

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

Date of report: August 28, 2016

Auditor Information			
Auditor name: Richard Brown/Julie Stout			
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Telephone number: 812-398-5050/765-569-3178			
Date of facility visit: July 25-27, 2016			
Facility Information			
Facility name: Marquette Branch Prison			
Facility physical address: 1960 US-41 South, Marquette, MI 49855			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 906-226-6531			
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: Robert Napel			
Number of staff assigned to the facility in the last 12 months: 43			
Designed facility capacity: 1119			
Current population of facility: 1010			
Facility security levels/inmate custody levels: Maximum Security (Level V) and Minimum Security (Level 1)			
Age range of the population: 18-74			
Name of PREA Compliance Manager: Ken Niemisto		Title: Inspector	
Email address: Niemistok@michigan.gov		Telephone number: 906-226-6531 ext 1814	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Michigan			
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: Heidi E. Washington		Title: Director	
Email address: WashingtonM6@michigan.org		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

The audit of Marquette Branch Prison (MBP) was conducted from July 25-July 27, 2016. Auditors were Richard Brown and Julie Stout from the Indiana Department of Correction. Pre-audit preparation consisted of reviewing a DVD containing documentation for standards provided by PREA Coordinator Todd Butler. Documentation included various policies, MDOC PREA Manual, logs, forms, training materials, orientation materials, staff records, sample computer screen shots, etc. A review was also completed of the Pre-Audit Questionnaire. Follow up questions were emailed to Ken Niemisto, PREA Compliance Manager and a prompt response received. Upon arrival to the facility the auditors met with Todd Butler, MDOC PREA Coordinator, Matthew Silsbury, PREA Analyst, Wendy Hart, PREA Analyst, Robert Napel, Warden, Ken Niemisto, PREA Compliance Manager/Inspector, and Pamela Basal, Correctional Officer. Staff were informed of the audit process.

The tour began with the Level V portion of the facility and ended with the Level I portion. MDOC staff on the tour included Todd Butler, Matthew Silsbury, and Wendy Hart. MBP staff included Ken Niemisto and Pamela Basal. The PREA Audit Notification letter dated April 21, 2016 was posted in numerous areas visible to staff and the offender population. Also observed during the tour throughout the facility were posters with information about reporting sexual abuse and sexual harassment. Camera placements were observed along with security mirrors. Control areas were entered to observe the camera views. Staff were observed supervising prisoners in the cell houses, dorms, recreation yard and during line movement and escorts. Showers and bathroom facilities were also observed. Shower areas in both the Level V and Level I were observed with both providing privacy. Toilet facilities in Level I also allowed for privacy. The Chapel, dining hall, program areas, powerhouse, food service, health care, laundry, work sites and property areas were toured. The facility was very clean and orderly. During the tour the auditors spoke to random staff, contractors and prisoners regarding PREA. Staff and contractor responses were informative. Most of the prisoners were aware of PREA and reporting procedures. A few declined to respond.

The auditors were provided a meeting room however all staff and prisoner interviews were conducted on each respective side (Level V and Level I). The interview rooms provided were private allowing each staff member and prisoner the opportunity to speak freely. In addition to the staff and prisoners interviewed during the tour a total of 10 random staff (custody officers) were interviewed representing both the Level V and Level I areas and all three shifts. The random staff interviews also included first responders. A total of 20 prisoners were interviewed representing both the Level V and Level I areas. More than 20 were attempted however a few of the prisoners declined. Also interviewed were contract staff from Trinity (on the tour) and Corizon staff. Specialty staff interviewed included Investigators (Inspectors), Resident Unit Managers, Assistant Resident Unit Supervisors (responsible for screening/responsible for intake), Human Resources, custody supervisors, SANE/SAFE staff from the local hospital, PREA Compliance Manager, PREA Coordinator, and the Warden. Written responses were received from the Director. Interviews followed the standardized questions provided by the DOJ. Prisoner files were reviewed and notes entered into the OMNI program. Completed investigations were made available to the auditors and all were reviewed.

An exit interview was held upon completion of the audit. Present were Robert Napel, Warden, Don Hurrell, Business Manager, Dennis Peterson, Acting Deputy Warden, Ken Niemisto, Inspector, Casey Tallio, Resident Unit Manager, Pamela Basal, Correctional Officer, Dawn Chisholm, Human Resources, Todd Butler, PREA Coordinator, Wendy Hart, PREA Analyst and Matthew Silsbury, PREA Analyst. As a result of documentation presented, touring, and interviews with staff and prisoners it is evident that MBP has developed a culture of PREA understanding and compliance. Staff were well informed and well trained. Prisoners knew how to report and various methods of reporting. A safe environment was represented by camera locations and staff presence and measures put into place to enforce PREA guidelines.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Michigan Department of Corrections operates the Marquette Branch Prison located in Marquette, Michigan. During the 1880's as the prison population increased at Jackson and Ionia, it was determined that a prison was needed in the Upper Peninsula. A Marquette Businessmen's Association lobbied to have the prison built in Marquette due to the central location in the Upper Peninsula, transportation capabilities and the donation of free land to build the prison upon. A total of 83.5 acres was donated to the state. The prison was built using local timber and Marquette Brownstone. The first prisoners were received in 1889. Originally, the facility housed both male and female prisoners until 1893. The facility has always housed maximum security male offenders.

The facility and facility grounds have been well maintained. The facility has the appearance of a castle with a well manicured front lawn including a fountain and numerous flowers. The excellent landscaping continued within the prison compound. All units were well maintained, orderly and clean. Marquette Branch Prison (MBP) houses both Level V and Level I prisoners. The Level V is maximum security and is made up of six cell blocks (B, C, D, E, F and G). Capacity for Level V is 453 with a count during the audit of 427. The Level I side is made up of four housing units (A, N, O, and P). Capacity for Level I is 666 with a count during the audit of 613. The Level I area is divided from the Level V area. Volunteer services provide AA and Catholic services. Programs include GED/Special Education, Employment Readiness/Pre-Release, Building Trades, Bridges/Domestic Violence, Thinking for a Change, Sex Offender Programming, and Residential Substance Abuse Program. MBP does not house prisoners under the age of 18.

The Federal Bureau of Prisons also has a contract with the Michigan Department of Corrections to house some of their prisoners at the Marquette Branch Prison. Those offenders receive the same services/orientation, etc. as the MDOC prisoners.

The facility employs a total of 253 custody staff and 125.4 program staff. Food service is provided by Trinity and practitioners are provided by Corizon.

SUMMARY OF AUDIT FINDINGS

The auditors approach to the PREA compliance audit process was to review the Pre-Audit Questionnaire, documents provided on the DVD, observations during the tour, documents provided on-site and interviews with random and key prisoners along with random and key staff. Clarification was needed regarding some information and responses provided by the staff at Marquette Branch Prison was timely.

A DVD was mailed to each auditor in advance of the audit allowing time to review the documentation and have any questions answered. The time period also allowed for MBP to gather needed additional documentation which was provided upon arrival. The tour was a vital part of the audit. During the tour the auditors experienced the culture of MBP. The facility was well cared for. Housing units were clean and orderly. Privacy for showering and bathroom necessities was observed. Staff were moving about and made time to answer questions. The grounds were well manicured. The majority of the prisoners interviewed during the tour answered questions regarding their knowledge of PREA and did so freely and without hesitation. Posters were strategically placed for easy observation by the population. Cameras were also strategically placed to ensure optimum observation. The culture was that of well trained professionals who take pride in their work and provide a safe environment for the population, fellow co-workers and the community.

Numerous interviews were conducted. Because MBP is divided into two security levels, Level V and Level I, staff and prisoner interviews were conducted from both areas. Staff interviews covered all three shifts. Other interviews included the Warden, the PREA Coordinator, the PREA Compliance Manager, medical and mental health staff, Human Resources, contract staff, Intake staff, staff who conduct screenings, Inspectors, first responders (random staff), SANE/SAFE staff from the local hospital, unit supervisors, and custody supervisors.

The audit closed with an exit meeting with key staff. Audit findings were discussed and the facility staff were complimented on their obvious efforts to comply with PREA standards, their drive to provide a safe and secure facility, the cleanliness and orderly running of the facility, the vast knowledge and pride in profession demonstrated by staff and their wonderful hospitality.

Forty-three standards were reviewed. Of the standards, two were non-applicable (115.12 and 115.14) and the remaining were all rated meets.

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.

The Michigan Department of Corrections (MDOC) has implemented zero tolerance toward all forms of sexual abuse and sexual harassment and has outlined their approach to preventing, detecting and responding to such conduct in Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners". Director Heidi Washington issued a memorandum supporting PREA and ordering all facilities to support and come into compliance. MDOC has also developed a PREA Manual which covers prevention planning, training, placement screening, medical and mental health screening, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, prisoners with disabilities or LEP, human resources, staffing plans, rounds, facility and technology upgrades, contracting for confinement of offenders, collective bargaining, reporting and recording sexual abuse and sexual harassment allegations, prisoner grievance process, response to reported/detected sexual abuse, medical/mental health services following an allegation of sexual abuse, victim advocate, confidential support services, sexual abuse/sexual harassment investigations, disciplinary sanctions/corrective action, sexual abuse incident review, data collection, review and storage and audits and compliance. The State of Michigan Department of Corrections Employee Handbook also addresses overly familiar-unauthorized contact, sexual conduct with offenders, and sexual harassment of offenders. All employees sign for a copy of the handbook upon employment. The signed acknowledgment is placed in each employee's personnel packet. Marquette Branch Prison (MBP) has developed Operating Procedure 03.03.140, "Prohibiting Sexual Conduct Involving Prisoners" which outlines their zero tolerance approach to preventing, detecting and responding to sexual abuse and sexual harassment. Required definitions, sanctions and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment are included in the materials presented.

MBP provided an organizational chart showing the position of the PREA Coordinator. A job description of the PREA Coordinator was also provided. Included in the MDOC PREA Manual was also a section describing the role of the PREA Coordinator and the facility PREA Compliance Manager. The PREA Coordinator supervises three employees. He stated that he has time to manage PREA-related responsibilities. Michigan Department of Corrections compliance with PREA is his sole responsibility.

MBP provided an organizational chart showing the position of the PREA Compliance Manager. A list of all MDOC PREA Compliance Managers was also provided. MBP PREA Compliance Manager reports directly to the Deputy Warden. During the interview he stated that he has time to complete his duties.

Policy, Materials, Interviews and Other Evidence Reviewed:

- MDOC Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15)
- MDOC PREA Manual (9/15/15)
- Director Heidi Washington's memo (1/26/16)
- MBP Operating Procedure 03.03.140, "Prohibiting Sexual Conduct Involving Prisoners" (2/2/16)
- MDOC Employee Handbook
- MDOC Organizational Chart
- PREA Coordinator Job Description
- MBP Organizational Chart
- MDOC List of PREA Compliance Managers
- Interview with PREA Coordinator and PREA Compliance Manager
- Completed Pre-Audit Questionnaire

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 FBOP maintains a contract with the MBP to house prisoners sentenced under federal law and federal court. Those offenders are given a MDOC identification number and are subject to all policies, procedures and directives established by the MDOC. The contract with the FBOP is the only contract that MBP has. MBP does not contract with any agency to house Michigan Department of Corrections prisoners. Technically this standard is not applicable to MBP.

Policy, Materials, Interviews and Other Evidence Reviewed:

MBP Memo regarding the contract with the FBOP
Contract between the FBOP and the MBP
Completed Pre-audit Questionnaire

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.

The MDOC PREA Manual makes reference to staffing plans and presents the 11 components necessary when calculating adequate staffing levels and determining the need for video monitoring for MDOC prisons. MBP does have a formal, written staffing plan outlining the 11 components of the standard with accompanying documentation. MBP mandates that all posts are filled. A sample schedule was provided. A total of four positions on the schedule are closed permanently due to the closing of a housing unit. If a shift is short, the facility relies upon volunteer or mandatory overtime to cover. MBP provided a letter from Warden Napel which stated "MBP will mandate staff to keep positions open."

The Warden stated during the interview that the facility does have a staffing plan and that the plan allows for adequate staffing levels. Video monitoring is a part of the plan and cameras were observed in numerous locations. The staffing plan and attachments are documented. The Warden stated that when assessing adequate staffing levels and the need for video monitoring, all points of Standard 115.13a are taken into consideration. MBP provides for an internal auditing system where everything is reviewed. The Warden further stated that he reviews the staffing plan periodically to check for compliance and has a copy in his office. He also stated that there are no periods of non-compliance due to overtime usage. The PREA Compliance Manager stated that the staffing plan is based upon generally accepted detention and correctional practices, that there are no judicial findings of inadequacy, findings of inadequacy from internal or external oversight bodies, the facility's physical plant was taken into consideration regarding camera placement, composition of the inmate population is managed by bed assignment and job assignment, supervisory staff are placed in areas of high movement (upon review of an incident staff were redirected for placement), programs are limited, MBP is compliant with state and local laws and all cases of sexual abuse are reviewed. The PREA

Compliance Manager also stated that an offender involved in a sexual abuse incident would be provided a qualified staff member upon request.

The MDOC PREA Manual supports the annual review of the staffing plan.

MBP has just over 300 cameras throughout the facility. Placement was decided taking PREA into consideration. Another factor used was staff to offender ratio during a 24 hour period. All cameras have been upgraded within the last 12 months.

MBP provided a log book from 11/14 to 3/15 indicating rounds are being made. Log books were checked at various posts during the tour to ensure rounds were being made by supervision. Appropriate signatures were there. Staff questioned also supported that rounds were being made. Operating Procedure 04.04.100 "Facility Inspection Schedule and Administrative Staff Rounds" (6/26/15) supports the making of rounds. MDOC Policy 04-04-100, "Custody, Security and Safety Systems" (5/2/16) supports the standard and contains verbage mirroring the standard. MDOC PREA Manual also supports the standard. A calendar scheduling rounds (January, 2015) was also submitted as documentation. The facility is in the process of switching over to the "Guard One" system. The system will be used to track rounds by unit number and can produce reports regarding rounds in a variety of formats. Interviews with supervisory staff indicated that they do make unannounced rounds daily and record such in green ink. Supervisory staff stated that they mix up the rounds and routes and times so that staff are not alerted.

Policy, Materials, Interviews and Other Evidence Reviewed:

- MDOC PREA Manual
- Staffing Plan Review Form dated 3/15
- Sexual Incident Reviews
- Shift Breakdown
- Monthly Shift reports for 2015
- Log Book 11/14 to 3/15
- Operating Procedure 04.04.100, "Facility Inspection Schedule and Administrative Staff Rounds" (6/26/15)
- MDOC Policy 04.04.100, "Custody, Security and Safety Systems" (5/2/16)
- Scheduling Calendar January, 2015
- Interviews with staff
- Completed Pre-Audit Questionnaire

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.

MBP does not house youthful offenders. This standard is not applicable.

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.

MDOC Policy 04.04.110, "Search and Arrest in Correctional Facilities" (3/1/16) states that cross gender strip searches may only be performed by employees of the same sex as the prisoner except in emergency situations where staff members of the same sex are not readily available. The policy further states that "A strip search also shall be performed only in the presence of employees of the same sex as the prisoner being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor's presence is required by policy and a supervisor of the same sex as the prisoner being searched is not readily available." The policy also states that a written report must be submitted to the Warden identifying the employees involved in the strip search and the reason for the search. If the search was conducted in the presence of an employee of the opposite gender as the prisoner being searched, the report must also indicate the reasoning for that. The MDOC PREA Manual states that, "A strip search shall be performed only in the presence of employees of the same sex as the prisoner being searched except that in exigent circumstances, a supervisory employee of the opposite sex may be present when required by policy." MBP staff stated that due to security issues there may be an occasion when a female supervisor may be in the area during a strip search of a male offender. The female supervisor would not be within view of the offender; but available to answer questions in a supervisory capacity. Policy 04.04.110, "Search and Arrest in Correctional Facilities" states authorization must be obtained from the Warden prior to a body cavity search. The search must be conducted by a licensed physician, physician's assistant, licensed practical nurse or registered nurse acting with the approval of a licensed physician. Additional staff present during a body cavity search must be of the same gender as the offender as the offender and one staff member of the same gender must be present. MDOC PREA Manual states the same. The policy states that body cavity searches must also be documented no later than the end of the shift. MCL 764.25b Body Cavity Search summarizes Michigan state law regarding body cavity searches. The PAQ indicates that there were no cross gender strip searches or cross gender body cavity searches of prisoners during the last 12 months.

The MDOC PREA Manual, MDOC Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15), MBP Operating Procedures 03.03.141, "Prohibited Sexual Conduct Involving Prisoners" (2/2/16) and MBP Post Orders all indicate that female staff must knock on the most interior door, announce "female in the area" and wait 10 seconds prior to entering. MDOC also has "Knock and Announce" signage as well as a bi-lingual privacy notice posted in living areas. During the tour, MBP staff announced prior to entering each housing area. Signs were posted in each housing unit advising the population that a female staff member may be in the area and to take responsibility for their own privacy. Knock and announce signs were also at the entrance of each housing unit. During prisoner interviews the majority of the prisoners stated that female staff do announce their presence prior to entering the units. Those interviewed also believed that adequate privacy is available. Staff interviewed also indicated that female staff announce prior to entering the units.

MDOC Policy 04.06.184, "Gender Identity Disorder (GID)/Gender Dysphoria" (10/13/15) and the MDOC PREA Manual both state that prisoners who are transgender or intersex shall not be searched for the sole purpose of determining the prisoner's genital status and provide a process for that determination. Staff interviewed were aware that a transgender or intersex prisoner cannot be searched solely for the purpose of detecting genital status. Staff also indicated that they have received training regarding the searching of transgender prisoners. There were no transgender prisoners at the facility.

The MDOC provided a copy of the training guide used for searches "Personal Searches – The Application of Search Procedures for GID and Transgender Prisoners,". MBP also reported on the PAQ that 90-100 percent of security staff received training in the area of searches.

Shower areas in the housing units offered privacy. Showers are supervised by male staff only. Toilets that may be in the view of a camera are blocked out on the monitor allowing privacy from camera view.

Policy, Materials, Interviews and Other Evidence Reviewed:

MDOC Policy 04.04.110, "Search and Arrest in Correctional Facilities (3/1/16)
MDOC PREA Manual
MCL 764.25b Body Cavity Search

MDOC Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15)
MBP Operating Procedures 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (2/2/16)
MBP Post Orders
MBP Knock and Announce signage
MDOC Policy 04.06.184, "Gender Identity Disorder (GID)/Gender Dysphoria" (10/13/15)
MDOC training guide "Personal Searches – The Application of Search Procedures for GID and Transgender Prioners"
Interviews with staff and prisoners
Completed Pre-Audit Questionnaire

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)

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 PREA Manual states that PREA education will be provided in a format understandable to all prisoners. The manual further states that the department will seek assistance of interpreters. MDOC Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15) also states that the department will seek the assistance of interpreters for prisoners with disabilities or LEP. Documentation provided includes a purchase order dated 7/1/15 for services from Pallerio Translations. The service is offered 24/7. The service was called by the MDOC PREA Coordinator and confirmed the presence of a purchase order with MBP. MDOC also has a sexual violence pamphlet available in Spanish along with sexual abuse posters in both Spanish and English. Posters were displayed in each housing unit. MBP provided the MDOC Policy Directive 05.03.118, "Prisoner Mail" in support of 115.16c indicating that prisoners are not to be used for translation purposes. Offenders who are visually or hearing impaired are not qualified for placement at MBP. There were no prisoners there who were limited English speaking. Staff interviewed were aware that prisoners are not to be used to assist other prisoners for interpretation services during a sexual abuse or sexual harassment investigation.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15)
Purchase Order from Paller Translations (7/1/15)
Sexual Violence Pamphlet – Spanish version
Picture of reporting signs in both English and Spanish
MDOC Policy Directive 05.03.118, "Prisoner Mail" (9/14/19)
Interviews with staff and prisoners
Completed Pre-Audit Questionnaire

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)

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MDOC Policy Directive 02.06.111, "Employment Screening" (10/21/15) mirrors the language in standard 115.17a/f. The PREA Manual does as well. A sample recruitment job description was used as supporting documentation and it contained the necessary questions. The above documentation also supports 115.17b. Background checks are completed prior to hiring new employees who may have contact with prisoners. Criminal background checks are also completed on contractors. Criminal background checks of current employees and contractors are conducted annually during the month of June. A list of employees employed by MBP for more than five years was provided along with random background checks. MDOC allows material omissions regarding misconduct described in this standard as grounds for termination. Information as indicated in 115.17h is also provided upon receipt of a signed release as stated in MDOC Policy Directive 02.01.140 "Human Resources File" (1/5/09). MBP hired or promoted a total of 36 employees within the last 12 months. The function of hiring is completed at the Central Office location.

An interview with Human Resources staff indicated that criminal record background checks are conducted on all newly hired employees, including contract employees, and any issues are followed up on. HR staff indicated that prior incidents of sexual harassment are considered when hiring or promoting anyone and when enlisting the services of a contractor. HR has a tracking system so that background checks can be conducted every five years. HR stated that there are PREA-related questions for all applicants; a total of 16 questions. Each employee also signs for a copy of the Employee Handbook which states that employees must disclose previous misconduct. HR also stated that information regarding substantiated allegations of sexual abuse or sexual harassment would be provided to other institutions upon request when a former employee applies for a position.

Policy, Material, Interviews and Other Evidence Reviewed:

- MDOC PREA Manual
- MDOC Policy Directive 02.06.111, "Employment Screening" (10/21/15)
- Sample job description
- Sample LEIN worksheet
- List of checks completed on contractors/volunteers
- MDOC Employee Handbook
- MDOC Policy Directive 02.01.140 "Human Resources File" (1/5/09)
- Sample documentation regarding requests from employers
- Interviews with staff
- Completed Pre-Audit Questionnaire

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.

MBP has not acquired new facilities or made major expansions since 8/20/12. MBP has approximately 300 cameras strategically placed throughout the facility. As a result of conversations with staff and incident reviews MBP has also placed cameras in the coolers of the kitchen which is an excellent idea.

The Warden stated that MBP has not had expansions. The Building Trades area was renovated and cameras were placed in that area. When cameras were installed at MBP, staff reviewed the layout of the facility and placed cameras where they felt they were needed.

The Agency Head stated that the MDOC is fully committed to zero tolerance of sexual abuse and sexual harassment of offenders in its care. A large part of that commitment is ensuring facilities are redesigned in a manner that ensures a maximum level of protection against sexual abuse and sexual harassment. The administration takes an active role when designing, acquiring or modifying facilities or adding technology to enhance security efforts. This includes the agency's PREA Administrator taking an active role in meeting with our physical plant division to ensure any modifications meet the intent of the PREA standards prior to implementation. The MDOC is currently in the process of updating our camera/monitoring system to enhance security efforts at each of our facilities. These efforts will ensure better video coverage throughout our facilities as well as deter sexual assaults/harassments from occurring.

Policy, Material, Interviews and other Evidence Reviewed:

- Schematic of Camera Placement
- Observations of Camera locations during tour
- Interviews with staff

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.

MBP has the responsibility of conducting administrative investigations. The Michigan State Police conduct criminal investigations. The uniform evidence protocol is "Basic Investigator Training" (2014) and "Crime Scene Management and Preservation" (2014). The latter of the two was based upon the US Army Criminal Investigation Command and various Michigan State Police training modules. Training documentation was provided for a total of 21 employees who completed both the NIC PREA Investigator Training and MBP Basic Investigator Training. The MDOC PREA Manual gives the responsibility of contracting for the services of a certified SAFE/SANE to the Department PREA Administrator. The manual further states that those sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. MBP attempted to obtain victim

advocacy services from a community organization but the organization declined due to staffing issues. Therefore, advocacy services are provided by mental health staff at the facility. The local hospital provides sexual assault examinations to the public. The same hospital is used by MBP for services. During the audit period there was one prisoner who was taken for a SANE/SAFE exam however he did not want an advocate to accompany him. Documentation also provided was a letter from the Michigan State Police Field Commander indicating that the MSP is aware of PREA and standard 115.21 and their responsibility in complying with paragraphs (a) through (f). The majority of staff interviewed were aware of appropriate protocol for collecting usable physical evidence. The very few who couldn't answer specifically stated that they would contact supervision for guidance but they were well aware of the need to secure the scene. All were aware of the staff person who has the responsibility of conducting sexual abuse investigations.

SANE/SAFE staff interviewed stated that they are responsible for conducting all forensic medical examinations for MBP and that having someone unavailable is never an issue because there are over 70 staff trained at the hospital so someone is always there.

The PREA Compliance Manager reported that a qualified staff member (mental health) would accompany the prisoner if requested by the prisoner. He further stated that MBP contacted a community organization for advocacy services however, the organization didn't have the staff to assist. The list of services provided by the PREA Resource Center is available for the prisoners to review.

One prisoner was interviewed who had reported sexual abuse. He stated that he was allowed to use the phone to speak to someone but didn't want to talk on the phone. He chose to write his father's girlfriend and tell her.

Policy, Material, Interviews and Other Evidence Reviewed:

- MDOC PREA Manual
- Basic Investigator Training Interview and Investigation Techniques and Fundamentals (2014)
- MDOC Crime Scene Management and Preservation (2014)
- Training Documentation (Basic Investigator Training and NIC On-Line Investigator Training)
- Email requesting victim advocacy services
- Letter from MSP dated 9/30/15
- Interviews with staff
- Completed Pre-Audit Questionnaire

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

MDOC PREA Manual indicates that investigations shall be completed for all allegations of sexual harassment and sexual abuse. MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15) and MDOC Policy Directive 01.01.140, "Internal Affairs" 01.01.140 (9/20/13) also support the standard. Both the MDOC PREA Manual and the MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15) state that substantiated allegations of a criminal nature will be referred for prosecution. MDOC Policy 03.03.140 is also available on the MDOC website (documentation supplied and auditor checked). The letter written by the Michigan State Police previously referenced was also used as supporting documentation. During the reporting period there was a total of 40 investigations completed; 3 of which were referred for criminal investigation. Interviews with investigative staff indicated that those cases in need of criminal investigation are referred to the Michigan State Police. The Agency Head stated that every allegation of sexual abuse/harassment is investigated administratively. Any allegation which appears to be criminal is referred to the Michigan State Police who are responsible for conducting criminal investigations on behalf of the MDOC. When an allegation of sexual abuse/harassment is made, or staff become aware of an alleged incident, the allegation is referred for investigation through the facility's administrative staff. Allegations are entered into the department's computerized database which notified the department's office of internal affairs of the allegation. The internal affairs manager reviews the allegation and assigns it based upon the severity of the allegation to either a trained

facility investigator or one of the internal affairs specialists. The allegation is thoroughly investigated by gathering and reviewing any potential evidence, conducting interviews and gathering written statements. Any allegation which appears to be criminal is referred to the Michigan State Police to be investigated criminally on behalf of the department.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15)
MDOC Policy Directive 01.01.140, "Internal Affairs" (9/20/13)
Letter from Michigan State Police
Interviews with staff
Completed Pre-Audit Questionnaire

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.

MBP provided training outlines and CBT's used to cover this standard. Both met points 1-10 of the standard. The MDOC PREA Manual also supports this standard regarding the necessary training points, training tailored to the gender of the prisoners at the employee's facility, training time limitations and training documentation. A sample of training records was also provided. Training is given in the classroom upon initial hire at Lansing and then in computer format annually at the facility. During the tour staff were questioned regarding PREA, reporting, response, ect., and all staff answered appropriately. During the interviews staff were able to describe the training received regarding PREA.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
In-Service Training Plan
Sexual Abuse and Sexual Harassment in Confinement Training (Modules 1 & 2)
Sample of training records
Interviews with staff
Completed Pre-Audit Questionnaire

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.

MBP reported on the PAQ that a total of 161 volunteers/contractors were trained regarding sexual abuse/harassment prevention, detection and response. The MDOC PREA Manual supports the standard as well as MDOC Policy Directive 03.02.105, "Volunteer Services and Programs" (5/26/15). The training outline covers information outlined in 115.31. A sample of signed acknowledgements was also included. Contractors could recall their PREA training and were aware of the agency's zero tolerance on sexual abuse and harassment.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Policy Directive 03.02.105, "Volunteer Services and Programs" (5/26/15)
Program A, Correctional Facilities Administration, Securities Regulations 2014
Sample signed acknowledgements
Interviews with staff
Completed Pre-Audit Questionnaire

Standard 115.33 Inmate education

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

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

The MDOC PREA Manual states that prisoners shall receive comprehensive information explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment. MDOC Policy 04.01.140, "Prisoner Orientation" (12/1/14) states the "Prisoner Guidebook" shall be reviewed with general population during orientation and that information regarding PREA and the PREA Manual will be provided in accordance with Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners". MDOC Policy Directive 04.01.105, "Reception Facility Services" (12/29/10) states that orientation shall include information regarding prohibited sexual conduct, reporting, self-protection and treatment and counseling. The MDOC Prisoner Guidebook and the MBP Facility Guidebook both contain information regarding PREA and are given to prisoners during orientation. Sample pamphlets (English and Spanish) are issued during orientation. Prisoners also view "Taking Action" during orientation. The majority of prisoners interviewed recalled receiving orientation upon entering the MDOC and again at MBP. They were aware of the hotline number and also recalled seeing posters with the numbers. Intake staff interviewed stated that new arrivals sign for PREA information and receive orientation regarding PREA and reporting. Intake staff receives a list of new arrivals and orientation is given the day of arrival. If a prisoner misses group orientation then the prisoner will receive one on one orientation later in the day.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners"
MDOC Policy Directive 04.01.105, "Reception Facility Services" (12/29/10)
MDOC Prisoner Guidebook
MBP Facility Guidebook
Sample Pamphlets (English and Spanish)
Taking Action DVD
Interviews with staff and prisoners
Completed Pre-Audit Questionnaire

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.

MBP investigators (a total of 25) have completed training provided by the MDOC. The training outline "Basic Investigator Training Interview and Investigation Techniques and Fundamentals" was included. The MDOC PREA Manual and MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" both indicate that investigators shall complete additional training regarding PREA investigations. Training records were provided to demonstrate that investigators completed the NIC training for "PREA: Investigating Sexual Abuse in a Confinement Setting". Also provided was a letter dated 9/30/15 from the Michigan State Police indicating awareness of PREA requirements. Interviews with investigative staff indicate that they received both MDOC training regarding investigations as well as NIC training. Investigative staff described the training received such as securing the scene, crime scene preservation, talking to prisoners with Gender Identity Disorder, interviewing skills and advocacy. Techniques for interviewing sexual abuse victims, Miranda/Garrity, evidence collection and criteria and evidence required to substantiate a case were also covered.

Policy, Material, Interviews and Other Evidence Reviewed:

Basic Investigator Training and Investigation Techniques and Fundamentals
MDOC PREA Manual
MDOC Policy Directive 03.03.140, "Prohibited Sexual conduct Involving Prisoners"
Training Certificates
Letter dates 9/30/15 from Michigan State Police
Interviews with staff
Completed Pre-Audit Questionnaire

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.

MBP provides specific PREA training for health care and mental health staff. The training module covers all point of the standard. Training records were reviewed. Specialized training is delivered in the form of computer based training and is given annually. Forensic exams are not conducted by the MDOC. Staff interviewed were able to recall PREA training and what it consisted of.

Policy, Material, Interviews and Other Evidence Reviewed:

Health Care PREA Training Modules
Mental Health PREA Training Modules

Training Records
MDOC PREA Manual
MDOC Policy Directive 02.05.100, "New Employee Training Program"
Interviews with staff
Completed Pre-Audit Questionnaire

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 MDOC PREA Manual states that an assessment will be completed within 72 hours of a prisoner's arrival and states that the assessment is not required if completed prior to transfer. MDOC Policy Directive 03.03.140 (9/15/15) states, "In addition to the PREA assessment at intake, staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA-Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner's risk of being sexually abused or being sexually abusive toward others. An example was provided of a risk assessment that was reassessed upon completion of an investigation. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer." MBP Operating Procedure 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (2/2/16) states, "Within 72 hours of a prisoner's arrival at a facility (not required if assessments have been completed prior to arrival to MBP), designated facility staff shall complete OMNI bases PREA-Aggressor Risk Assessment-Prison and PREA-Victim Risk Assessment-Prison forms in accordance with the PREA Risk Assessment Manual." The MDOC PREA Risk Assessments Manual also states that within 72 hours of arrival an assessment is completed but is not required if assessments are completed prior to arrival.

A list of offenders was provided for 2015 documenting review dates.

The MDOC PREA Risk Assessment Manual is very thorough and supports standards 115.41c, 115.41d, and 115.41e.

MBP Operating Procedure 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (2/2/16) states, "No later than 30 calendar days after arrival (unless the prisoner transfers from the facility prior to 30 days), designated staff shall complete a PREA-Risk Assessment Review-Prison form in accordance with the PREA Risk Assessment Manual." MBP Operating Procedure 05.01.140, "Security and Processing of Incoming Prisoners (Exempt)" (2/16/16) also reflects the above policies and assigns the reviews to specific staff.

The MDOC PREA Manual supports standard 115.41h and 115.41i.

Of the prisoners interviewed who had been at MBP for less than twelve months the majority didn't recall being asked questions regarding prior jail/prison stays, prior sexual abuse or LGBTI identification (two said yes and four said no). MDOC performs screenings using OMNI which is a computer based program. Staff interviewed indicated that each prisoner is screened prior to arrival using information available on the computer. Upon arrival information reviewed includes the PSI, conduct history, information sheet, and risk assessment. Changes are made to the risk assessment if needed. A series of four questions are asked of each prisoner and that information is entered into the OMNI program constituting a 30 day reassessment. The review is completed typically within the hour of receipt. MBP receives prisoners on Mondays and Wednesdays. Staff further stated that prisoners are not disciplined if they refuse to answer any questions on the assessment. Staff having access to OMNI have access to the assessment (counselors, ARUS, RUM). The PREA Compliance Manager indicated that the facility has limited the staff who have access to the assessment. The PREA Coordinator indicated that the OMNI program is used and has different profiles based upon the staff person's position. He further stated that line staff don't have access.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual

PREA Audit Report

MDOC Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” (9/15/15)
MBP Operating Procedure 03.03.140, “Prohibited Sexual Conduct Involving Prisoners” (2/2/16)
MDOC PREA Risk Assessment Manual
Interviews with staff and prisoners
Completed Pre-Audit Questionnaire

Standard 115.42 Use of screening information

- 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 supports the language of the standard as well as MDOC Policy Directive 05.01.140, “Prisoner Placement and Transfer” (9/22/15). A sample bed assignment chart was submitted listing designations.

MDOC Policy Directive 04.06.184, “Gender Identity Disorder (GID)/Gender Dysphoria” (10/13/15) outlines an evaluation process and individual management plan and placement but does not take into consideration the opinion of the transgender. The MDOC PREA Manual reflects the language of 115.42c, d, e, f and g. MDOC Policy Directive 04.06.184 does not include placement and programming reviews. The form used for the review does not reflect either. However, the PREA Manual supercedes all policies relating to PREA until appropriate changes can be made. A review was done of an offender on 5/7/15 and 3/3/16.

Staff interviewed indicated that information provided from the assessment is used to determine housing assignments. Each prisoner is given a designation and housed accordingly (possible victim, victim, no score, aggressor, possible aggressor). MDOC has a computer program that will not allow a possible victim to be housed with an aggressor or a possible aggressor. The staff interviewed indicated that a transgender/intersex prisoner would be showered at a separate time from the other prisoners. And, the transgender/intersex prisoner’s views would be taken into consideration regarding placement and programming.

The PREA Compliance Manager stated that information from the risk assessment is used to make housing assignments. He stated that prisoners are placed based upon compatibility and that victims and aggressors are not placed in the same area. The assessment is also used for job assignments. He further stated that the facility is not subject to a consent decree, legal settlement, or legal judgment requiring a dedicated facility be established for LGBTI prisoners. A transgender’s placement and programming assignments are reviewed and the views of the prisoner are considered. If MBP had a transgender prisoner, the prisoner would be given the opportunity to shower separately. A gay prisoner was interviewed and the prisoner stated that he was not placed in a unit dedicated for LGBTI prisoners.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Policy Directive 05.01.140, “Prisoner Placement and Transfer”
Sample Bed Assignment Chart
MDOC Policy Directive 04.06.184, “Gender Identity Disorder (GID)/Gender Dysphoria”
Sample Review
Interviews with staff
Completed Pre-Audit Questionnaire

Standard 115.43 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 reflects the language of the standard. MDOC Policy Directive 04.05.120, "Segregation Standards" (9/27/10) does not include information regarding prisoners placed in segregation under protective custody due to high risk for sexual victimization. The policy does support 30 days reviews of prisoners placed in segregation.

During the interview the Warden stated that the facility does have a policy prohibiting the placement of prisoners at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other areas. A prisoner may be placed in segregation only as an alternative means of separation. The prisoner will be moved quickly or transferred to another facility as soon as possible. A prisoner interviewed stated that he had been placed in protective custody for a different reason but not as a result of being a victim. He was placed in segregation on 6/2/16 and met with staff on 6/10/16. He stated that staff reviewed his file to determine future placement, discussed his mental state and then came up with a plan for him. Those who supervise a segregation unit stated that placing a prisoner in segregation as an alternative means has only occurred twice. The prisoners are moved as soon as possible even if they have to be transferred to another facility. Prisoners are reviewed face to face every seven days for 60 days and then every 30 days thereafter.

Policy, Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Policy Directive 04.05.120, "Segregation Standards"
Completed Pre-Audit Questionnaire

Standard 115.51 Inmate reporting

- 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 has multiple ways for prisoners to report sexual harassment or sexual abuse. The MDOC PREA Manual, as does staff training, require all staff to immediately report any knowledge, suspicion or information regarding incidents of sexual harassment or sexual abuse. Prisoners are given the MDOC Prisoner Guidebook during orientation which contains reporting methods. MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" (9/15/15) also outlines reporting procedures. Staff interviewed also affirmed the requirement and were aware of their duties regarding reporting. Staff interviewed were also aware of the MDOC Sexual Abuse Hotline and MDOC website as avenues for privately reporting. Prisoners interviewed were also aware of possible reporting avenues to include family and friends, hotline, any staff person (written or verbal), grievance process, and anonymously. The majority of the prisoners interviewed were aware that they could make a report without giving their name. All were aware that they could make a report in person or in writing. The PREA Compliance Manager stated that a hotline is available for prisoners to report privately. Signs were posted throughout

the facility with hotline numbers. The MDOC also has an MOU with a legislative corrections ombudsman to allow for reporting to an entity not part of the MDOC. Summaries of investigations were also provided showing various methods of reporting such as through a contract employee, mental health staff, grievance, and letter forwarded to the facility by a county health department.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Prisoner Guidebook
MDOC Policy Directive 03.03.140, "Prohibited Sexual Conduct Involving Prisoners"
MOU with Legislative Corrections Ombudsman
Samples of Investigation Summaries
Posters throughout the facility
Interviews with staff and prisoners
Completed Pre-Audit Questionnaire

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.

Agency policy does allow for a prisoner to submit a grievance regarding an allegation of sexual abuse at any time regardless of when it occurred. Policy allows for the prisoner to submit a grievance without submitting it to the staff member who is the subject of the complaint. Agency policy requires the decision to be made on grievances filed for sexual abuse within 90 days. Agency policy does allow for 3rd parties to file grievances on behalf of prisoners. The PREA manual has not been updated yet to reflect that third parties may file a grievance on behalf of a prisoner but a Memorandum was issued on April 27, 2016 allowing third party grievances be filed. The Memorandum issued by the MDOC Director supersedes the PREA Manual. The PREA Manual will be updated to reflect the same information in the near future. The Agency has a policy for filing emergency grievances alleging that a prisoner is subject to a substantial risk of imminent sexual abuse.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC Director's Memorandum 2016-29
Prisoner/Parolee Grievances #03.02.130
PREA Manual Dated Sept. 2015
Random Samples of grievances filed by prisoners

Completed Pre-Audit Questionnaire
Prisoner Interviews

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 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 law library and each housing unit has copies that a prisoner can review at their request. Prisoners may also receive their own personal copy by asking the law library to provide it. Most offenders interviewed were aware of the handbook and knew how to obtain a copy of it. The facility also provided an email corresponding with the Sexual Assault Program Coordinator at a victim advocacy service in Marquette, MI. The coordinator indicated that their agency didn't have enough staff to provide assistance to the facility.

Policy Material, Interviews and Other Evidence Reviewed:

- Prisoner Telephone Use #05.03.130, Attachment B
- Prisoner Mail #05.03.118
- An End To Silence Handbook
- Prisoner and Staff Interviews
- Completed Pre-Audit Questionnaire

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 Correction's Ombudsman's Office to accept reports. Verified the website address as a third party reporting tool. There were also sexual abuse posters hung in strategic locations around the facility advising the offenders about the Sexual Abuse Hotline.

Policy Material, Interviews and Other Evidence Reviewed:

- Legislative Corrections Ombudsman MOU
- MDOC Website
- Sexual Abuse Posters
- Offender Interviews
- Completed Pre-Audit Questionnaire

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 Agency requires all staff to immediately report any allegations of sexual abuse or sexual harassment. Policy prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All allegations are submitted to the facility's designated investigators. This information was confirmed through numerous staff interviews.

Policy Material, Interviews and Other Evidence Reviewed:

Prohibited Sexual Conduct Involving Prisoners #03.03.140
State of Michigan Department of Corrections Employee Handbook
MDOC PREA Manual
Staff Interviews/Warden, Medical and Mental Health, PREA Coordinator, Random Staff
Samples of reports sent to the investigator
Completed Pre-Audit Questionnaire

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. All staff members were aware to immediately remove the prisoner from the area of imminent threat. The Facility PREA Compliance Manager advised immediate action is taken to protect prisoners anytime an allegation is reported.

Policy Material, Interviews and Other Evidence Reviewed:

Prisoner Placement and Transfer #05.01.140
MDOC PREA Manual
Staff Interviews/Warden, PREA Compliance Manager, Random Staff
Completed Pre-Audit Questionnaire

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.

The Agency has a policy that requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility where the sexual abuse is alleged to have occurred. Policy indicates that the notification must be made as soon as possible but no longer than 72 hours after receiving the allegation. Policy also indicates that the facility head that receives such notification shall ensure the allegation is investigated in accordance with these standards. The facility had 4 cases that were reported to the facility head. All cases were submitted within 72 hours and all cases were investigated.

Policy Material, Interviews and Other Evidence Reviewed:

Prohibited Sexual Conduct Involving Prisoners #03.03.140
MDOC PREA Manual
Review of the investigations
Staff Interviews/Warden, Facility PREA Compliance Manager
Completed Pre-Audit Questionnaire

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 Agency has a policy for first responders when an allegation of sexual abuse is made. The policy covers separating the victim and abuser, preserving the scene, collection of physical evidence from both the abuser and the victim. All staff that were interviewed were well educated with this policy and all knew exactly what to do if an allegation of sexual abuse was made. The facility had 4 reported allegations of sexual abuse during the audit review period. Proper protocol was followed with each allegation.

Policy Material, Interviews and Other Evidence Reviewed:

Prohibited Sexual Conduct Involving Prisoners #03.03.140
MDOC PREA Manual
Investigation Reports
Staff Interviews
Offender Interviews who Reported a Sexual Abuse
Completed Pre-Audit Questionnaire

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)
- 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 a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan provided was specific to Marquette Branch Prison. The Facility Plan provides specific instructions for first responders to include immediately contacting a supervisor, securing the area for a possible crime scene, separate and secure the alleged victim and alleged abuser, ensures the prisoners do not destroy any possible physical evidence and collects and records any possible evidence. The plan also addresses arrangements for the prisoners to be seen by medical and mental health staff. The shift supervisor contacts the Asst. Warden and Warden. The Warden then assigns an investigator to complete the investigation. The investigator will complete a thorough investigation and then contact the Michigan State Police if it is determined there may be criminal charges involved. Appropriate facility staff will review the case and take that appropriate action at the conclusion of the investigation.

Policy Material, Interviews and Other Evidence Reviewed:

Operating Procedure for Prohibited Sexual Conduct Involving Prisoners #03.03.104
MDOC PREA Manual
Warden Interview
Completed Pre-Audit Questionnaire

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.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Michigan Corrections Organization Security Unit Agreement

UAW Primary Agreement
MSEA Agreement
AFSCME AFL-CIO Agreement
SEIU Labor Agreement
Completed PRE-Audit Questionnaire

Standard 115.67 Agency protection against retaliation

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

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

The agency provided policy to protect all prisoners and staff who report sexual abuse or sexual harassment from being retaliated against by staff or prisoners. The agency/facility monitors the conduct and treatment of prisoners or staff who reported sexual abuse and of prisoners who reported to have suffered sexual abuse to see if there are any changes that may suggest retaliation by staff or prisoners. This monitoring lasts for at least 90 days. The Facility PREA Compliance Manager provided documentation to verify offenders were being monitored for 90 days. The original documentation provided on the Pre-Audit Questionnaire didn't have completed forms for the full 90 days. The facility had a change in the PREA Compliance Manager and in 2015 and there were a couple months where not every single monitoring form was completed for the full 90 days. However, numerous random reports were reviewed for the first 7 months of 2016 and all were completed to the end of the 90 day period showing full compliance.

Policy Material, Interviews and Other Evidence Reviewed:

Prohibited Sexual Conduct Involving Prisoners #03.03.140
Numerous 90 day monitoring forms (CAJ-1022)
Staff Interviews/Warden, Facility PREA Compliance Manager
Offender Interviews/ Inmates in Segregated Housing, Inmates Who Reported Sexual Abuse
Completed Pre-Audit Questionnaire

Standard 115.68 Post-allegation protective custody

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

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

The Agency provided a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The facility placed 2 prisoners in segregation for one to twenty four hours awaiting the completion of an assessment during the review period. Neither prisoner was kept in segregation for longer than 30 days. Proper documentation was provided for both prisoners.

Policy Material, Interviews and Other Evidence Reviewed:

Operating Procedure for Segregation Standards/Rounds by Housing Unit Staff #04.05.120
MDOC PREA Manual
Staff Interviews/Warden, Facility PREA Compliance Manager
Offender Interviews
Investigation Reports
Completed Pre-Audit Questionnaire

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.

The Agency conducts investigations into allegations of sexual abuse and sexual harassment. All investigations are handled in a timely manner and a thorough investigation is completed. All investigators have been trained through NIC Sexual Assault On-line training and have received basic investigations classes. Investigators gather all evidence, review cameras, interview offenders and staff, and collect any other information that may assist with the investigation. Michigan State Police are contacted if there appears to be a violation of any law. Michigan State Police assist with investigations that appear to be criminal. The local prosecutor is contacted when there is evidence to support criminal prosecution. All investigations are thorough and well documented in a written report. The investigations included information and correspondence between the facility investigators and the Michigan State Police. Documentation was provided to show compliance with this standard.

Policy Material, Interviews and Other Evidence Reviewed:

Prohibited Sexual Conduct Involving Prisoners #03.03.140
MDOC PREA Manual
Facility PREA Investigation Files
Cases referred for Prosecution
Emails Between Facility PREA Investigators and Michigan State Police
Internal Affairs Directive #01.01.140
Interviews with Staff
PREA Investigator Training Rosters
Completed Pre-Audit Questionnaire

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. Interviews with staff confirmed the same.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Staff Interview
Completed Pre-Audit Questionnaire

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 clearly addresses this standard requiring that a prisoner be notified of whether an allegation is determined to be substantiated, unsubstantiated or unfounded. The facility notifies an offender that has made an allegation that a staff member committed sexual abuse against the prisoner the outcome of what action was taken against the staff member. All notifications are documented on the CAJ-102 Prisoner Notification Form. Several investigations were reviewed during the audit and each investigation contained documentation verifying that the offender making an allegation was notified of the results at the conclusion of the investigation. Interviews with staff and prisoners that had made allegations of sexual abuse confirmed the prisoners were notified at the conclusion of the investigation.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Prohibited Sexual Conduct Involving Prisoners #03.03.140
Samples of Completed Prisoner Notification Forms CAJ-1021
PREA Investigation Files
Email Referrals to the Michigan State Police
Offender Interviews
Staff Interviews/Warden and Investigative Staff
Completed Pre-Audit Questionnaire

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.

Policy Directive 02.02.100 and the MDOC PREA Manual clearly outline disciplinary standards for employees, volunteers and contractors. It is clear that staff shall be subject to disciplinary action up to and including termination for violating agency sexual abuse or sexual harassment policies. The MDOC Employee Handbook also addresses specific rules for employees regarding behavior addressed in this standard. The investigator provided documentation of referrals made to the Michigan State Police. Discipline against staff was also provided to show compliance with this standard. Any staff member terminated for sexual abuse or sexual harassment are flagged by the Human Resource Department so they are never hired by the MDOC again. Disciplinary sanctions are commensurate with the nature and circumstances of the acts committed. In addition the employee's previous disciplinary history is taken into consideration when making the final decision on what disciplinary action to take. All terminations or resignations by staff that have violated the agency policy on sexual abuse or sexual harassment are reported to the Michigan State Police unless it is clear that the violation is not criminal.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Employee Discipline Policy 02.03.100
Employee Discipline 02.03.100 Attachment A
Staff Discipline Files
Prohibited Sexual Conduct Involving Prisoners 03.03.140
Investigations/Reports sent to Michigan State Police
Interview with the Facility PREA Compliance Manager and Human Resource Director
Completed Pre-Audit Questionnaire

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.

Policy Directive 03.03.140 and the MDOC PREA Manual clearly 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 the Michigan State Police for a collaborative investigation with the facility investigators. The facility ensures that any contractor or volunteer is

flagged to prohibit any further contact with prisoners in the MDOC. Staff interviews confirmed that reports of sexual abuse are reported to the Michigan State Police.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Prohibited Sexual Conduct Involving Prisoners #03.03.140
Investigation Reports
Emails to the Michigan State Police
Staff Interview/Warden and Facility PREA Compliance Manager
Completed Pre-Audit Questionnaire

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy Directive 03.03.140, Policy Directive 03.03.105 and the PREA Manual address this standard indicating compliance. Prisoners are subject to disciplinary action for prisoner on prisoner sexual abuse. The disciplinary process does take into consideration the prisoner’s mental disabilities or mental illness to determine if this contributed to the behavior when determining appropriate behavior. Documentation was provided to prove that prisoners were appropriately disciplined during the disciplinary process and that the offenders were offered mental health treatment afterwards. Also, Michigan Law MCL 750.520c states 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 to participate are considered victims and cannot be disciplined. The MDOC is updating the PREA Manual to reflect the exact wording of the standard which states, “The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.” The draft form of the manual was presented to the auditors.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Prisoner Discipline Policy # 03.03.105/Attachment A and D
Documentation of Disciplinary Sanctions
Investigation Reports
Prisoner Health Care Records
Staff Interviews/Warden, Mental Health Staff, Facility PREA Compliance Manager
Completed Pre-Audit Questionnaire

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

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

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

The MDOC PREA Manual, Policy Directive 03.01.105, Policy Directive 04.06.180 and Policy Directive 03.04.100 addresses this standard and indicates prisoners will have follow up services with a mental health practitioner 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 necessary staff to assist with security and management decisions including appropriate bed assignment. Even though the facility had no offenders to disclose prior sexual victimization, staff interviews confirmed they were aware of that standard and the MDOC policy requires services to be provided if an offender does disclose prior sexual victimization.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Prohibitid Sexual Conduct Involving Prisoners Policy #03.03.140
Health Services Directive #03.04.100
Medical Emergencies Directive #03.04.125
Reception Facility Services Directive #04.01.105
Mental Health Services Directive #04.06.180
Staff Interviews/Staff that Perform Risk Screening, Medical and Mental Health
Completed Pre-Audit Form

Standard 115.82 Access to emergency medical and mental health services

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

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

The MDOC PREA Manual, Policy Directive 03.04.125 and and Department Operating Procedure 03.04.100H addresses this standard. Prisoners are allowed medical and mental health services to victims of sexual abuse without financial costs to them. Procedures indicate the services shall be provided in a timely fashion. Staff and offender interviews confirmed that medical and mental services are provided. A prisoner that was a victim of sexual abuse indicated he was provided with timely medical treatment and tested for STD's and the medical follow up treatment continued beyond the initial contact.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Medical Emergencies Directive #03.04.125
Mental Health Services Directive #04.06.180
Prohibited Sexual Conduct Involving Prisoners Directive # 03.03.140
Health Care Management of Reported Sexual Assaults of Prisoners Directive #03.04.100H
Staff Interviews/Medical and Mental Health
Prisoner Interviews/Who Reported Sexual Abuse
Prisoner Medical Records
Completed Pre-Audit Questionnaire

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 Directive 03.04.100 and Policy Directive 04.06.180 address this standard. Interviews with staff and prisoners confirmed that medical and mental health services were provided with no cost to the prisoner regardless if the victim named the perpetrator of the sexual abuse. Interviews and policy revealed that 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 offender. The facility offers medical and mental health services consistent with community level of care. A prisoner that was a victim of sexual abuse indicated he was provided with timely medical treatment and tested for STD's and the medical follow up treatment continued beyond the initial contact.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
Health Services Directive #03.04.100
Medical Emergency Health Care Directive #03.04.125
Mental Health Services Directive #04.06.180
Health Care Management of Reported Sexual Assaults of Prisoners #03.04.100H
Records of Ongoing Medical/Mental Health Records
Staff Interviews/Medical and Mental Health
Prisoner Interviews/Who reported Sexual Abuse
Completed Pre-Audit Questionnaire

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 the MDOC has created form "PREA Sexual Abuse Incident Review CAJ-1025" to fulfill the 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 supervisors staff, investigators, medical and mental health staff. The reviews were conducted within the maximum 30 day time frame. The review also

took into consideration all factors for (d) of this standard. There were some recommended and implemented changes based upon the reviews to include the location of staff during certain offender movement and the installation of cameras in certain areas of the facility.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
PREA Sexual Abuse Incident Reviews (CAJ-1025)
Investigation Files
Observation During the Facility Tour
Staff Interviews/Warden, PREA Compliance Manager
Completed Pre-Audit Questionnaire

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 MDOC submitted the 2014 Survey of Sexual Victimization to the DOJ for 2014 as required. The MDOC has the survey posted on the Agency Website. Review of the survey indicates it is completed in full. All substantiated sexual abuse cases are reported to the Agency PREA Coordinator for data collection. The Agency maintains, reviews and collects data as needed from all available reports, investigation files and sexual abuse incident reviews. The DOJ just recently sent the 2015 Survey of Sexual Victimization to the MDOC to be completed. The 2015 survey is not due until September 2016. MDOC will complete the survey and post to their website upon completion.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
2014 Survey on Sexual Victimization Statistics
Completed Pre-Audit Questionnaire

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 MDOC submitted the 2014 Survey of Sexual Victimization to the DOJ for 2014 as required. The MDOC has the survey posted on the Agency Website. Review of the survey indicates it is completed in full. All substantiated sexual abuse cases are reported to the Agency PREA Coordinator for data collection. The Agency maintains, reviews and collects data as needed from all available reports, investigation files and sexual abuse incident reviews. The DOJ just recently sent the 2015 Survey of Sexual Victimization to the MDOC to be completed. The 2015 survey is not due until September 2016. The Agency also prepares an annual report with it's findings. The PREA Administrator's Annual Report for 2014 was compiled in January 2015. This report was provided as documentation to show compliance. The PREA Administrator will compile the Agency's report for 2015 after completing and submitting the Survey of Sexual Victimization that is due in September, 2016.

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
2014 Survey on Sexual Victimization Statistics
2015 PREA Administrator's Annual Report
Staff Interviews/PREA Compliance Manager, PREA Coordinator, Agency Head
Completed Pre-Audit Questionnaire

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

Policy Material, Interviews and Other Evidence Reviewed:

MDOC PREA Manual
MDOC Website
Staff Interview/PREA Coordinator
Completed Pre-Audit Questionnaire

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.

Julie Stout/Richard Brown

8/28/2016

Auditor Signature

Date