

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

Date of report 7-20-17

Auditor Information			
Auditor name: Allen Joseph			
Address: 1590 Walters Mill Rd. Somerset, PA 15510			
Email: ajoseph@pa.gov			
Telephone number: 814-443-8100			
Date of facility visit: 3-06-10-2017			
Facility Information			
Facility name: Michigan Reformatory			
Facility physical address: 1342 West Main St. Ionia, Michigan 48846			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 616-527-2500			
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: Carmen Palmer			
Number of staff assigned to the facility in the last 12 months: 321			
Designed facility capacity: 1316			
Current population of facility: 1183			
Facility security levels/inmate custody levels: 2, 3, 4			
Age range of the population: 18-77			
Name of PREA Compliance Manager: Aaron Vroman		Title: Warden's Assistant, PREA Coordinator	
Email address: VromanA@michigan.gov		Telephone number: 616-527-2500	
Agency Information			
Name of agency: Michigan Dept. of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
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) 373-0415			
Agency Chief Executive Officer			
Name: Heidi Washington		Title: Director	
Email address: WashingtonM6@michigan.gov		Telephone number: 517-780-5611	
Agency-Wide PREA Coordinator			
Name: Todd Butler		Title: PREA Manager	
Email address: butlerT6@michigan.gov		Telephone number: (517) 373-0415	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act audit of the Michigan Reformatory (RMI) was conducted from March 6 to March 10, 2017, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, Allen G. Joseph, was assisted during this audit by DOJ Certified Auditor Valarie Kusiak.

The auditor's extend their appreciation to Warden Palmer and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the site visit and post audit. The auditor would also like to recognize PREA Administrator Todd Butler, PREA Analyst Mary Mitchell, PREA Coordinator Aaron Vroman, and Inspector Brock Simmons for their hard work and dedication to insure the facility is compliant with all PREA standards.

Prior to the audit, an agreement to use the PREA Online Auditing System (OAS) was reached. Due to technical difficulties the OAS account was unable to be created until the onsite audit was concluded. Agency PREA Administrator provided relevant policy and audit documentation for review in advance of the audit by providing data discs that were mailed to the auditor prior to the onsite visit. A review of pre-audit documentation took place in advance of the audit and supplemental document requests were made onsite as well as during the post audit period.

An entrance meeting was held on the morning of March 6, 2017, beginning shortly after 0800 hours. The auditors were greeted by the facility's administrative team consisting of Warden Carmen Palmer, Deputy Warden Fredeane Artis, Deputy Warden Gregory Skipper, Physical Plant Manager Paul Teft, and PREA staff previously mentioned. Introductions were made and logistics for the audit were planned during this approximately 20 minute meeting. A tour of the facility commenced immediately thereafter.

After the entrance meeting the auditor and assistant were given a tour of all areas of the facility, including; Administration Building, Rotunda/Annex, School, Deputy Suite, Mental Health Programming, Quartermaster, A-Ward (Level II Housing), Library/Classification, Healthcare Clinic, I-Block (Level II and Level IV Housing), J-Block (Level VI Housing), Chapel, Food Service/Recreation, Maintenance, Warehouse, Training Center, Barn, and the Power plant.

During the tour, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews helped to determine the knowledge and practice of PREA standards by staff especially when compared with the formal interviews. During the tour, the auditor also informally interviewed the agency PREA Administrator, facility PREA Coordinator, PREA Analyst, and the and the Inspector to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews supplemented formal interviews to help determine compliance with the standards.

During the tour, the auditor observed the control center's camera monitoring station to verify that cameras were position in such a way as to provide sufficient coverage of the housing units and still provide adequate

privacy in bathroom/shower areas of the facility. It is noted that an extensive project to increase the number of cameras and consequently, camera coverage is under way. (A detailed plan showing the current locations and proposed locations of cameras was provided prior to the on-site tour). Observation cell monitors had appropriate covering of the toilet areas within the cells to provide inmate's privacy. On each of the housing units, a privacy notice was posted in the bathroom/shower areas, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. "Knock and Announce" notices were posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. Opposite gender announcements were consistently made during the tour. Staff also reported that this was a consistent practice. Following the knock and announce, opposite gender staff waited an appropriate period of time before entering the housing unit. During the tour of the gymnasium area auditors noted an open bathroom area in the gym allowed for viewing of a person using the end urinal. A privacy wall was in place but did not extend far enough to prevent viewing from the gym floor. The auditor requested that the privacy wall be extended in order to afford privacy to any individual wishing to use the urinal. The requested work was completed before the end of the following day and photographs of the completed work were viewed.

On the first day of the audit, the auditor was provided a copy of the institution's shift roster from which a random sampling of staff were chosen for interviews. A minimum of one officer from each housing area was selected, covering all three shifts, with a total sample size of eleven random staff interviews conducted. Interviews with both random and specialized staff began at the conclusion of the formal tour at approximately 1400 hours. The first day of the onsite audit concluded at approximately 1730 hours. Additional review of audit material was conducted later that evening. The second day of the onsite audit commenced at approximately 0430 hours and concluded by approximately 1900 hours. The auditors met with the PREA analyst, Inspector, and the PREA Compliance Coordinator to discuss clarifications on documentation and tour observations. The second day consisted of staff and inmate interviews. An exit briefing was scheduled for the following morning at 0700 and concluded at approximately 0800.

A total of 26 staff were interviewed. This included; random and specialized staff with at least one staff member interviewed from each category specified by the PRC Interview Guide for Specialized staff. Since there are no youthful inmates housed at RMI, those related interviews were not conducted. Contract administrator and Non-Medical Staff involved in cross gender searches also did not apply for RMI. All interviews were conducted as outlined in the respective PRC interview guides. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were compared to their respective PREA standards to help determine compliance.

A total of 20 inmates were interviewed with at least one inmate interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews related to youthful inmates and inmates who disclosed victimization during intake screening. The auditor was provided a copy of the housing unit count sheets on day one of the audit. The auditor randomly selected at least one inmate from each housing area, with a total sample size of twelve random inmates.

Formal interviews of Agency level staff were not conducted during this audit. However, the PREA Compliance Coordinator and PREA Analyst were regular participants in the tour and subsequent

discussions concerning observations and policy and procedure matters. Formal agency level responses are based on previous interviews conducted by members of Pennsylvania's PREA Compliance Division during this cycle of audits.

A telephone interview was conducted with a representative of the SPARROW Hospital FNE/SANE Program who provides services to the Corrections Facilities in the Ionia area. It is noted that the listed contact person for this service had recently changed positions and was no longer serving in this position. Contact was made with another representative of Sparrow Hospital who serves as the FNE SANE contact. The facility had not been informed of this change prior to our attempt to contact the service.

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditors and both the agency and facility staff. During this time, the auditor discussed all concerns with PREA Administrator Todd Butler and PREA Analyst Mary Mitchell, who conveyed requests to the appropriate facility staff. Through a coordinated effort by Mr. Butler, Ms. Mitchell, and key staff at the RMI, all requests for information by the lead auditor were accommodated prior to the completion of the Interim Report.

When the onsite audit was completed, the lead auditor conducted an exit briefing on March 8, 2017. The auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Administrator or respective PREA Analyst. Communication and clarification of documentation continued with RMI staff and Central Office staff until the completion of this interim report.

DESCRIPTION OF FACILITY CHARACTERISTICS

On November 6, 2007, the Michigan Reformatory was re-opened after moving 520 prisoners and the staff from the closed Riverside Correctional Facility. The Michigan Reformatory is the State's oldest prison which had been closed since 2001. Extensive repairs and renovations have been completed and remain ongoing. Portions of the Michigan Reformatory built in 1887 are still in use today.

The Michigan Reformatory houses 472 level II general population prisoners, 744 level IV general population prisoners, 94 temporary segregation/detention cells and 6 special use cells. Total prisoner capacity limit is 1316.

The Michigan Reformatory was reassigned to the new Southern Regional CFA in August of 2010. Business Office function responsibilities were transferred to Jackson and Lansing at that time.

The perimeter of the Michigan Reformatory consists of a combination of masonry walls, along with fences, electronic detection systems, staffed guard towers and special security razor-ribbon wire. An alert response vehicle with armed personnel responds when needed.

Prisoners provide a work force for facility assignments such as food service, maintenance, prisoner laundry, store operations, institutional housekeeping, and grounds care.

Programming for prisoners include: Thinking for A Change, Cage Your Rage, Narcotics Anonymous, Alcoholics Anonymous, Phase I & II Substance Abuse, Violent Prevention Program, the Grand Valley State University Inside Out program. General Library and Law Library services are available. A variety of religious services and bible study programs are available, some of which are facilitated by volunteers. Recreational activities are available during yard time and Gymnasium for the separate security levels.

The Academic programming includes: Adult Basic Education, General Educational Development, and Special Education. The Vocational training program is currently limited to Custodial Maintenance Technology. Enrollment for academic students is 101; Custodial Maintenance enrollment is 30 students, at this time.

Prisoners are provided on site routine medical and dental care. Serious and sometimes life threatening problems are treated on site at the facility's clinic. Medical needs requiring a lengthy hospital or continued care are provided at Duane L. Waters Hospital, Sparrow Hospital-Ionia, other surrounding medical facilities, or one of the prison infirmaries.

Administrative facility staff:

- *Carmen D. Palmer, Warden*
- *Fredeane Artis, Deputy Warden of Custody and Security*
- *Gregory Skipper, Deputy Warden of Housing and Programs*
- *Aaron Vroman, Administrative Assistant/ PREA Coordinator*
- *Bryan Griswold, Business Manager*
- *Aaron Patrick, Human Resources Officer*
- *Paul Tefft, Physical Plant Manager*

This staffing plan has been developed in accordance with PREA §115.13 in order to address appropriate staffing levels and video monitoring to ensure the protection of offenders from sexual abuse. Although not a participating member of ACA, the MDOC does use ACA standards in considering the staffing for their facilities. The following considerations have been addressed in the development of this plan:

Generally Accepted Detention and Correctional Practices:

All detention and correctional practices are closely regulated through (DOM's) Director Office Memorandums, Policy Directives, Department Operating Procedures and facility Operating Procedures.

Judicial Findings of Inadequacy:

None.

Findings of Inadequacy from Federal Investigative Agencies:

None.

Findings of Inadequacy from Internal or External Oversight Bodies:

Any findings of inadequacy through internal bodies, such as: Auditor General, Annual Fire Safety Audit, Central Office Performance Audits or Annual Sanitation Audits were corrected immediately. All are available for review in the attachments.

All Components of Physical Plant:

There are 19 buildings on grounds, 18 of which prisoners might have access to. The Buildings are as follows: Administration Building, Rotunda/Annex, G-Block (Level IV Housing), School, C-Ward (Deputy Suite and Mental Health) , D-Ward (Programming and Mental Health), Quartermaster, A-Ward (Level II Housing), Library/Classification, Healthcare Clinic, I-Block (Level II and Level IV Housing) , J-Block (Level VI Housing), Chapel, Food Service/Recreation, Maintenance, Warehouse, Training Center, Barn, and the Power plant.

Any and all areas that would be considered "blind spots", i.e. offices, closets, coolers, commissary have their doors closed and locked at all times unless supervised by a staff member. These areas also can be viewed by video surveillance. In addition, areas such as, coolers, freezers and commissary rooms have video surveillance in them as well. The facility has chosen to require their Officers to make 30 minute rounds instead of the regular 60 minute rounds. This frequency of rounds increases the Institution's ability to prevent, report, detect and respond to PREA related incidents.

Composition of Offender Population:

Level II - A Ward , 1-2 through 1-5 Outside.

Level IV. J-1 through J-5 and G-Block (159 cells) are general population housing units. I-Block has two (2) single-cell observation cells which hold segregation prisoners needing constant medical attention or mental health patients who are in need of observation.

Number and Placement of Supervisor Staff:

6-2 shift - 1 Captain, 2 Lieutenants (Central Control), 3 Sergeants (assigned Level V Yard, Level V Housing

and Level I).

2-10 Shift - 1 Captain, 2 Lieutenants (Central Control), 3 Sergeants (assigned Level V Yard, Level V Housing and Level I).

10-6 Shift - 1 Captain, 2 Lieutenants (Central Control), 2 Sergeants (assigned Level V Housing and Level I).

Housing Unit Supervisors:

1 Resident Unit Manager (RUM), A-Ward 1 ARUS, G-Block 1 ARUS, 1-1 Outside and 1-2 Inside 1 PC,, 1-1 Inside and 1-2 Outside 1 PC, 1-3 1 PC, 1-4 1 PC, 1-5 1 PC, J-1 1 PC, J-2 1 ARUS, J-3 1 ARUS, J-4 RUM, J-5 1 ARUS.

Institution Programs:

Adult Basic Education, General Education Development, Special Education, Employment Readiness and Supervised by MDOC Instructors in both Level II and Level V.

Phase I and II, Alcohol Anonymous Classes, Substance Abuse Treatment, Sex Offender Therapy - These are supervised by Corrections Program Counselors and/or Mental Health Therapists. (VPP) Violence Prevention Programming, Thinking for a Change programming. Inside/Outside GVSU programming and Thinking for a Change.

Work Assignments - Supervised by MDOC staff in both levels.

Religious Services - RMI Chaplain in Level I supervises services, with custody staff drop in checks taking place. In level V, the Chaplain and a custody Officer or 2 custody Officers supervise the services.

Law library, general library - Supervised by custody staff in Level I. Supervised by custody staff and the Librarian, or Assistant Librarian in Level V.

State or Local Laws, Regulations, Standards: None

Prevalence of Substantiated/Unsubstantiated Incidents of Sexual Abuse:

All substantiated, unsubstantiated and unfounded cases of sexual abuse have been reviewed. At this time there does/does not appear to be a connection between the cases reviewed and a need for modifications/adjustments to the current staffing plan.

Other Relevant Factors:

None.

Adjustments Made from Previous Year:

None

The auditor observed that the inmate population consisted predominately of Caucasian and African-American inmates. Other ethnic groups were not widely observed throughout the tour but were represented in the population. From the auditor's observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater.

There is a total of 321 staff at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes Corrections officers, Sergeants, Lieutenants, Captains, an Inspector, 2 Deputy Wardens, and a Warden. The layout of the housing units permits the officer to have view of the unit from their designated work station, with Sergeants posted outside the entrance to each tier/range who controlled entrance to and exit from the tier/range. Four units have multiple occupancy cells and one dormitory unit is noted. There are 96 disciplinary or segregation cells available.

SUMMARY OF AUDIT FINDINGS

Although the Michigan Reformatory is one of the oldest facilities in use by the MDOC, it is apparent to this auditor that the Administration is committed to operating the facility in a manner consistent with modern penological practices. In particular, the Administration has taken the experiences and lessons learned from previous PREA audits of other MDOC facilities and developed a strategy to implement those lessons in the practices of their facility. Their commitment to upgrading the camera and monitoring technology is commendable.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

- 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)

Agency policy 03.03.140 and the PREA Manual outline the agency approach to implementing the zero tolerance policy. RMI provided clear documentation of facility policy with regard to Zero Tolerance. During the course of interviews with staff, it was clear that they understood the application, purpose, and scope of zero tolerance policy.

A the time of the onsite portion of the audit, this Auditor was informed that the facility had changed the person designated as the PREA Compliance Coordinator. The previous PCC also served as the Wardens Assistant. The new PCC is also the staff member who serves as the Inspector. This is an Agency wide decision and is apparently intended to have a staff member with greater investigative experience and more direct access to line staff serve in this role. The newly appointed PCC presents as eager to and capable of fulfilling the functions of the PCC position and will be a benefit to line staff based on the direct experience and contact that the PCC will have throughout the Institution.

RMI also demonstrated a commitment to Zero tolerance in the manner that they addressed previously identified Agency wide issues such as the 72 hour risk screening issue. They began to implement the changes before the actual Agency policy change was completed. Additionally, the institution of the 30 minute rounds by Corrections Officers is a clear effort to address some of the challenges and older facility may present in the implementation of PREA standards.

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)

The facility provided documentation for a Request For Proposal (RFP) for reentry services that the agency was considering. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its RFP demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

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)

RMI presented documentation indicating it has an established staffing plan based on MDOC guidelines and meeting ACA standards. Although the Michigan DOC does not participate in ACA accreditation, it does measure their performance and practices by the ACA standard. Efforts to maintain adherence to the 2016 staffing plan were evident in documentation showing programming and staffing for those programs, organizational charts indicating lines of supervision and responsibility, numerous memorandums to the Warden indicating Agency inspections/audits and documentation indicating times when the staffing plan was deviated from and the 6 most common reasons for the deviation and a plan for closing positions if necessary. Samples of Daily Personnel Reconciliation forms were viewed to document the Institutions efforts to maintain the staffing plan. A memo attesting

that no 3rd shift positions were closed was provided. A CAJ 1027 form for April 2016 indicates an annual PREA specific staffing review was completed.

Documentation consisting of copies of log books indicating rounds conducted by line staff and administrative staff were provided. This auditor questioned the clarity of the log book records in determining the rounds conducted by administrative staff. However, it is noted that a new electronic system is in the process of implementation that will enable staff to electronically register the time, date, and place of their respective rounds. Samples of the printed read out for this system were provided to the auditor to supplement the copies of the log books.

Policy Directive 04.04.100 was reviewed and indicated the requirement for upper level administrative staff (Warden, Deputies, Captains, Inspector, and RUM) to conduct rounds covering all shifts. The policy prohibits prior notification of staff that the rounds are being conducted.

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)

RMI does not house youthful inmates. A memo to that effect was viewed as well as the Institution web site indicating it houses adult offenders only. Agency policy is in place to address youthful inmates. Policy Directive 05.01.140 was viewed in that regard.

Standard 115.15 Limits to cross-gender viewing and searches

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

RMI is a male facility and does not house female inmates. A memo affirming that no females are housed was reviewed. Policy Directive 04.04.11 related to searches was reviewed and is consistent with the limits to cross gender viewing in this standard. Additional PD 05-01-140c and PD 05-01-140d were provided as evidence that adult males only are housed in RMI. This documentation is in accord with the general policy of searches previously mentioned.

Training curriculum on searches, *Personal Searches: The Application of Search Procedures for Employees, Prisoners, General Identity Disordered Prisoners and the Public Instructor's Module October 2015* was reviewed that is consistent with the MDOC policy and the standard. During interviews with staff most were able to articulate that cross-gender strip searches were not conducted and when pat searching transgender inmates, the praying hands method was used.

PD 04.04.110 "Search and Arrest in Correctional Facilities" and MCL 764.25b, were reviewed and determined to be in accord with this standard. Photographs of shower and bathroom facilities were provided and were also viewed during the tour of the facility. Inmates maintaining privacy while using the toilet is a particular challenge for this older facility given the fact that the cells are open bars and not solid doors with limited windows. Female CO's making rounds during the course of their shift can often find themselves looking into a cell for security reasons only to find an inmate using the toilet. It was found during the tour of the facility that the inmates often used makeshift privacy screens that would afford them privacy but still allow for an Officer to determine the overall safety of the inmates in the cell. The shower areas on the blocks provided curtains or shields that restricted the view of staff enough to prevent the viewing of the genital or buttocks

areas. Knock and announce signs and privacy notice signs were observed on all housing areas. The privacy signs are a warning to inmates that female staff may be in the area at any given time and serve as a compliment to the knock and announce signs on each housing area. The auditor had discussions with the PREA staff advising them not to become overly dependent on the warning sign rather than make the effort to insure that incidental viewing does not take place.

During the course of the tour of the gym area, it was determined that one of the privacy walls for the urinals located just off the gym floor did not provide sufficient screening to maintain privacy so that an inmate using it could readily be seen by anyone walking past on the gym floor. RMI staff tried to argue that the privacy warning sign comes to play in that situation. This auditor does not believe the standard is met by making the inmate responsible for something he cannot control. The Institution was advised to extend the wall/barrier to provide better protection for an inmate using that urinal. *This would be considered non-compliance until that area was corrected.*

This auditor also had the opportunity to view camera shots from remote viewing (control) and the use of blurring technology was observed that provided sufficient privacy to meet this standard.

PD 04.06.184 which forbids the physical examination of an inmate for the sole purpose of determining their genital status was reviewed and determined to be in compliance with the standard. Interviews with staff confirmed that they were aware of this restriction and they were not aware of any situations where this type of search or examination was conducted. The transgender inmate housed at the facility was interviewed and affirmed compliance with provision (e) of the standard.

Documentation of staff training on the proper search of GID (transgender) inmates was viewed and found to be in compliance with PREA standards. This documentation included copies of training rosters and copies of the slides from the training. Staff interviews confirmed their understanding of the proper techniques for conducting pat searches of transgender inmates with most staff articulating the use of praying hands method of searching transgender inmates.

A corrective action plan was developed with the facility to make physical changes to the urinal area to provide sufficient privacy. The facility extended a wall and curtain to provide sufficient privacy and prevent the viewing of inmates using the urinal. Pictures of the completed work were provided indicating the changes. This standard is now in compliance.

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

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

The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. The PREA Manual, along with training materials, were reviewed.

This auditor observed that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by close captioning PREA inmate training videos in English and Spanish. A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available. Documentation of staff training on PREA compliant practices for LEP and Disabled inmates is located on slide 59 of 102 in 2016 PREA Web Based Training.

Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish and English. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. Privacy signs are translated in Spanish and were observed during the audit tour.

A contract for interpretation services with RTT Mobile Interpretation Services and samples of invoice records indicating use

of the service were reviewed.

The PREA video “Taking Action” is available in English and Spanish. A memo indicating the regular scheduled showing of this video on the inmate in house channel was reviewed.

His auditor also reviewed Policy Directive 03.03.140 which requires standardized educational material to educate prisoners regarding conduct prohibited under PREA, self-protection, how to report conduct or threats of conduct prohibited by the policy, and treatment and counseling is accessible to all prisoners. Documentation of this inmate education was reviewed in the inmate counselor files.

Standard 115.17 Hiring and promotion decisions

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

Policy Directive 02-06-111 and the PREA Manual requires the Department shall not knowingly hire any new employee, promote any existing employee or enlist the services of any contractor who has contact with prisoners and has been criminally civilly, or administratively found guilty of behaviors prohibited under PREA. Employee applications requiring answers affirming this fact were viewed along with samples of applications including samples of the HR department contacting former employers to determine that potential hires were not previously involved in these prohibited behaviors. Correspondence from the Arizona DOC was provided indicating a check with that agency on a former employee regarding PREA related incidents of a potential new hire for MDOC.

Sample LEIN checks checking the criminal history of potential employees, contractors, and volunteers were viewed. A memo from the RMI Records Supervisor indicating that a LEIN check of all current employees had been run in June 2016 meeting the 5 year time frame requiring checks on current employees. No corrective action required.

Standard 115.18 Upgrades to facilities and technologies

- 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)

In reviewing this standard, the auditor was provided and viewed:

A video disc indicating the placement of current cameras and the proposed placement of numerous other cameras as part of the camera upgrade plan.

PREA Compliance Manager participation and consideration for these placements is evident in the project approval form indicating the PREA Coordinator signed off on changes and plans.

Interviews conducted with the Warden, Deputy Warden, Inspector, and facility PREA Coordinator indicating PREA consideration and participation of PREA Coordinator in technology upgrades and facility project development.

Samples of three major projects indicating PREA consideration on the approval form (CAH135 Project Approval Form) were provided and reviewed by the Auditor further indicating proof of compliance with this standard.

The PREA Procedures Manual indicating procedures required by this standard was reviewed and is in compliance with the standard.

Emails with the contractor discussing camera placements and graying out of video feed of inmates to prevent cross gender viewing and providing the required degree of privacy were reviewed. No corrective action required.

Standard 115.21 Evidence protocol and forensic medical examinations

- 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)

The Auditor reviewed documentation and procedures related to uniform evidence protocol for maximum evidence collection and preservation. Documentation reviewed included:

The PREA Manual indicating procedures for evidence collection, a copy of the evidence protocol training curriculum (Crime Scene Management and Preservation, 2015 In-service Training Trainers Manual August 2014), Samples of the CAJ 1020 –Forensic Examination at Outside Hospital, Copy of emails and the communications with Sparrow Hospital for forensic examinations.

Policy Description 03.04.100 indicating, “Efforts to provide the examination by a SAFE or SANE shall be documented in the prisoner’s health record. Prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner.”

CAR 854, training rosters indicating staff training on the proper procedures for evidence preservation and collection, email correspondence between the PREA Analyst (Mary Mitchell) and RMI Inspector (Brock Simmons) indicating efforts to determine availability of a victim advocate for inmate victims of sexual assault (local services are not available)

Samples of training rosters for RMI psychology staff who received victim advocate training in order to provide such services for inmate victims.

A memo from Deputy Warden Skipper listing staff trained and available to serve as victim advocates for inmates when an advocate is not available from the community.

A memo from the PREA Analyst indicating there were no requests from inmates for a victim advocate.

Copy of the Directors memo indicating Agency attempts to develop Victim Advocacy for inmates through obtaining funding for such services.

Memo from the Deputy Director of MDOC indicating the development of a 10 hours computer based Victim Advocacy training for appropriate staff. The memo also gave direction on the development and use of these staff once trained.

A memo of Understanding between the MDOC and MSP indicating their commitment to follow the evidence protocol when investigating reports of sexual assault of prisoners and the use of victim advocates to provide services to inmate victims of sexual assault.

Policy Directive 03-03-140 directing that MDOC Internal Affairs Division shall ensure that all allegations of sexual abuse of a prisoner, if true, would constitute a criminal act are referred to MSP or other appropriate law enforcement agency for investigation.

Interviews of staff and inmates.

Discussions with the PREA Manager and PREA Analyst indicate continuing efforts to secure services from community based Victim Advocacy Agencies. This Auditor believes the Institution in making a good faith effort to secure these services and have taken necessary steps to provide trained staff who can provide those services in the interim period. The Agency and Institution should eventually secure such services as the use of an independent agency will provide a dimension that staff, however well trained, cannot provide due to their direct association with the Institution.

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)

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners

PD 01.01.140 Internal Affairs

Samples of reports of sexual abuse/ sexual harrassment that were referred for investigations and the corresponding investigations.

MDOC Web Page with PREA information/links to related PREA policy directives.

Letter of agreement between MDOC and MSP concerning investigations of PREA complaints.

Interviews of staff and inmates

A review of Policy Directives and samples of investigations indicate compliance with this standard. A review of the investigations themselves, indicate proper procedures and practices in accord with PREA standards.

During interviews of staff, they were able to satisfactorily articulate the process for reporting PREA related incidents and the procedures they needed to follow. Staff knew who the investigators were for PREA incidents and who to contact about such incidents.

Interviews with inmates indicated that complaints were investigated in accord with PREA standards.

Standard 115.31 Employee training

- 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)

Evidence and documentation reviewed to determine compliance status:

Samples of CAR 854 - Individual training reports

TADS - Course History Reports for recruits and staff indicating completion of required PREA training.

2015, 2016 In service training and new employee training plans indicating PREA training.

2016 Computer based PREA training curriculum, modules 1 and 2 (2 hrs. Total).

Interviews of staff on practices and procedures specific to PREA

A review of the documents indicates the training curriculum provided training consistent with and in compliance with standard 115.31. Training records indicate that current and new employees received the training as documented in the MDOC training system. This standard is in compliance with PREA guidelines. The documentation on the completion of the training in this standard is good. However, the effectiveness of the training can only be determined by observation of practice and interviews of staff and inmates. It is noted that other specific standards were found to be non-compliant and reflected inadequate training (see 115.43). The following plan of action was developed and completed to address training inadequacies. Sergeants, Lieutenants, and Captains on all three shifts will attend a training conducted by you to inform them involuntary protective custody shall only be considered when it is the least restrictive means possible to provide protection to the alleged prisoner victim of sexual abuse.

- A pretest shall be given before the training is provided and a posttest shall be given upon completion of the training.
- A CAR-854 shall be completed at every training session obtaining the signature of every participant, the date and time of the training, and your name and signature as the instructor.

- All three shift rosters highlighting the supervision staff shall be provided to compare and prove that all supervision has been trained.
- 10 business days has been agreed upon to complete this training and will begin on Monday, March 13, 2017.

In addition, after receiving the training, supervisory staff shall address each officer on their respective shift what their responsibilities are if an alleged prisoner victim makes a report to them.

- During their daily shift rounds, supervisory staff shall verbalize as well as provide the officer with information contained in a Read and Sign training regarding the officer's responsibility upon receipt of an allegation by an alleged victim of sexual abuse.
- Each officer shall sign the CAR-854 attached to the Read and Sign training for each shift.
- All three shift rosters highlighting the officers shall be provided to compare and prove that all officers have been trained.
- 30 days has been agreed upon to complete this training and shall start after the completion of the supervisory to begin on Monday, March 27, 2017.

Documentation was provided indicating the required staff were given refresher training specifically on the use of protective custody as indicated in the PREA standards. This Corrective Action also applies to 115.43 and 115.68 regarding the use of protective custody.

Standard 115.32 Volunteer and contractor training

- 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)

Evidence and documentation reviewed to determine compliance status:

Examples of CAR 854 Individual Training Program Reports (Contractor's)
 Examples of signed Volunteer Service Agreements
 Program A Training Module for Contractor's
 Michigan Reformatory Volunteer Handbook.
 Policy Directive 03.02.105 Volunteer Services and Programs
 Policy Directive 03.03.140 PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS
 Inmate and Staff interviews

The training materials and training documentation indicate that the facility is providing training materials that address the PREA standard with regard to The Department having a zero tolerance standard for sexual abuse between or among prisoners, zero tolerance for staff sexual misconduct, staff sexual harassment, and staff overfamiliarity with prisoners. Although the training materials themselves, provided the necessary information, during interviews with long time volunteers, it was found that they could not articulate accurately if at all the concepts of zero tolerance and reporting procedures and requirements. One volunteer stated he did not know what PREA was. Additionally, there are no sign off verifications from volunteers indicating they have been trained specifically in PREA and understand the requirements. These deficiencies resulted in a determination of non-compliance with this standard. A corrective action plan providing re-training of all volunteers was developed to provide re-training of all volunteers on the Zero Tolerance Policy of the MDOC and proper procedures and practices for reporting and responding to PREA allegations.

A corrective plan was developed to include a reassignment of duties relative to the training of volunteers. Additionally, all religious volunteers were to be retained in the required PREA training. Documentation was provided indicating the assignment change was made and the required training of volunteers completed. Based on these actions, the standard is now in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual
PD 04.01.140 Prisoner Orientation
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners
PD 04.01.105 Reception Facility Services
Sexual Abuse Poster
Sexual Violence Tri-Fold
RGC OP 04.01.140
"Taking Action" DVD
CAJ-1036 Prisoner PREA Ed Verification Form
RMI) Sample of completed CAJ-1036's
RMI) Intake Screening Form verifying the PREA Education Form
(RMI) PREA Risk Assessment Tracker verifying the PREA Education Form
RMI Invoices for interpreter services used.
RMI Samples of requests for Interpreter services.
Language Services Memo
Prisoner guidebook
Spanish Sex abuse poster
Privacy Sign
Inmate and staff interviews

This auditor viewed counselor files on the reception unit that included documentation of PREA screening of recently transferred inmates to RMI and proof of PREA Education. Relevant brochures and videos were reviewed and determined to be in compliance with this inmate education standard. Interviews of inmates indicate they have received training on their right to be free from sexual abuse and harassment as well as the means at their disposal to report such incidents and have them investigated fully and without retaliation.

Standard 115.34 Specialized training: Investigations

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

Evidence and documentation reviewed to determine compliance status:

Training records and certifications of completion for investigatory staff at RMI
Interview and Investigation Techniques and Fundamentals – Training Manual
NIC training web page and related training materials used in training investigators
PD 03-030140
MSP letter of PREA compliance relative to investigations.

All investigators have completed approved training meeting the PREA standards. Staff are aware of who the investigators are. This standard is in compliance.

Standard 115.35 Specialized training: Medical and mental health care

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

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015

PD 02.05.100 New Employee Training Program
PD 02.05.101 In-Service Training
PREA CBT Health Care Training Module 2 (see yellow arrows)
PREA CBT Qualified Mental Health Training Module 2 (see yellow arrows)
Deputy Director Memorandum giving direction for victim advocates
RMI) TADS reports for PREA HC/MH CBT Training
(RMI) Samples of signed CAR-854's for PREA HC/MH CBT
(RMI) Examples of signed CAR-854's of Victim Advocate Training

Documentation for MH and medical specialized training is in order. Additionally, interviews with mental heal and medical staff indicate they received and understood the specialized training. It is further noted that MH staff received specialized victim advocacy training since an agreement has not been able to be reached with local Victim Services Agencies. This standard is in compliance.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Evidence and documentation reviewed to determine compliance status:

RMI Risk assessment worksheet blank and completed forms.
(RMI) Samples of risk assessment and review completed within time restrain
(RMI) Copy of RMI Intake Processing Form
(RMI) Email addressing PREA Risk Assessment process
(RMI) PREA Risk Assessment Tracker

During previous MDOC PREA audits, it was determined that intake PREA screenings were only taking place at initial reception into the Department and not upon transfer to another facility. A policy change was underway at the time of the RMI audit. However, RMI had implemented the practice of PREA screenings for inmates transferring to their facility upon their arrival as of January 9, 2017. This area that had been in non-compliance in other Institutions, was in compliance at RMI. Documentation was provided indicating the implementation of the new practice. This standard is determined to be in compliance.

Standard 115.42 Use of screening information

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

Evidence and documentation reviewed to determine compliance status:

(RMI) Housing unit count boards identifying PREA designation kept in CC
PD 05.01.140 Prisoner Placement and Transfer
(RMI) OP-05.01.140 Prisoner Placement and Transfer
(RMI) Example of Individual Management Plan for Gender Dysphoria and docs.
PD 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria

Documentation was reviewed indicating appropriate RMI staff have access to PREA risk screening information and use such to determine appropriate housing placement for inmates. This standard is in compliance. Discussion with staff indicates these housing decisions are made on a case by case basis and transgender inmates are not required to be housed on any special unit.

Standard 115.43 Protective custody

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

- Does Not Meet Standard (requires corrective action)

Evidence and documentation reviewed to determine compliance status:

(RMI) Memo re: zero prisoners placed in involuntary segregation last 12 months.

Documentation was reviewed indicating that no PREA complaint inmates had not been placed in involuntary Segregation over the last 12 months. However, during the course of interviews, line staff and supervisory staff consistently identified the practice of placing inmates in involuntary segregation as one of the initial steps for handling a PREA related complaint. A plan of action was developed for retraining those involved in making such placement decisions to insure that involuntary segregation was not a standard practice for inmates alleging sexual abuse. Evidence and documentation reviewed to determine compliance status:

The following plan of action was developed and completed to address the use of protective custody for PREA complaints: Sergeants, Lieutenants, and Captains on all three shifts will attend a training conducted by the PREA Inspector to inform them involuntary protective custody shall only be considered when it is the least restrictive means possible to provide protection to the alleged prisoner victim of sexual abuse.

- A pretest shall be given before the training is provided and a posttest shall be given upon completion of the training.
- A CAR-854 shall be completed at every training session obtaining the signature of every participant, the date and time of the training, and your name and signature as the instructor.
- All three shift rosters highlighting the supervision staff shall be provided to compare and prove that all supervision has been trained.
- 10 business days has been agreed upon to complete this training and will begin on Monday, March 13, 2017.

In addition, after receiving the training, supervisory staff shall address each officer on their respective shift what their responsibilities are if an alleged prisoner victim makes a report to them.

- During their daily shift rounds, supervisory staff shall verbalize as well as provide the officer with information contained in a Read and Sign training regarding the officer's responsibility upon receipt of an allegation by an alleged victim of sexual abuse.
- Each officer shall sign the CAR-854 attached to the Read and Sign training for each shift.
- All three shift rosters highlighting the officers shall be provided to compare and prove that all officers have been trained.
- 30 days has been agreed upon to complete this training and shall start after the completion of the supervisory to begin on Monday, March 27, 2017.

Documentation was provided indicating the required staff were given refresher training specifically on the use of protective custody as indicated in the PREA standards. This Corrective Action also applies to 115.43 and 115.68 regarding the use of protective custody.

Standard 115.51 Inmate reporting

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

Evidence and documentation reviewed to determine compliance status:

(RMI) Examples of various methods of offender reports

(RMI) Orientation Verification Checklist showing Prisoner Guidebook process

(RMI) Example of Orientation Packet providing the PREA Brochure

MDOC PREA Poster

MDOC Prisoner Guide Book
Prisoner PREA Brochure
(RMI) Example of LCOO communication regarding an allegation
Legislative Corrections Ombudsman MOU
(RMI) Examples of allegations made verbally to staff and documented with invest
MDOC Sexual Abuse on-line training (Module 2)
MDOC PREA Web Page, on line reporting

Documentation and interviews with staff and inmates indicate there is an operational plan and practice in place to provide multiple ways for inmates to report incidences of sexual abuse and sexual harassment. Documentation exists that indicates that such reporting is taking place. During the tour, multiple posters indicating how to report PREA incidents were readily available. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

Blank CAJ-1038A Prisoner PREA Grievance
(RMI) Ex of grievance written with allegation date from years prior w/ investigation
(RMI) Ex. of grievances including who they were submitted and referred to
(RMI) Examples of grievances completed within time limits
(RMI) Memo re: zero extensions taken in the last 12 months
(RMI) Memo re: zero third party grievances filed in the last 12 months
(RMI) Examples of emergency PREA grievances and the agency's response
(RMI) Ex of misconduct written for NO EVIDENCE finding with investigation

Documentation was reviewed indicating a process allowing for inmates to use administrative remedies related to filing PREA complaints. Policy provides for proper time frames for such reports and does not limit or restrict an inmate from filing a PREA complaint using the grievance system. This standard is in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Memo re: zero requests for victim advocate in last 12 months
(RMI) Documentation of agency's efforts to obtain advocate services
(RMI) Memo from librarian re: availability of "An End to Silence"
PD 05.03.130 Prisoner Telephone Use
Prisoner Guide Book
(RMI) Documentation of agency's efforts to obtain advocate services

MDOC has been unable to contract for outside victim services for inmates. Documentation was reviewed indicating the MDOC's good faith effort to secure such services. In addition, they have required psych staff to receive extra training in

providing advocacy services for victim of sexual assault or harassment. MDOC continues to seek such outside services and are encouraged to continue to do so. This standard is in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

Legislative Corrections Ombudsman MOU

PREA Poster

MDOC Website

(RMI) Email from LCOO regarding a prisoner report of allegation

Evidence/ documentation was reviewed indicating the MDOC and RMI provide and distribute information on third part reporting for PREA complaints. This standard is in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners

State of Michigan Department of Corrections Employee Handbook

(RMI) OP-03.03.140 Prohibited Sexual Conduct Involving Prisoners

(RMI) Example of staff reports documented and reported immediately

(RMI) Memo re: no instances of alleged victim under 18 or vulnerable adult

(RMI) Examples of third party and anonymous reports of sexual abuse/harass

Documentation and interviews indicate RMI has in place policies and procedures directing staff to immediately report any incidences of PREA violations to proper staff. Interviews indicated staff know who to report to and that they are required to report immediately. This standard is determined to be in compliance.

Standard 115.62 Agency protection duties

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

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015

PD 05.01.140 Prisoner Placement and Transfer

(RMI) Memo re zero prisoners found to be at substantial risk of imminent SA

Based on documentation provided. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) OP-03.03.140 Prohibited Sexual Conduct Involving Prisoners

(RMI) Memo re: zero allegations received to forward on to another facility

MDOC Prison Rape Elimination Act Manual (PREA Manual) as of September 15, 2015

MDOC policy provides adequate direction regarding report of PREA incidents to or from other Institutions. RMI indicates they have had no such reported incidents over the last 12 months. Based on this information the standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015 pg.25

MDOC Sexual Violence Response and Investigation Guide pgs. 13-16

MDOC PREA Pocket Guide

(RMI) Memo re: zero instances where non security staff were first responder

(RMI) Ex of CAJ-1024 showing first responder and investigation

A review of documents indicates the policies and procedures are in place relevant to this standard. An examination of investigations and staff reports indicate substantial compliance with this standard. Interviews of staff regarding first responder duties indicates a good understanding of their respective responsibilities. This standard is determined to be in compliance.

Standard 115.65 Coordinated response

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

Evidence and documentation reviewed to determine compliance status:

(RMI) OP-03.03.140 Prohibited Sexual Conduct Involving Prisoners

RMI has a local policy Directive indicating a coordinated response in addition to the MDOC PREA policy. This standard is determined to be in compliance.

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

Evidence and documentation reviewed to determine compliance status:

**Michigan Corrections Organization (MCO) Security Unit Agreement
AFSCME AFL-CIO Agreement (Institutional Unit) A
MSEA Agreement (Labor and Trades and Safety and Regulatory Units)
SEIU Labor Agreement (Scientific and Engineering)
SEIU Labor Agreement (Technical Unit)
UAW Primary Agreement (Administrative Support Unit and Human Services)**

A review of the Collective Bargaining Unit agreements entered into by MDOC and the various Unions represented within their facilities do not appear to limit in any way the Department/Institution from taking necessary actions to protect inmates from contact with abusers. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

**(RMI) OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners
(RMI) Examples of CAJ-1022-Retaliatiion Monitoring
(RMI) Examples of multiple protection measures provided to alleged victim/abuser
(RMI) Examples of CAJ-1022-Retaliatiion Monitoring
(RMI) Memo re zero instances in which retaliation monitoring need extending
(RMI) Examples of CAJ-1022-Retaliatiion Monitoring identifying status checks
(RMI) Memo re: victim of allegation only person monitored for retaliation**

The Institution has a policy in place to protect staff or inmates who report PREA incidents and has appropriate staff assigned to monitor for retaliation. Samples of retaliation monitoring and investigative reports were reviewed in conjunction with this standard. The Institution had no monitoring of staff who reported sexual abuse nor did they extend monitoring or end monitoring early in any case. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Ex's of requests for protective custody and investigations

(RMI) Memo re prisoners requesting P.C. subject to same as Temp Seg

Documentation establishes the fact that policy and practice are in place to provide for post allegation protective custody. Examples of inmates alleging sexual abuse and requesting self confinement were reviewed. A memo was reviewed explaining the reasons an inmate may not have access to all services while confined in segregated housing on self confinement. This Standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Examples of PREA investigation files

Facility Investigation Files were made available and were reviewed via disc and in paper format.

(RMI) Memo re: list of investigators available to be assigned PREA investigations

(RMI) TADS report and sample signed CAR-854s for Basic Investigator Training

(RMI) TADS report and sample NIC certificates for NIC Online Training

Facility Investigation Files (10)

(RMI) Memo regarding zero criminal investigations in the last 12 months

(RMI) Memo re: no employees resigned or were terminated during an investigation

(RMI) Emails with MSP regarding PREA investigations

The facility has specially trained investigators it uses for conducting investigations of sexual abuse and sexual harassment. Reports reviewed are thorough and in accord with established sexual abuse/sexual harassment protocols for such investigations. Proper documentation was provided indicating appropriate training for investigators. There were no examples of investigations involving compelled interviews. Investigations indicate credibility of witnesses are determined individually and not by status. Forced polygraphs are not used in investigations. Investigations appear to address whether staff actions or inaction contributed to the complaint. The Institution had no criminal investigations/prosecution of sexual abuse over the past 12 months. Documentation was reviewed indicating cooperation between investigators from RMI and the MSP. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Examples of PREA investigation files (5 additional to above)

Investigations indicate the facility is using the Preponderance of Evidence standard to determine the disposition of sexual abuse or sexual harassment allegations. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Examples of completed CAJ-1021 provided to the prisoner

(RMI) Memo re zero criminal investigations completed in last 12 months

(RMI) Examples of completed CAJ-1021 provided to the prisoner

Documentation indicates the Institution informs the alleged victim in writing of the status and disposition of investigations. This standard is determined to be in compliance.

Standard 115.76 Disciplinary sanctions for staff

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

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015

PD 02.03.100 Employee Discipline

PD 02.03.100 Employee Discipline – Attachment A

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners

Employee Handbook

(RMI) Memo re: zero staff disciplined for violating S/A and S/H policy

MDOC/RMI have policies and procedures in place that include sanctions for staff found guilty of Sexual Harassment or Sexual Abuse that are consistent with PREA Standards. This includes termination as a presumptive measure as well as reporting to Law Enforcement Agencies and includes employees who resign but would have been terminated if they had not resigned. This standard is determined to be in compliance.

Standard 115.77 Corrective action for contractors and volunteers

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

Evidence and documentation reviewed to determine compliance status:

MDOC Prison Rape Elimination Act Manual; September 15, 2015

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners

(RMI) Memo re: zero contractors/volunteers placed on stop order last 12 months.

Policies and procedures related to corrective action for volunteers is consistent with PREA standards. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

PD 03.03.105 Prisoner Discipline

(RMI) Memo re zero prisoner on prisoner S/A allegations substantiated

MCL 750.520(c)

In addition to the materials provided during the pre-audit phase, this auditor met with and interviewed psychology staff who provide sex offense related and victim services to both victims and offenders. A brochure was provided outlining the types of services available through the psychology Department. Related curriculum materials were also reviewed on site. This standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

PD 03.04.100 Health Services

PD 04.06.180 Mental Health Services

PD 04.01.105 Reception Facility Services

(RMI) Email addressing PREA Risk Assessment process

(RMI) PREA Risk Assessment Tracker

(RMI) Memo re NextGen software used by medical/mental health professionals

MDOC/RMI policy and Procedures provide for follow up services for inmates reporting previous sex abuse. Referrals are tied to the risk screening process which RMI proactively instituted prior to the MDOC change in policy. RMI is using software to track such referrals that is available only to medical and mental health professionals. Based on this information, this standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

03.04.125 Medical Emergencies (Policy Statement)

04.06.180 Mental Health Services

03.03.140 Prohibited Sexual Conduct Involving Prisoners

OP 03.04.100H Health Care Management of Reported Sexual Assaults

(RMI) Health Care case notes from emergency evaluation

(RMI) Mental Health case notes from emergency evaluations

(RMI) Memo re: nursing staff available at all times for emergency issues

RMI provided information related to health care services for two inmates alleging sexual assault. Included in the documentation are notes related to MH staff speaking with the inmate and making arrangements for the inmate to be seen for 5 consecutive days. More documentation would have been helpful showing a clear referral to MH services and assessment information by the MH staff indicating the degree and type of follow up treatment. Based on the information provided, this standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Medical/mental health records of evaluation and/or care provided

Same information as in 115.83.

(RMI) Medical/mental health records- case notes identifying/addressing continued care

(RMI) Memo re RMI does not house female prisoners

(RMI) Medical case notes in which a victim of S/A was offered STD testing

(RMI) Memo re no substantiated cases of inmate on inmate abusers last 12 months.

Based on the information provided and the policies and procedures reviewed, this standard is determined to be in compliance.

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)

Evidence and documentation reviewed to determine compliance status:

(RMI) Samples of completed CAJ-1025 with investigations

PREA investigation files available for auditor review – Additional files were reviewed.

Examples of Incident Reviews indicate that the information required by this standard is found in this information provided. Although the information provided in the reviews is minimal, it does meet the standard in all material ways. This standard is determined to be in compliance.

Standard 115.87 Data collection

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

- Does Not Meet Standard (requires corrective action)

**Evidence and documentation reviewed to determine compliance status:
MDOC Prison Rape Elimination Act Manual; September 15, 2015
Current Survey on Sexual Victimization (SSV-2) statistics**

The MDOC has previously been determined to be in compliance with the Data Collection Standard.

Standard 115.88 Data review for corrective action

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

Evidence and documentation reviewed to determine compliance status:

**MDOC-PREA Webpage showing Annual Reports
PREA Administrator's Annual Report for 2014 and 2015
MDOC Webpage for PREA**

The MDOC has previously been determined to be in compliance with the Data Review for Correction Standard

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)

Evidence and documentation reviewed to determine compliance status:

**MDOC Home page for PREA
MDOC PREA page showing SSV info**

The MDOC has previously been determined to be in compliance with the Data Storage, Publication and Destruction Standard.

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.

Allen G. Joseph

7-20-17

Auditor Signature

Date