reviewing and finalizing documents provided for the standards. We met with Warden Gidley, Agency PREA Administrator Butler and other facility staff to summarize what we observed during the audit. We explained that we could not give the facility a final finding, as there were a few corrections to documentation that still needed to be updated. We did discuss what needed to be complete for the facility to become a 100% PREA compliant.

Agency PREA Administrator Butler, Warden Gidley and her staff are to be commended for the effort put forward during this audit process. All staff were very professional and were true Correctional Professionals. It was obvious they were doing everything possible to make Central Michigan Correctional Facility a very safe place for prisoners to live and for staff to work. Ms. Stout and I were extremely impressed with how knowledgeable staff were in regards to PREA. I applaud the leadership of the facility for the effort put forth prior to, during and after the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS

General

The Central Michigan Correctional opened in 1990. It houses male offenders 18 and older. It is a Secure Level 1 facility comprised of 16 separate housing units contained in eight buildings. The Facility can house up to 2,560 prisoners. There are no individual cells and no segregation unit. Prisoner housing units consist of 7 to 8-bed open bays, with 140 to 160 prisoners in each of the 16 units. There are separate building for administration, food service, school, maintenance/warehouse, and prisoner services.

Programming

Pre-Release preparation, psychological counseling, Thinking for a Change, Strategies for Thinking Productively (T4C and STP are cognitive restructuring programs) and substance-abuse treatment are offered. Other programs and services include general and law library, hobbycraft, religious services, recreation programs, barbershop, and a variety of voluntary self-help programs.

An academic and vocational program offers education opportunities. Vocational programs are offered in the areas of custodial maintenance technology, business educational technology, horticulture, and building trades. Academic classes are offered in adult basic education, and general education development..

Prisoners are provided with on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Health Care in Jackson, and emergencies are referred to the local hospital.

Security

The facility was built incorporating the latest concepts and designs for correctional institutions. The facility is surrounded by two 12-foot fences with rolls of razor-ribbon wire on the side and top of the exterior fence. The interior fence is a non-lethal electric fence with electronic monitoring. The perimeter is also monitored by an electronic detection system. The perimeter of the facility is patrolled by armed personnel, and surveillance cameras are extensively used.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 2

Number of standards not applicable: 3

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.

Central Michigan Correctional Facility (CMCF) provided a departmental PREA Manual and departmental Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners". CMCF also submitted their Operating Procedures for Policy 03.03.140. The combined documents met the requirements of the standard. The Michigan Department of Corrections employs a PREA Coordinator (referred to as a PREA Administrator by the MDOC) and CMCF employs a PREA Compliance Manager (PREA Coordinator). The PREA Administrator (Todd Butler) stated that he did have time to manage PREA-related responsibilities. He reports to an Administrative Legal Attorney. He has recently acquired a PREA Manager who reports to him along with a PREA Analyst who will be returning from military leave shortly. There are seven contract monitors who report to the PREA Manager. The contract monitors have the main responsibility of monitoring the Aramark food contract however, they also assist the facilities with PREA standards. The MDOC has a total of 32 PREA Coordinators. An agency organizational chart was included as well as a job description. The facility PREA Coordinator reported that she had adequate time to manage PREA-related duties for the most part. Her duties also include tool control, prisoner telephone system, alternate STG Coordinator, staff/prisoner investigations (conducts approximately 30-45 annually), HAZMAT chemical logs and inventory and monitors JPay. The facility does have a backup PREA Coordinator as well. A list of duties was submitted for all MDOC PREA Coordinators along with an organizational chart.

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)

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The MDOC does not contract with any agency to hold Michigan prisoners. They have prepared sample language that indicates any entity that could potentially house MDOC prisoners would be responsible for the enforcement of the Prison Rape Elimination Act. This standard is N/A.

Standard 115.13 Supervision and monitoring

- 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)

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CMCF provided a staffing plan dated 1/19/14. The staffing plan reflects 3 CAPT, 6 LT, 12 SGT, 2 Resident Unit Managers, 16 Asst. Resident Unit Supervisors/Prison Counselors and Correctional Officers. The staffing plan was reviewed on 4/1/15 by Warden Gidley, PREA Coordinator Bowers and PREA Administrator Butler as is verified by State Form CAJ-1027, “Prison Rape Elimination Act Annual Staffing Plan Review”. The PREA Manual supports the standard regarding the staffing plan requirements. The interview with the PREA Coordinator indicated that the elements 1-11 of this standard are met. There are no judicial findings of inadequacy within the last 12 months, or findings of inadequacy from Federal investigative agencies, or internal/external oversight bodies within the last 12 months. Blind spots are checked for monthly by the PREA Coordinator. Suggestions are made by the PREA Coordinator to the Deputy Warden regarding shift assignments/placement of staff. The interview with the Warden indicated that the CMCF staffing plan is based upon best practices. The facility is reviewed for placement of custody staff. Those staff are placed in areas where custody staff need to be. The Warden further stated that CMCF has had no findings of inadequacy in the last 12 months. There is a plan to add additional cameras in 2016-17 and update the technology. The staffing plan is based upon the offender population (Level 1) and past successful practices. Supervisory staff positioning is covered in post orders and ample custody staff cover evening programs. According to the Warden, the shift supervisors review the daily roster to ensure compliance with the staffing plan. The Warden stated that posts are rarely closed and when posts are closed, it is documented. However, posts that are closed do not impact the safety or security of the facility. CMCF reports that there have been no deviations from the staffing plan. Overtime is used to fill vacancies. All posts are covered at the beginning of each shift and posts may only be closed if a medical trip is necessary. The PREA Administrator responded that he is consulted regarding assessments/adjustments to the staffing plan and such occurs annually. The PREA Manual and Policy 04.04.11100, “Custody, Security and Safety Systems” supports the unannounced rounds and documentation of such along with the prohibition of staff to alert. Log books in housing units were reviewed with supervisory signatures visible in green ink. Correctional Officers interviewed under “Random Staff” and on the tour indicated that supervisory staff make unannounced rounds on a regular basis. Supervisory staff reported that the post orders prohibit staff from alerting other staff about unannounced rounds. Supervisory staff interviewed indicated that they have conducted and documented unannounced rounds. Supervisory staff indicated that unit post orders state that staff are not to call and alert other staff of supervisors making rounds.

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)

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CMCF 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)
- 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 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. And, body cavity searches are done by medical staff only with one witness present of the same sex as the prisoner. Additional witnesses may be present but must be of the same sex. CMCF reported no cross-gender strip or cross-gender visual body cavity searches within the last 12 months. The PREA Manual indicates that each warden shall ensure that “prisoners can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender vieweing the prioner’s breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks”. The PREA Manual and Policy 03.03.140 also covers the announcement of female staff prior to entering housing units. Not only do female staff announce prior to entering they must first knock, wait ten seconds and then announce. Signs are posted in each housing unit and other areas of the facility reminding the prisoners that they are responsible for their own privacy. Signs are in English and Spanish. The prisoners interviewed indicated that female staff announce their presence prior to entering each housing unit. Prisoners interviewed also stated that they were aware of the facility rule that they are to be clothed in their living areas. Compelte changing of clothes occurs in the bathroom area. Random staff interviewed stated that female officers do knock and announce prior to entering each housing unit. Occasionally a female staff member may forget however, it is very rare and male staff will make the announcement. A female officer interviewed indicated that she actually writes her name on a board to remind prisoners that she is on duty. The bathrooms are mainly enclosed. There are shower curtains in each shower stall that cover yet allow custody staff to see that prisoners are showering. Toilets are separated by half walls to allow for privacy. Urinals may be seen from the officer’s station, however, the offender faces away from the view of staff and, a partition on wheels is avaiable to provide additional privacy. There are no cameras in the bathroom areas. The PREA Manual and Policy 04.06.184, “Gender Identity Disorders in Prisoners” support the requirement that staff do not perform strip searches on transgender or intersex offenders soley for the purpose of determining the prisoner’s genital status. The random sample of staff interviewed were all aware that strip searches are not performed for this purpose. CMCF did not have a transgender or intersex prisoners on site. MDOC has a training guide titled, “Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners”. Training logs were provided regarding searches of transgenders.

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

- 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)

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The PREA Manual and Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners” supports the standard. The MDOC also has a contract with Linaustica International through 7/31/17 to provide interpreter services in foreign languages and American Sign. Random staff questioned regarding the use of inmate interpreters, inmate readers or other types of inmate assistants provided varied responses. Some staff stated that inmate interpreters/readers/assistants would be used. Some staff stated that only staff would be used for this purpose. And, some staff weren’t sure. The PREA Administrator and the PREA Coordinator indicated that prisoners would not be used under this standard. There were no prisoners housed with disabilities or limited English proficient. Brochures and displayed posters were written in both English and Spanish.

Standard 115.17 Hiring and promotion decisions

- 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 MDOC Policy 02.06.111, “Employment Screening”, the PREA Manual and the supplemental questions listed on the Michigan Civil Service Commission supports the standard. Prior incidents of sexual harassment are considered. If HR staff are aware, a job offer will not be extended. Background checks are completed and given to the Warden for review. There is a plan in place to conduct checks every five years. Those staff promoted also have background checks done. Potential employees answer questions in accordance with 115.17(a) on the Michigan Employment website when applying for jobs. Regardless of the answers, background checks are performed. Employees are obligated to disclose previous misconduct described in this standard. Examples were provided regarding 115.17(h). According to the Human Resources the facility performs criminal record background checks for newly hired staff including contract staff.

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)

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MDOC is aware of this standard. There are no current plans for expansion or modification of CMCF. The PREA Manual supports the intent of the standard. Systems are reviewed annually and documented on the PREA Annual Staffing Plan Review. According to Director Heyns MDOC’s commitment to protect prisoners is evident. MDOC moved 10 million dollars to bring Michigan into compliance. MDOC is working steadily regarding the improvement of lighting/camera equipment. Director Heyns reported that cameras are an invaluable asset to monitor activities and investigate abuse. The Warden indicated that CMCF has not had expansions or modifications since 2012. CMCF is on a schedule to receive new cameras. The location of new cameras has not yet been determined however, enhancing prisoner protections will be a factor regarding placement. While touring the facility, cameras were evident in all housing units and other areas of the facility.

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.

MDOC is responsible for conducting administrative investigations only. The Michigan State Police conduct criminal investigations. The PREA Manual was submitted as supporting this standard. And a copy of the MDOC, “Crime Scene Management and Preservation” manual was provided. The program makes reference to the United States Army Criminal Investigation Command and various Michigan State Police training materials as sources. Employees with the responsibility of conducting investigations completed training in the MDOC training program of Basic Investigator Training and Crime Scene Management (training logs provided) and also completed NIC’s “Specialized Training: Investigating Sexual Abuse in Confinement Settings”. Random staff interviewed had a basic understanding regarding the obtaining of usable physical evidence. All staff interviewed knew who was responsible for conducting sexual abuse investigations. Youth are not housed at CM. Victims of sexual assault are taken off-site for forensic medical examinations at no cost to the prisoner (PREA Manual, Policy 03.04.100, “Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities”, Policy 03.04.100, “Health Services”). An interview conducted with the SANE/SAFE nurse revealed that the nurse is responsible for conducting exams and in the absence of the SANE/SAFE nurse the emergency room physician would conduct 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, qualified mental health staff will follow the victim to the hospital and be available for the forensic exam if requested. Efforts were made by the MDOC to have services provided by RAVE, however were unsuccessful. The PREA Manual and Policy 03.03.140 both state that the Michigan State Police have the responsibility of conducting criminal investigations. One offender who reported a sexual assault was interviewed however, when he arrived for the interview he denied any allegation.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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MDOC provides that all administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment; supported by the PREA Manual, Policy 01.01.140, “Internal Affairs”, and Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners”. MDOC has developed a worksheet to use when an allegation is received. The worksheet covers basic information, first responder actions, a segregation component if used, program limitations, medical/mental health referral, law enforcement referral, forensic examination, victim advocate, interpreter services, referral for prosecution, PREA risk assessments, victim notification, 90 day retaliation monitoring and prisoner transfers. The worksheet is an excellent tool. Director Heyns indicated that the MDOC works well with the MSP and prosecutors regarding criminal complaints. He further stated that the MDOC has an elaborate system for prisoner reporting. Reports are taken from Inspectors and forwarded to Wardens; then referred to the MSP if warranted. The MDOC has multiple reviews of complaints and tracking system and maintains statistics. Each Inspector receives complaints, enters such into a computer system (AIPAS) and then all complaints are reviewed by an Internal Affairs Division Manager. The Internal Affairs Manager either returns the complaint for the Inspector to investigate, investigates the complaint or sends the complaint on to the MSP. The MDOC publishes unrestricted policies on their website. The public can view those policies including investigative responsibilities. The PREA Administrator has taken the suggestion of moving a link to the policy on the PREA portion of their website.

Standard 115.31 Employee training

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

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The PREA Manual describes training received. Documentation was provided by a DVD which was viewed and was in line with the standard. All staff are provided computer based training annually regarding PREA. New staff receive classroom training and the CBT. Random training logs were provided to show compliance. CMCF is a male facility. Training given is appropriate. 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. Random staff interviewed had a great understanding of the training given regarding PREA and were familiar with points 1-10 of this standard. Their answers and genuine concern for the well-being of the population was extremely impressive. Training logs were provided indicating that staff received training in compliance with the standard. MDOC has also provided all staff with a pocket sized reference guide regarding “Sexual Violence Response and Investigation”. The guide is tabbed for quick reference to laws, misconduct, communication, first responder duties and investigations.

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)

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The MDOC provides training to volunteers and contractors regarding sexual abuse and sexual harassment. Documentation submitted was “Program A Security Regulations”. The PREA Manual also reiterates the standard. Policy 03.02.105, “Volunteer Services and Programs” indicates that all volunteers/contractors must complete training prior to admittance into the facility.

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)

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corrective actions taken by the facility.

CMCF is not an intake facility. However, when transferred offenders arrive at CMCF (prisoners are received on Tuesdays and Thursdays) prisoners files are reviewed within 24 hours of arrival to ensure they are the appropriate age, meet the criteria for CMCF, review single cell designation and screen for PREA education. Once a prisoner has completed PREA education, his file is either stamped on the outside or the education is logged. If he hasn't received PREA orientation, he is referred to Classification and orientation is completed within 7 days of arrival. The prisoner views a DVD, receives a pamphlet and an orientation book (all containing information regarding sexual harassment and sexual assault). The prisoner signs off on a form verifying that he has received orientation and the form is filed in his packet. A random sample of prisoners indicated that the majority of the offenders received information about the facility's rules against sexual abuse and harassment. Most interviewed remember receiving information provided in 115.33(b). Also available in the library is "An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse". The MDOC contracts with Linguistica International for interpretive services. Staff interviewed indicated that a prisoner tutor/clerk may be used to assist with orientation while under the supervision of staff.

Standard 115.34 Specialized training: Investigations

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

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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 interviewed had an understanding of evidence collection requirements, interview techniques, awareness of a victim's range of emotions and professionalism. Miranda is given by MSP. Garrity must be approved by Central Office Internal Affairs. Prior to collecting evidence, staff would consult with MSP to determine who would complete the investigation.

Standard 115.35 Specialized training: Medical and mental health care

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

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Employees complete a CBT, "Sexual Abuse and Sexual Harassment in Confinement for Health Care Staff and Sexual Abuse and Sexual Harassment in Confinement for Mental Health Staff". Training logs were provided. Interviews indicate that mental/medical staff received training. They recalled reporting, detecting, interviewing techniques, warning signs, etc. CMCF staff do not perform forensic exams.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

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 too supports the screening time frames and provides instructions for completion of required forms. Upon arrival at CMCF, prisoner files are reviewed to ensure an assessment is available and also to ensure the assessment is appropriate. If staff have questions/concerns the prisoner may be referred to mental health for further evaluation; particularly if the prisoner has a history of being a sexual predator or victimized. An Assistant Resident Unit Supervisor is assigned monthly to review all assessments and complete revised assessments if necessary. The assessment used was revised during the audit requiring staff to ask the offender if he perceives himself as GBTI or nonconforming (115.41(d)). The form does not inquire if the inmate is detained solely for civil immigration purposes. However, the PREA Administrator provided an email from his supervisor stating, “Please note that none of our inmates are “detained solely for civil immigration purposes.” They are imprisoned because they have been convicted of one or more felonies in a Circuit Court in Michigan and have been sentenced to a term of prison. The fact that they happen to be a foreign national is not the reason for their incarceration. That being said, I am in constant contact with the consulates and embassies and I also correspond with the foreign nationals.” A random sample of prisoners indicated that all but one did not remember questions regarding prior incarceration, prior sexual abuse or LGBTI status at intake. The same response applies upon arrival to CMCF. Both the PREA Manual and the Risk Assessment Manual indicate guidelines for completing a new assessment based upon a referral, request, incident or receipt of additional information. The PREA Manual indicates that prisoners may not be disciplined for refusing to answer or not disclosing complete information. The PREA Manual indicates that information obtained is confidential and shared with designated staff in accordance with departmental policy. Staff interviewed regarding the completion of the assessment indicated that prisoners are not disciplined as stated above and that the assessments are only shared with Assistant Resident Unit Supervisors and Classification Staff. The PREA Administrator stated that the information is shared on a need to know basis and examples are a counseling team, mental health/medical staff, upper level management and classification. All information is maintained on OMNI (a computer program used by the MDOC). The PREA Coordinator indicated that the OMNI program is used and has different levels of access based upon the staff person’s position. A housing sergeant may be able to view the final score only for housing assignment purposes. Samples of completed risk assessments were viewed.

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 indicate that the information obtained from the assessment is used as the standard requires. All offenders are given a designation of Potential Victim, Victim, Potential Aggressor, Aggressor or No Score. Those designated a Potential Victim, Victim or No Score may be housed in a bay together. Those designated a Potential Aggressor, Aggressor or No Score may be housed in a bay together. MDOC updated the computerized placement database to restrict staff from placing prisoners in a cell, pod or cube with a prisoner who does not have a compatible PREA overall designation. Staff making housing assignments understand the method used. Sample housing assignments were viewed with the method used in place. The PREA Coordinator indicated that the information is used to determine victim/predator/no score or potential of the first two and cube assignments are based upon that score. The PREA Manual and Policy 04.06.184, "Gender Identity Disorder (GID)/Gender Dysphoria" indicate that assignments of transgender or intersex prisoners are made on a case by case basis. The PREA Coordinator indicated that assignments of transgender or intersex prisoners are made by health care staff at the Central Office level. The PREA Manual indicates that transgender and intersex prisoners are assessed twice yearly by health care or mental health care to review any threats to safety experienced by the prisoner. The PREA Manual also indicates that the prisoner's own views are taken into consideration and that they are given the opportunity to shower separately. Policy 04.06.184 also supports the 115.42(f). And, the PREA Manual also supports 115.42(g). Staff responsible for the risk assessments indicated that transgender/intersex prisoners are reviewed twice yearly. The PREA Coordinator indicated that prisoners views are given consideration regarding placement. CMCF had no transgender/intersex prisoners on site at the time of the audit.

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.

CMCF does not have a segregation unit.

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" indicates that prisoners may report through verbal/written report to any staff member, by utilizing the MDOC Sexual Abuse Hotline (the number is available on the posters found in each housing unit) or through the prisoner grievance process. Reporting may also be done by contacting the Michigan Legislative Corrections Ombudsman's Office. Random staff interviewed were all aware of various methods for prisoners to report. The PREA Coordinator stated that prisoners can use the Ombudsman for private reporting purposes. Those calls may not be monitored by staff. Investigations are initiated as soon as the information is relayed to the PREA Coordinator. Random staff interviewed were all aware that

reports shall be accepted whether verbal, in writing, anonymous or from a third party and that documentation and reporting to their supervisors was immediate. The PREA Manual and Policy 03.03.140 indicate that staff may privately report sexual abuse or sexual harassment. They were aware of the hotline and also the form on the MDOC's website. A random sample of prisoners indicated that they knew how to report (staff, kite, grievance, hotline). All indicated that they could also tell a family member. Most were aware that a report could be made without giving their name.

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.

Standard 115.52 clearly states third parties shall be permitted to file administrative remedies on behalf of prisoners. A memorandum from the Director of the MDOC was sent to the Executive Policy Team, Administrative Management Team and all Wardens on 1-11-16 advising that effective immediately, third parties shall be permitted to assist prisoners with filing requests for administrative remedies and shall be permitted to file those requests on behalf of prisoners for matters relating to allegations of sexual abuse.

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 MDOC has provided the prisoner handbook titled "An End To Silence" provided by the PREA Resource Center which has contact information for various state's Disability Rights, Legal Services and Oversight agencies in addition to attorney general's offices and sexual assault coalitions. The facility keeps copies in the library and on the units for the offenders to review. During the interviews with random prisoners it was discovered that not all offenders knew this information was available. During the audit the facility posted a memo to the prisoner population in each housing unit so all offenders would be made aware of this information. This was an immediate correction to ensure all offenders were made aware.

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 MDOC has created a Sexual Abuse Hotline available to prisoners, staff, and the community and the MDOC website has a reporting option. Additionally, the MDOC has entered into an agreement with the Legislative Corrections Ombudsman’s Office to accept reports. Verified the website address as a third party reporting tool.

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.

MDOC provided Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the MDOC PREA Manual to support compliance with this standard. Both provide adequate instruction to verify compliance with the standard. Staff interviews also confirmed compliance.

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 addresses this standard and specifically states that the facility shall take immediate action to protect prisoners that are at risk of imminent sexual abuse. This was also confirmed by speaking to many staff members during the tour. All staff members were aware to immediately remove the prisoner from the area of the imminent threat. The facility didn’t determine that any prisoner was subject to substantial risk of imminent threat in the past 12 months.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the MDOC PREA Manual specifically address this standard ensuring compliance. It was also confirmed through staff interviews. The facility didn't have any allegations of sexual abuse from other facilities in the past 12 months.

Standard 115.64 Staff first responder duties

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

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

The facility provided the MDOC "Sexual Violence Response and Investigation Guide" pocket reference book to show compliance. The pocket reference book is given to all staff as a quick reference guide for staff response to allegations of sexual violence against prisoners. The facility also provided the PREA manual which addresses this standard to ensure compliance. All staff that were interviewed during the tour and during random staff interviews knew how to respond and appropriately handle allegations of sexual assault as a first responder.

Standard 115.65 Coordinated response

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

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

The Facility provided their Operating Procedure 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" to show compliance with this standard. This was confirmed by the Warden during the interview process.

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 facility provided the MDOC PREA Manual that specifically addressed Collective Bargaining Agreements. Collective Bargaining Contracts were provided and the contracts do not limit the agency's ability to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

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 facility provided Policy Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the MDOC PREA Manual addressing this standard. The staff interviews also confirmed compliance with the standard. The PREA Manual requires 90 day retaliation monitoring of any sexual abuse allegation for both staff and prisoners. The Facility created a "Sexual Abuse and Retaliation Monitoring" form (CAJ-1022) as a tracking device to ensure compliance with this standard. A completed form was submitted showing the facility monitors retaliation by tracking disciplinary records, housing changes/assignments, program assignments, work performance evaluations and conducts face to face interviews.

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 MDOC PREA Manual addresses this standard to ensure compliance. The facility did not segregate any offenders in the past 12 months. The staff interviews confirmed compliance and that no offenders were segregated in the past 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

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

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. Documents included a referral to the Michigan State Police, the prosecution of the perpetrator and a Facility Administrative Review. 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)
- 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 clearly 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. Interview with staff confirmed the same.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the PREA Manual clearly addresses this specific standard. The Facility also created a PREA Prisoner Notification of Sexual Abuse and Sexual Harrassment Investigative Findings and Actions (CAJ-1021) form to notify offenders of the findings of the administrative investigations. Documents of completed investigations from start to finish were provided to support compliance with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy Directive 02.03.100 and PD Attachment 02.03.100 A in addition to the PREA Manual outline disciplinary standards for employees, volunteers and contractors. Additionally, the Employee Handbook addresses specific rules for employees regarding behavior addressed in this standard. Facility provided documents of referrals to the Michigan State Police. Interviews with staff also confirmed the facility is following the standard as written. There were also examples of resignation letters provided for staff that resigned due to violating agency sexual abuse or harassment policies. Those individuals were flagged so they would never be rehired within the Agency.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the PREA Manual prohibit sexual conduct of contractors or volunteers with prisoners and prohibits those who do engage in sexual conduct from having contact with prisoners. All allegations of sexual abuse are referred to appropriate law enforcement agencies for criminal investigation. Staff interviews confirmed that reports of sexual abuse of inmates by contractors or volunteers are referred to law enforcement. A Michigan State Police report was provided as documentation to also show compliance with the standard.

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.

Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners”, Policy Directive 03.03.105 “Prisoner Discipline” and the PREA Manual address this standard indicating compliance. Michigan Law MCL 750.520c states that prisoners are unable to consent to sexual contact with Department employees, volunteers and contractors. Therefore, prisoners engaging in sexual contact with staff who are willing participants are considered victims and cannot be disciplined. There were no administrative or criminal findings of prisoner on prisoner sexual abuse in the past 12 months.

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 MDOC PREA Manual, Policy Directive 04.01.105 Reception Facility Services, Policy Directive 04.06.180 Mental Health Services and Policy Directive 03.04.100 Health Services address this standard and indicates prisoners will have follow up services with a mental health practioner within 14 days. No offenders had disclosed prior sexual victimization or perpetrated sexual abuse at screening. Information about previous sexual abuse is only shared with the necessary staff to assist with security and management decisions including appropriate bed assignment. Staff interviews confirmed compliance with this standard.

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 MDOC PREA Manual, Policy Directive 03.04.125 Medical Emergencies and Department Operating Procedure 03.04.100H Health Care Management of Reported Sexual Assaults of Prisoners address this standard. Prisoners are allowed medical or mental health services to victims of sexual abuse without financial costs to them. Interviews with Medical and Mental Health Staff confirmed that services would be provided and there would be no charge to the victims for seeking medical or mental health care.

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

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

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

The MDOC PREA Manual, Policy Directives 03.04.100 “Medical Services” and 04.06.180 “Mental Health Services” address this standard. Interviews with Medical and Mental Health Staff confirmed services would be provided to the prisoners and there would be no cost for the services regardless if the victim named the perpetrator of the sexual abuse. Interviews and policy indicate the appropriate services would include treatment plans, follow up services, testing for sexually transmitted diseases, and any other necessary medical or mental health service needed to treat the prisoner.

Standard 115.86 Sexual abuse incident reviews

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

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

The PREA manual specifically requires incident reviews in accordance with this standard and PREA Sexual Abuse Incident Review (CAJ-1025) form is used to fulfill this requirement. Completed incident reviews were provided as documentation. The documentation provided by the review team consisted of upper-level custody and administrative staff with input from relevant supervisory staff, investigators and medical/mental health staff.

Standard 115.87 Data collection

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

- Does Not Meet Standard (requires corrective action)

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

The MDOC has submitted the annual data for the Dept. of Justice Survey on Sexual Victimization as required. The MDOC also has the survey posted on the Agency Website. Review of the survey indicates it is completed in full.

Standard 115.88 Data review for corrective action

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

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

The Department provides annual data to the DOJ by completing the annual Survey on Sexual Violence. Each report is reviewed by the PREA Administrator in order to identify problem areas and report findings up the chain of command for corrective action. The PREA Administrator also reviews investigatory reports of alleged sexual abuse and conducts a monthly review of the Department's Computerized Database for tracking investigations. The MDOC began the process of full compliance in May 2014, therefore there are no previous reports available to make a comparison. Comparisons and corrective actions plans will be submitted once the DOJ requests the 2014 Survey on Sexual Violence from the MDOC.

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.

All aggregated sexual abuse data is publicly available on the MDOC website. All personal identifiers have been removed prior to posting to the website. All data is secured in the MDOC PREA Administrator's electronic data base which has limited employee access. A hard copy is also stored in the MDOC PREA Administrator's office. Retention records indicate the information must be kept for at least 10 years.

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- x 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.

Richard Brown

January 12, 2016

Auditor Signature

Date