

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

Interim       Final

Date of Report    12/15/2017

### Auditor Information

<b>Name:</b> Stephen V. Noll	<b>Email:</b> <a href="mailto:stnoll@pa.gov">stnoll@pa.gov</a>
<b>Company Name:</b> PA Department of Corrections	
<b>Mailing Address:</b> 1920 Technology Parkway	<b>City, State, Zip:</b> Mechanicsburg, PA 17050
<b>Telephone:</b> 717-728-4059	<b>Date of Facility Visit:</b> 10/16/2017 to 10/17/2017

### Agency Information

<b>Name of Agency:</b> Michigan Department of Corrections	<b>Governing Authority or Parent Agency (If Applicable):</b> State of Michigan		
<b>Physical Address:</b> 206 E. Michigan Avenue	<b>City, State, Zip:</b> Lansing, MI 48933		
<b>Mailing Address:</b> Same	<b>City, State, Zip:</b> Same		
<b>Telephone:</b> 517-373-6391	<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission: MISSION**

We create a safer Michigan by holding offenders accountable while promoting their success.

**VISION**

The Vision of the Michigan Department of Corrections is based on the following principles:

1. We remain committed to the protection of the public, safety of our staff and security of offenders.
2. We actively engage in the development of effective criminal justice policy.
3. We ensure sound management using proven fiscal practices and outcome-oriented strategies.
4. We hire, train, equip, support and mentor a high-quality staff and hold them to the highest professional standards.

5. We provide humane and protective custodial care, rehabilitative opportunities and reentry assistance for offenders under our supervision.
6. We establish meaningful partnerships with public and private entities to assist us in successfully accomplishing our mission.
7. We conduct all of our duties and responsibilities with the highest degree of integrity, expectations for excellence and respect for the value and dignity of human life.

**VALUES**

**INTEGRITY:** Doing the right thing for the right reason.

**TEAMWORK:** Working together to get the job done.

**LEADERSHIP:** Inspiring others to accomplish the mission.

**EXCELLENCE:** Maintaining the highest standards in your professional and personal life.

**RESPECT:** Treating others as you would like to be treated.

**LOYALTY:** Demonstrating commitment and dedication to the organization and to each other.

**Agency Website with PREA Information:** [www.michigan.gov/corrections](http://www.michigan.gov/corrections)

**Agency Chief Executive  
Officer**

<b>Name:</b> Heidi Washington	<b>Title:</b> Director
<b>Email:</b> <a href="mailto:washingtonm6@michigan.gov">washingtonm6@michigan.gov</a>	<b>Telephone:</b> 517-373-0720

**Agency-Wide PREA  
Coordinator**

<b>Name:</b> Charles Carlson	<b>Title:</b> PREA Manager
<b>Email:</b> <a href="mailto:carlsonc2@michigan.gov">carlsonc2@michigan.gov</a>	<b>Telephone:</b> 517-230-1464

<b>PREA Coordinator Reports to:</b> Julie Hamp, Administrator of PMCD	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0
--	---

**Facility Information**

**Name of Facility:**      Bellamy Creek Correctional Facility

**Physical Address:**      1727 West Bluewater Highway, Ionia Michigan 48846

**Mailing Address (if different than above):**      Same

**Telephone Number:**      616-527-2510

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
-------------------------	-----------------------------------	---	---

<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
------------------------------------	---------------------------------	---	----------------------------------

<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
-----------------------	-------------------------------	--

**Facility Mission:**      To strive for excellence in the performance of our duties, to ensure the public's safety by effectively, humanely, and efficiently managing the facility's resources. To endeavor to treat staff and prisoners fairly by creating an environment that values of all people through integrity demonstrated in the words and actions of its employees. To provide an atmosphere that values growth and development, ethical behavior, and promotes opportunity for staff and prisoners in which furthers the mission of the Department of Corrections and enhances its public image.

**Facility Website with PREA Information:**      [www.michigan.gov/corrections](http://www.michigan.gov/corrections)

**Warden/Superintendent**

<b>Name:</b> Tony Trierweiler	<b>Title:</b> Warden
-------------------------------	----------------------

<b>Email:</b> <a href="mailto:trierweilerp@michigan.gov">trierweilerp@michigan.gov</a>	<b>Telephone:</b> 616-527-2510 x 1102
--	---------------------------------------

**Facility PREA Compliance Manager**

<b>Name:</b> Christine Wakefield	<b>Title:</b> Inspector
----------------------------------	-------------------------

<b>Email:</b> <a href="mailto:wakefieldc1@michigan.gov">wakefieldc1@michigan.gov</a>	<b>Telephone:</b> 616-755-1857
--	--------------------------------

**Facility Health Service Administrator**

<b>Name:</b> Karmen Bussell	<b>Title:</b> Director of Nursing (acting)
-----------------------------	--

<b>Email:</b> <a href="mailto:bussellk1@michigan.gov">bussellk1@michigan.gov</a>	<b>Telephone:</b> 989-584-3941
--	--------------------------------

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 1888	<b>Current Population of Facility:</b> 1736
---	---

Number of inmates admitted to facility during the past 12 months		1467	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1408	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1462	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		74	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-88	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		1 year 6 months 4 days	
Facility security level/inmate custody levels:		1,2,4, Administrative Segregation, Specialized Housing	
Number of staff currently employed by the facility who may have contact with inmates:		408	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		49	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		6	
<b>Physical Plant</b>			
Number of Buildings: 17		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		158	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Blueprints available for viewing at facility, 30-day video retention			
<b>Medical</b>			
Type of Medical Facility:		Ambulatory Care	
Forensic sexual assault medical exams are conducted at:		Sparrow Hospital, Lansing, Michigan	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		655	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		15	

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

A Prison Rape Elimination Act audit of the Ionia Bellamy Creek Correctional Facility (IBC) was conducted from October 16, 2017 to October 17, 2017, pursuant to an 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, Stephen Noll, was assisted during this audit by Department of Justice certified PREA auditor David Radziewicz and Corrections Classification Program Manager (CCPM) Ms. Nicole McKee. We would like to extend appreciation to Warden Tony Trierweiler and his staff for their professionalism throughout the audit and willingness to comply with all requests and recommendations made by the auditors both during the site visit and post audit. The auditors would also like to thank PREA Compliance Manager Inspector Christine Wakefield, Regional PREA Analyst Mary Mitchell and PREA Manager (PREA Coordinator) Charles Carlson for their hard work and dedication in preparing for the PREA audit.

The PREA Online Auditing System (OAS) was not utilized by the Ionia Bellamy Creek Correctional Facility. The Regional PREA Analyst provided relevant policy and audit documentation for review in advance of the audit via a compact disk along with their Sexual Violence Response and Investigation guide and "Taking Action" compact disc. These materials will be maintained by this auditor at the Pennsylvania Department of Corrections Central Office. This auditor created this OAS report post audit utilizing the pre-audit documents, onsite materials, interview notes and physical plant audit notes. A review of pre-audit documentation took place in advance of the audit and supplemental document requests were made onsite and provided during the audit.

The agency head's designee and agency PREA Administrator were interviewed in person during an agency-level audit conducted by DOJ certified PREA auditors Carole Mattis and David Radziewicz, final report dated: December 16, 2016.

An entrance meeting was held on the morning of October 16, 2017, beginning at approximately 0800 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Warden Tony Trierweiler, Inspector Christine Wakefield, agency PREA Manager Charles Carlson, Regional PREA analyst Mary Mitchell, and other key members of the administration. Introductions were made and logistics for the audit were planned during this approximately 20-minute meeting. A site review of the facility commenced immediately thereafter by this auditor along with auditor David Radziewicz. Ms. Nicole McKee began random inmate interviews at this time.

Immediately after the entrance meeting the auditors Noll and Radziewicz began a site review of the facility. A roster of all inmates per housing unit was provided to the auditors for the selection of random

inmate interviews. Inmates were selected based upon geographic location within the facility, those who had written correspondence to the auditor and those identified as fitting the available specialized categories of interviews required by the auditor handbook. Individual inmates were selected at random within each geographic location and within each specialized category. Ms. Nicole McKee was provided a private space to conduct interviews of randomly selected inmates from each housing unit. Auditors Noll and Radziewicz escorted to all areas of the facility, including; the medical services building, library and education/programming building, chapel, kitchen/dining hall, all eight general population housing units and dormitory units, recreation areas, Michigan State Industries building, control center, visitation area, and medical/intake (including exam rooms). During the site review, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. During the site review, the auditors also informally interviewed the agency PREA Manager Charles Carlson, Regional PREA Analyst Mary Mitchell and facility PREA Compliance Manager Inspector Christine Wakefield to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in determining compliance with the standards.

During the site review, the auditors observed the control center's camera monitoring station to verify that cameras were located in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility. On each of the housing units, a knock and announce notice was posted at the entryway to each housing unit and a privacy notice 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. During the site review, it was observed that opposite gender announcements were consistently made. There are no gender specific posts at this facility (i.e., female officers are not permitted to work the unit). Following the knock and announce, opposite gender staff waited several seconds prior to entering the housing unit.

When the site review concluded by approximately 1600 hours, Auditors Noll and Radziewicz began interviews. Auditor Radziewicz began interviewing previously selected inmates and Auditor Noll began specialized staff interviews, with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized Staff, with the exception of the interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates (youthful inmates are not housed at this facility), contract administrator (the agency does not contract for the housing of its inmates) and Non-Medical Staff involved in cross gender searches. The specialized interviews included: an intermediate/higher level facility staff and incident review team member, medical staff, mental health staff, staff charged with monitoring retaliation, first responders and intake staff. The first day of the onsite audit concluded at approximately 1900 hours. The facility provided copies of investigations that were reviewed by this auditor following the onsite portion of the audit. This auditor also randomly chose 10 (ten) additional investigations to bring back for extensive review.

The second day of the onsite audit commenced at approximately 0530 hours and concluded by approximately 1630 hours. A formal interview of the Warden using the questionnaire interview template available from the National PREA Resource Center for the specialized staff position was conducted at approximately 0900 hours on this day. The remainder of the day consisted of staff and inmate interviews and an exit briefing. Upon arrival this auditor was given a copy of the institution's shift rosters in order to select staff for random interviews. A minimum of one officer from each housing area was selected, covering all three shifts, with a total sample size of 13 random staff interviews conducted.

A total of 41 staff were interviewed (including random, specialized staff and Volunteers/contractors). Random interviews also followed the format prescribed by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist this auditor with determining compliance with the provisions of applicable standards.

A total of 58 inmates were interviewed with at least one inmate interviewed from each interview category prescribed by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews related to youthful inmates (youthful inmates are not housed at this facility) This auditor was provided a copy of the housing unit roster sheets on day one of the audit. This auditor randomly selected inmates from each housing unit, with a total sample size of 35 random inmates. These inmates were selected by custody level, length of time at the facility and ethnicity.

A telephone interview was conducted by this auditor with a representative of Sparrow Hospital to verify the availability of SAFE/SANE practitioners and victim advocate services at the hospital. Services are available seven days a week, 24 hours a day. If by chance a SAFE/SANE nurse is not on shift, the hospital has an on-call procedure to ensure that one is available.

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, this auditor discussed all concerns with PREA Manager Charles Carlson and Regional PREA Analyst Mary Mitchell, who filtered requests to the appropriate staff. Through a coordinated effort by PREA Manager Charles Carlson, staff members within his PREA Analyst unit and key staff at the Ionia Bellamy Creek Correctional Facility, all informational requests of the auditors were accommodated prior to the completion of the onsite audit.

The auditors conducted an exit briefing on October 17, 2017 upon completion of the onsite PREA audit portion for the Ionia Bellamy Creek Correctional Facility. The auditors explained that documentation would need to be reviewed further and any addition requests for information would be coordinated through the agency PREA Administrator.

Forty (40) onsite employees were interviewed. At minimum, one officer from each housing area was selected (covering all shifts), one person from each area of responsibility/classification, and 5 volunteers were randomly selected. Interviews were conducted and broken down in the following manner:

### **Interviews Conducted**

#### **MDOC Staff/Volunteers/Contractors- total 41 Individuals- 14 areas of varying responsibilities**

Designated Staff Member Charged with Monitoring Retaliation-2

Incident Review Team-1

Intermediate-or High-Level Facility Staff-2

Investigative Staff-2

PREA Compliance Manager/Coordinator-1

Human Resources staff-1

Random staff sample-13

Staff who perform Screening for Risk of Victimization and

Abusiveness-3  
Warden or Designee-1  
Supervise Segregated Housing staff-2  
Medical staff-2  
Mental Health staff-2  
First Responders-2  
Intake Staff-2  
Volunteers (3) and Contractors (2) who have contact with Inmates-5

Approximately 15 informal inmate and staff interviews were conducted during the physical site review of the facility by this auditor and auditor David Radziewicz and were considered in determining compliance with the standards.

Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards. The auditor notes that, due to some staff fulfilling multiple roles within the facility, certain staff members who were interviewed represented more than one category of interview (i.e. the Retaliation Monitoring Staff and Incident Review Team Member).

This auditor received five pieces of inmate correspondence prior to arriving at the facility. These inmates were interviewed at the facility and are included in the total number of inmates interviewed.

Inmate Interviews were conducted and broken down in the following manner:

**Inmate Interviews- total of 58 Individuals to include interviews for specialized areas**

Disabled (Cognitive disability)-1  
Disabled (partially blind)-1  
Limited English proficient-5  
Inmates who disclosed Sexual Victimization-3  
  
Random Sample of Inmates-35  
Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates-7  
(Of the seven (7) inmates above, five (5) identified as gay and two  
(3) as transgender  
Reported Sexual Abuse-5

This auditor was supplied with the following Policies, Contracts, and Formal Memorandums to review prior to, during, and post onsite site review:



## **Policy, Contract, and Formal Memorandum**

### **Review: Michigan Department of Corrections**

- An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse 3<sup>rd</sup> Edition, PREA Resource Center September 2014
- Annual PREA Statistics Reports  
2014 & 2015 Annual Staffing Plan  
Review CAJ-1027
- Collective Bargaining Agreement- Administrative Support Unit and Human Services Unit, UAW Local 6000
- Collective Bargaining Agreement AFSME AFL-CIO
- Collective Bargaining Agreement- Labor and Trades and Safety and Regulatory Units- Michigan State Employees Association
- Collective Bargaining Agreement- Scientific and Engineering Bargaining Unit- SEIU Local 517M  
Collective Bargaining Agreement- Technical Bargaining Unit- SEIU Local 517M
- Collective Bargaining Agreement- Security Unit  
Agreement SEIU 526M, CTW
- Director's Office Memorandum 2017-23 PREA  
Grievance Process Director's Office Memorandum  
2016-21 Prisoner Mail
- Director's Office Memorandum Victims' Advocates dated  
November 28, 2016. Employee Handbook, Department of  
Corrections
- Facility Schematic
- Internal Affairs Section Memorandum Investigation of Contractual Employees dated  
December 27, 2016 Legislative Corrections Ombudsman and Department of Corrections  
MOU finalized December 2014 Michigan State Police and Department of Corrections  
MOU dated September 30, 2015
- Michigan Penal Code (Excerpt) Act 328 of 1931 750.520c Criminal sexual conduct in the  
second degree: felony
- Organizational Chart January 2017
- Operating Procedure- 03.04.100H Health Care Management of Reported  
Sexual Assaults of Prisoners in CFA Facilities

- Policy Directive- 01.01.140 Internal Affairs
- Policy Directive- 02.01.140 Human Resource Files
- Policy Directive- 02.03.100 Employee Discipline and Attachment A Policy Directive- 02.05.100 New Employee Training Program Policy Directive- 02.05.101 In-Service Training
- Policy Directive- 02.06.111 Employment Screening
- Policy Directive- 03.02.105 Volunteer Services and Programs
- Policy Directive- 03.03.105 Prisoner Discipline with Attachment A and D Policy Directive- 03.03.105B Class II Misconducts
- Policy Directive- 03.03.140 Prohibited Sexual Conduct Involving Prisoners Policy Directive- 03.04.100 Health Services
- Policy Directive- 03.04.125 Medical Emergencies
- Policy Directive- 04.01.105 Reception Facilities Services Policy Directive- 04.01.140 Prisoner Orientation
- Policy Directive- 04.04.100 Custody, Security and Safety Systems Policy Directive- 04.04.110 Search and Arrest in Correctional Facilities
- Policy Directive- 04.05.120 Segregation Standards- with Variance CAJ-296
- Policy Directive- 04.06.180 Mental Health Services
- Policy Directive- 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria Policy Directive- 05.01.140 Prisoner Placement and Transfer
- Policy Directive- 05.03.118 Prisoner Mail
- Policy Directive- 03.03.130 Prisoner Telephone Use and Attachment B Policy Directive- 06.03.104 Residential Reentry Program Facilities PREA Administrator Memorandum 115.71 (h) dated July 21, 2016
- PREA Coordinator List November 9, 2016
- Physical Plant Division, Project Review and Approval CAH-135 Prisoner Education Verification CAJ-1036
- Prisoner Guidebook CSJ-166 English and Spanish

- Prisoner Grievance Forms CAJ-1038 A and Appeal CAJ-1038 B
- Residential Reentry Program Eligibility Screening Form- Parolee Self Report CFJ-498
- Request for Proposal (RFP) for services section 3.8.B. outlines the requirement for bidders to comply with the Prison Elimination Act (PREA) of 2003 dated May 20, 2016.
- Risk Assessments Manual (PREA)  
August 12, 2015 Risk Assessment  
Worksheet (PREA) CAJ-1023 Risk  
Assessment Review IBC (PREA)
- Survey of Sexual Victimization, 2014 & 2015 State Prison System Summary  
Form SSV-2 The PREA Manual dated April 24, 2017

The aforementioned documents were reviewed in conjunction with documents requested during the site review and sample documents provided on the compact disc in order to determine compliance with the Standards. Requested documents included; inmate housing rosters, staff, contractors and volunteer rosters, Risk Assessment Tracker along with 16 classification files, inmate intake files, Victim Advocate trained facility staff roster, approved PREA investigator roster, complete PREA investigation folder, camera schematics, round reader check point location schematic, 10 completed PREA investigations, random employee, contractor and volunteer training records, lien checks, personnel files and medical files. These documents were selected randomly for a number of different factors. For example, the investigative files were selected by type of allegation; sexual harassment, sexual assault, staff involvement etc. Inmate files and classification records that were selected included inmates that reported sexual victimization during the intake process and inmates involved in PREA investigations. Inmate's medical records that alleged a sexual assault allegation were selected for review.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

### Facility Narrative:

The IBC is located in Ionia, Michigan, and is the most recent facility built by the Michigan Department of Corrections opening in 2001. The prison is surrounded by approximately 80 acres of woodlands, rolling terrain, and natural wet lands. The IBC is a multi-level facility, housing level 1 (general population un-secure inmates), level 2 (general population specialized programs inmates), and level 4 (maximum security inmates with limited movement). The level 4 portion consists of two housing units, one of which serves as a release outlet for segregation inmates. The level 2 portion consists of three housing units providing both reentry programming and sex offender programming. A specialized housing unit, a

temporary holding housing unit and an administrative housing unit are also located on grounds. The level 1 portion is referred to as the IBC Dormitory and consists of three housing units. The inmates who reside there provide the offsite work details for all of the Ionia complex prisons. Inmates at IBC serve institutional needs in areas such as food service, library, recreational aides and maintenance workers. The Michigan Department of Corrections website can be found here: <http://www.michigan.gov/corrections/0,1607,7-119--5481--,00.html>

Population turnover within the IBC is moderate for a state level correctional facility, with inmates spending an average of approximately one year and six months at the facility. The IBC is an in-reach facility for male inmates needing to complete the Michigan Prisoner Re-entry (MPR). Sex offender programming including Thinking Readiness for Yourself (TRI), Michigan Sex Offender Programming (MSOP) and self-help groups are offered. Numerous religious and recreation programs are offered to inmates who choose to participate.

The multi-level facility perimeter is surrounded by three fences in total; a stun fence is the innermost fence, followed by a lined razor-ribbon wire fence, and a third fence lines the facility property and is used as a buffer fence. An electronic detection system is used, and a gun tower is manned during large open yard times and perimeter security is also maintained by a perimeter security vehicle.

There are 12 buildings in the IBC primary complex and three at the IBC Dormitory that the inmates might have access to. The IBC Dormitory Processing Center includes: A-Unit and B-Unit as well as food service, visiting room, healthcare, gym and chapel. C-Unit is a standalone building. Greenhouses are located on grounds for the horticulture program. The IBC Primary Complex consists of 8 housing units, food service, healthcare, education building and the Administrative building (this area is not accessible to the general inmate population unless under direct supervision for housekeeping details). There are 2 maintenance buildings located on the exterior of the secure fences.

There are no provisions for restrictive housing at the facility. Inmates are housed based upon compatible PREA risk assessments. The facility does have two temporary housing cells in the main health services area that are used for medical observation purposes or separation pending removal from the facility/completion of investigations. Staffing of the housing units is not gender specific.

The administrative complex is located at the front of the facility where facility administrative staff are located. This area is not accessible to the general inmate population unless under direct supervision for housekeeping details. When entering the facility, there is a sally port area that goes past the facility control center before accessing the security offices/medical building and exiting to the larger compound of the facility. The eight housing unit buildings surround a main open area where inmates walk to the various buildings within the compound. The recreation area is to the right of the main complex and includes an open-air structure with a roof that contains exercise equipment for inmate use. This area is monitored by roving security staff and cameras while in use. An on-site medical and mental health unit is available for the inmate's immediate needs. Inmates are transported to Sparrow Hospital for emergency medical care if needed.

The facility is designed to operate a maximum capacity of 1,888 inmates. On day one of the audit, there were 1,736 inmates present and on the second day of the audit, the population increased to 1,738 inmates. It was observed that the population consisted of approximately 80% Caucasian and African-American inmates. Other ethnic groups were not widely observed throughout the site review. From this auditor's observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater. There are a total of 408 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 (shift supervisors), a Captain, Deputy Warden and Warden. The layout of the housing units permits the officer to have view of the unit entrance, the entrance to one of the unit inmate lavatory/shower rooms (within audible range) and down one corridor of the housing unit from their designated work station. Supplemental “pipe” rounds (electronically documented rounds) take place throughout the unit with random roving movement that cover periodic routine observation of all other areas.

The educational and programming building has group rooms and a library with windows to permit security staff an open view into areas where programming takes place. The chapel is equipped with video cameras and is staffed by a Chaplain, with periodic routine visits from roving security staff. The IBC utilizes contracted food service staff and inmate workers in the food service building, with posted and roving security staff during hours of operation.

During the audit site review and through informal interviews with staff and inmates, the auditors were left with the general sense that staff and inmates felt safe within the facility.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 1

Click or tap here to enter text.

**Number of Standards Met:** 44

\*Includes eight (8) standards audited at the agency level and standard 115.14 Youthful Inmates. IBC does not house youthful inmates.

**Number of Standards Not Met:** 0

Click or tap here to enter text.

## Summary of Corrective Action

**155.15 Limits to cross-gender viewing and Searches, 115.13 Supervision and Monitoring;** It was recommended that a pipe round button and a knock and announce sign be placed in a large communal inmate bathroom on C-Unit. The bathroom is accessible at all times inmates are permitted out of their cells and its entrance is not easily monitored from the staff workstation. The configuration of this bathroom provided an area for sexual abuse to go undetected without staff physically making rounds into the area. Multiple corners and barriers within the bathroom area limited visual and audible monitoring. The tour scan button and sign were placed in the bathroom during the on-site audit, pictures were taken, and this auditor re-visited C-unit and verified the placement of the button and sign to ensure provisions were in place to require staff to make a physical inspection of the area, while still respecting applicable limitations on cross-gender viewing. An email was drafted and sent to the facility administration along with all shift supervisors to ensure that this additional round reader was to be included in all tours of the unit. A copy of this email was retained by this auditor.

A staff bathroom door knob lock in the dormitory area of A-Unit was malfunctioning and provided access to an area where sexual abuse could go undetected. It was recommended by this auditor that this be repaired. The lock was repaired during the on-site audit. This auditor re-visited A-Unit and verified that the lock was repaired. Unit staff were informed that the lock had been repaired.

Based on the swift action taken by the IBC Administration to comply with the recommendations and providing documentation shared with line supervisors for dissemination pertaining to the addition of the round reader button and knock and announce signage, the auditor does not hold the IBC in non-compliance for this standard.

## PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Agency policy 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual outline the agency approach to implementing the zero-tolerance policy. Local operating procedures OP 03.03.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision. IBC supplied multiple documents including: Zero Tolerance PREA Policy/Procedure, Michigan Department of Corrections (MDOC) Prohibited Sexual Conduct Involving Female Offenders at IBC, and MDOC Policy Directive Prohibited Sexual Conduct involving Prisoners 03.03.140. Each policy provides clear and concise directions to staff regarding Zero-Tolerance.

Under recent revisions, agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS serves to establish the agency's zero- tolerance policy and outline the agency's approach to implementing the PREA standards.

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issuance in April 24, 2017. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.

- (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. This auditor was informed during an interview with the agency PREA Administrator that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. During the interview with the PREA Coordinator, it was found that this position is a full-time position and provides adequate time with no time constraints and authority to coordinate the facility's efforts to comply with PREA standards.

- (c) MDOC designates a PREA Analysts in each Area (Northern, Central, & Southern) and a designated PREA Coordinator at each facility. The Southern PREA Analyst is Mary Mitchell and the PREA Compliance Manager at IBC is Inspector Christine Wakefield.

***This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.***

The position of PREA Administrator fulfills the role of an Agency PREA Coordinator (Manager). This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Administrator he reported that he has sufficient time and authority to implement the agency's efforts to comply with the PREA standards. The PREA Administrator remained on-site during the audits.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Through a review of the PAQ, the *PREA Manual* and interviews with the PREA Administrator and PREA Coordinator, this auditor determined that neither the agency nor the IBC contract with any outside entities for the confinement of its inmate population at the time of this audit. 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.

Based on the interviews with the IBC Administration, coupled with review of proposed contracts, RFP, and Policy, this auditor determined compliance with the provisions.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution

programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  
Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

(a) The PREA Manual outlines staffing plan criteria to include the minimum considerations 1-11 outlined in the PREA Standards.

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated for 2017 (compiled October-December 2016) verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan. The plan contains a narrative description relative to each of the eleven enumerated factors and the facility's findings. 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. All detention and correctional practices are closely regulated through Director Office Memorandums (DOM'S), Policy Directives, Department Operating Procedures and facility Operating Procedures.

Interviews with the Warden and PREA Coordinator (Manager) reveal that no recent modifications were made to the staffing plan. The auditor notes that the facility is in the process of a significant enhancement of its camera system, which provides facility staff with an exceptional support tool to augment existing officer presence. A review of the facility's staffing plan which included eleven factors that are taken into consideration to calculate adequate staffing levels and the need for video monitoring. An interview with the PREA Coordinator (Manager) revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its

staffing levels are predicated on these standards and are audited by the state's Auditor General. The most recent audit and responses/corrective action were reviewed and retained by this auditor. The audits findings recommended four (4) areas of improvement to be addressed to include; Gate manifest distribution, staff searches to include monthly searches and metal detector usage, and conducting radio checks and documentation. IBC agreed and complied with all recommendations provided by the Auditor Generals performance audit.

- (b)** The PREA Manual indicates *“In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.”*

According to an interview with the PREA Coordinator (Manager), the agency does not ordinarily deviate from its staffing plan, however it is documented if there is a deviation. The PREA Coordinator (Manager) reported that all posts are filled either through voluntary overtime or mandated overtime. An interview with the Warden revealed that staff either volunteer or are mandated to remain at their posts on overtime to fulfill the facility's staffing plan. The Warden offered that non-essential posts (i.e., recreation) could be closed if emergency conditions existed to maintain essential levels of staffing in areas of the facility where inmates have access. Daily shift rosters document facility absences and how posts are filled. During the audit, the auditor observed the use of overtime to ensure posts were filled. Interviews with the Warden and the auditor's observation and interviews with staff who worked overtime confirm the facility staffing plan is complied with. Shift rosters were reviewed by this auditor to ensure all posts were maned with overtime staff as needed to demonstrate compliance with provision (b).

- (c)** PREA standard 115.13 (c) reads; *Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:*

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The PREA Manual states that the Warden and PREA Coordinator are involved in the review of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator (Manager) for review. The PREA Administrator (Manager) reports involvement in the staffing plan process for each facility within the agency.

A Copy of the 2017 Staffing plan was supplied to this auditor with signed confirmation that the PREA Administrator had reviewed. Additionally, the PREA Annual Staffing Plan Review for CAJ-1027 was supplied.

This auditor was provided a copy of the Annual Staffing Plan Review for the Ionia Bellamy Creek Correctional Facility dated August 2017. The review included a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to ACA standards. The plans found no need to change current operations based on the eleven factors denoted within provision (a) of the standard.

Interviews with the Warden, PREA Coordinator and PREA Manager, as well as a review of the agency policy, confirm that the staffing plan is reviewed annually by the facility and the agency

PREA Manager and the agency as a whole, has taken action to upgrade its camera technology at each facility to demonstrate compliance with provision (c).

- (d) The PREA Manual directs Wardens, Deputy Wardens, Inspectors, Captains, Lieutenants to conduct and document rounds for PREA audit purposes, in addition to rounds conducted per PD 04.04.100 "Custody, Security, and Safety Systems." OP 04.04.100P also breaks down the areas of rounds, frequency, and by whom the rounds are to be completed by.

Through interviews with the PREA Coordinator and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Wardens complete weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. The facility Deputy Warden for Housing was interviewed and reported that rounds are conducted regularly, staff are not permitted to notify others of occurring rounds and that he routinely changes his patterns to ensure rounds are not predictable. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented in the unit log books in green ink. During the site review, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of supervisors during each shift on the housing units. A review of agency policy, interviews with Line Supervisors, video review to ensure rounds are being conducted, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with provision (d).

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)

Yes  No  NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a)– (c)** The PREA Manual and Agency policy 05.01.140, *Prisoner Placement and Transfer*, restricts male and female prisoners under the age of 18 to two specific facilities within the MDOC system. Males Thumb Correctional Facility and Females to Women's Huron Valley Corrections Facility.

Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.

During the audit site review, through interviews with the Facility Supervisor and the PREA Coordinator, it was observed that IBC does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard. This is also reported on the facilities PAQ.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA 115.15 (c)
- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)



- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
  
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

(a) Policy 4.1.140 Search and Arrest in Correctional Facilities and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross-gender strip searches or visual body cavity searches were conducted during this audit period. As part of its pre-audit documentation, the Warden issued a memorandum to confirm no cross-gender strip searches or visual body cavity searches were conducted during this audit period. Informal interviews with line staff also reported that these types of searches were not being performed to their knowledge.

Policy 4.1.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate’s gender is not available. According to the PREA Resource Center’s FAQ’s, a facility should use a privacy screen or other similar device to obstruct viewing of an inmate’s breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched.

During the site review with the Facility Manager, and agency PREA Analyst confirms that privacy screens are used when an opposite gender supervisor must be present during a strip search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard.

(b) PREA standard 115.15 requires that As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to

comply with this provision.

The PREA Manual outlines search procedures and prohibitions while dually references Policy Directive (PD) 04.01.110 and PD 04.06.184

(There are no female offenders housed in IBC.)

Training module "Employees, Prisoners, General Identity Disordered Prisoners and the Public" states that: *Pat-down and clothed body searches of female prisoners may only be conducted by female staff members unless an emergency situation exists such that there is not a female staff member available to search and waiting for a female staff member would jeopardize the good order and security. If a male staff member searches a female prisoner, it must be documented through submission of a written report to the on-duty administrator.* (There are no female offenders housed in IBC.) Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility site review and interviews with the PREA Administrator (Manager), PREA Coordinator and Warden, the auditor observed that the facility does not house female inmates. Therefore, the facility demonstrates that it does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with provision (b).

- (c) PREA standard 115.15 requires that the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates.

Policy 04.04.110 and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The Agency wide PREA Manual directs that pat-searches of female inmates be conducted by female staff only. These policies require that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that staff person must be of the same gender as the person receiving the visual body cavity search.

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and the auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

- (d) PREA standard 115.15 requires that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS (updated effective 04/24/2017), the PREA Manual (updated effective 04/24/2017), Privacy Notice Signs, Knock and Announce and photographs of toileting/showering

facilities signs were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit site review, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units, officer desks and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

With multiple informal interviews in each housing unit throughout the site review, and random interviews, this auditor is satisfied that there is substantial compliance with provision (d)'s requirement of opposite gender announcements. Formal random interviews and numerous informal interviews during the audit site review with both staff and inmates confirm the auditor's observation that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender. This auditor observed no issues concerning privacy on the housing units and when asked, the inmates had no immediate concerns in reference to their privacy with the exception of one inmate who voiced his concern about his food aperture being left open while he was using his toilet in in cell. The auditor finds compliance with provision (d) of the standard.

- (e) PREA standard 115.15 requires that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA, establish policy prohibitions against searching transgender and Intersex inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. The auditor notes that during the interim audit period, this policy was amended at the agency level and, effective 06/26/2017, became known as GENDER DYSPHORIA and eliminated references to Gender Identity Disorder (GID).

Random and informal interviews during the audit site review lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. Random staff interviews confirmed that they were aware of the policy and described practices consistent with the knowledge that it is not part of their duties to search an inmate to determine genital status, furthering that such determinations are made prior to their interactions with the inmates. Multiple transgender inmates were formally interviewed, these individuals confirmed that they have not been searched for the sole purpose of determining their genital status. Through formal and informal interviews with multiple ranks of staff, the auditor is confident that transgender and intersex inmates are not examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

- (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search Procedures for GID and transgender Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). Staff were able to articulate proper cross gender search techniques during random interviews and stated that they received this training through

the MDOC training academy and as part of their annual training. Through past audits in the MDOC, this auditor is aware that it has been a long-standing practice for cross-gender search training to be delivered to staff through the training academy process. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of sixty-two pages of computer based training record receipts as part of its pre-audit sample training records relative to transgender/intersex searches. A review of the training materials indicated extensive training in this aspect, random informal interviews with four line staff and a review of their training records confirmed that the training process is in place and demonstrates compliance with provision (f) of the standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) 03.03.140 Prohibited Sexual Conduct Involving Prisoners, *Additional Measures to Minimize Prohibited Conduct. The PREA Administrator shall ensure standardized educational material to educate prisoners regarding conduct prohibited by this policy, self-protection, how to report conduct or threats of conduct prohibited by this policy, and treatment and counseling is accessible to all prisoners. Educational materials shall be available to all prisoners, including any updates, in CFA and Reentry facilities and shall be incorporated into facility orientation programs. If needed, the Department will seek the assistance of interpreters for prisoners with disabilities or limited English proficiency.*

The PREA Manual- Prisoners with Disabilities or Limited English Proficiency- the Department will provide PREA prisoner education in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of interpreters.

IBC provided documents to include: Prisoner Guidebook in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and flyer for Language Unlimited services that included Language, Deaf, and Hard of Hearing Services.

- (b) Random Interviews with Staff indicated that when an offender is identified as having an impairment that would limit their ability to access the information they would use multiple options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, reading materials to offenders via the Language Unlimited Service, providing them translated materials, or materials in Brail. Documentation was provided for the use of "Real time Translation" who provides mobile interpreters as needed.

During Interviews with Disabled and Limited English Proficient Inmates it was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the Deputies and Parole Agents. The interviewees indicated that staff would sit with them, read the materials, and answer questions if necessary to ensure that they could utilize the information. This Auditor interviewed offenders with sight issues, reading deficiencies, and cognitive issues.

- (c) PREA Manual- *Prisoners with Disabilities or Limited English Proficiency.*

*The Department will provide PREA prisoner education in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of interpreters.*

The Department may rely on prisoner interpreters, prisoner readers, or other types of prisoner assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties as outlined in this manual, or the investigation of the prisoner's allegations.

Random Staff Interviews, Administration Interviews, Disabled and Limited English Proficient Inmate Interviews, and random inmate interviews produced evidence that staff and offenders alike knew that inmate interpreters were not to be used unless exigent circumstances existed. No one indicated that they had ever witnessed, conducted, or requested that an inmate interpret for any investigation. The facility has not had any PREA abuse or harassment allegations.

The facility demonstrates compliance with this standard.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent

with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

**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- *Promoting Current Employees- Contractors*

*Before enlisting the services of any contractor who may have contact with prisoners, the Department shall perform a criminal background records check.*

*The Department shall not enlist the services of any contractor, who may have contact with prisoners, who:*

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);*
- (2) Has been convicted of engaging in, attempting to engage in, or conspiracy to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or*
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in (2).*

*Incidents of sexual harassment shall be considered in determining whether to enlist the services of anyone who may have contact with prisoners.*

IBC provided sample documentation showing the most current LEIN background checks for onsite IBC employees. All corrections officers have yearly clearance checks prior to range qualification. Most recent LEIN checks for all contact staff was performed on 06/27/2017.

Contractor/Volunteer LEIN checks are performed each year and are up to date. Validation of this process was provided to this auditor during the on-site portion of the audit.

***This Standard was additionally audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.***

The employment screening policy 02.06.111 and PREA Manual clearly prohibit hiring and promoting staff who have engaged in the behavior noted within the standard. Corrections Officer job postings, application questions and a promotional application for Sergeant were provided as proof to demonstrate the agency considers these factors for hiring and promotional decisions. The agency Central Office is responsible for conducting the hiring and background screenings of correctional officers.

Agency policy 02.06.11 and an application for employment were reviewed. Adequate screening

for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process.

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring. A review of policy and the interview with Human Resource staff confirms that the individual facilities are not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff. The agency reports that 474 corrections officers had background checks completed at the agency level. The agency provided a sampling of LEIN check documentation for the past 2 years to demonstrate the agency practice for provision (c). The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the facility. According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, 5-year LEIN checks are completed by the records supervisor in June of designated years for each individual facility where the contractor or employee is located. Documentation was received from two facilities to verify this practice.

The agency provided sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide such information when applying for employment or promotion and during any self-evaluations. In addition to application materials, the employee work rules, specified in the employee handbook, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. Agency policy affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination.

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of this standard. The agency provided 6 examples of the agency responding to requests from outside agency requests for such information on former employees. These requests were processed at the agency central office level. The facility demonstrates compliance with this standard.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

## 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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 under Facility and Technology Upgrades states:

- (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered.

Ionia Bellamy Creek Correctional Facility is the newest facility operated by the MDOC with state of the art construction and layout. No modifications have been made during the previous 12 months. The following provision will explain the proposed addition of camera coverage.

- (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered.

MDOC requires form *CAH-135 Project Review and Approval* to be utilized for all facility projects.

Through Administration and PREA Coordinator interviews it was noted that the Facility Supervisor, and the PREA Administrator would discuss any projects at the facility. IBC is currently in the process of a camera upgrade to be completed in approximately 11 months. This upgrade will increase the camera coverage from the present 157 cameras to 358 cameras. All cameras have a retention schedule of 30 days. This auditor found no areas of concern during the facility site review. The placement of the additional cameras will enhance the sexual safety of inmates and staff even further. The strategic deployment of video monitoring technology and round reading technology demonstrates the agency and facility dedication to compliance with

provision (b) of the standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

##### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

##### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**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 curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials.**

During interviews with facility medical staff and investigators, this auditor was informed the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. The agency's protocol, which is outlined in the *PREA Manual* and *Crime Scene Management and Preservation Training Manual*, demonstrates that the agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene. Forensic examinations are conducted at by SAFE/SANE examiners at Sparrow Hospital.

This auditor spoke with the Emergency Services Coordinator at Sparrow Hospital, Lee Curtis and was provided with the following information; A SAFE/SANE nurse is available on-site six days a week from 11:00 am to 11:00 pm, however an on-call SAFE/SANE nurse is available during non-on-site coverage. The hospital currently has four staff in training for SAFE/SANE certification to increase on-site coverage to 24/7.

During random staff interviews and informal interviews during the audit site review, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. *Basic Investigator* training and *Crime Scene Management and Preservation* training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of this standard.

- (a) Uniform evidence is covered in the *Crime Scene Management and Preservation and Basic Investigator Trainings*. Both training manuals were reviewed by this auditor in determining compliance with provision (b) of the standard.
- (b) Training materials cover the necessary technical details to aid first responders in preserving available evidence. Training materials within the PREA Resource Center <https://www.prearesourcecenter.org/file/1969/specialized-training-investigating-sexual-abuse-confinement-settings>
- (c) MDOC PREA Manual and Policy Directive 03.04.100 Health Services section UU. Both call for Forensic Examinations to be conduct by SAFE/SANE nurse examiners if abuse occurred in 96 hours or less, or where forensic evidence may be present. If SAFE/SANE nurse examiner is not available, the examination can be performed by another qualified medical practitioner and documentation will be maintained of the Departments efforts to secure a SAFE/SANE examination. The manual and policy both require that the exam shall be without financial cost to the prisoner.

NOTE: Correspondence was supplied that provided proof that IBC has attempted to secure an MOU for SAFE/SANE services from Sparrow Hospital. Per the correspondence responses, the hospital is working on establishing these services in the Emergency Department by the winter of 2017.

- (d) MDOC Letter sent to supporting application for grants submitted by the Michigan Coalition to End Domestic & Sexual Violence and the Detroit Rescue Mission Ministries to aid in obtaining an MOU for services.

Memo dated November 28, 2016 addressed to all Wardens, directing that administrators reach out to Local Rape Crisis Centers for support. Additionally, requiring all staff to complete the Office of Victims of Crime, Training and Technical Assistance Center Core Competencies and Skills Courses (13 Sections) and Incarcerated Victims of Sexual Violence training (60-minute course). At this time, the Ionia Bellamy Creek Correctional Facility has thirty-four (34) staff members trained as qualified victim advocates.

- (e) MDOC PREA manual provides that as requested by the victims a qualified medical or mental health staff member can accompany and support the victim through the forensic medical exam and investigatory interviews when a Rape-crisis/Community-based advocate is not available.
- (f) Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a)-(e) of this section.
- (g) This provision is not required to be audited by this auditor.
- (h) For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. This auditor called Sparrow Hospital and confirmed with the Emergency Services Coordinator that the hospital may receive inmates from the IBC for the purposes of conducting forensic examinations and the hospital provides an on-call community advocate during said examinations. The advocate will make applicable referrals for follow-up care. In the event, such services are necessary, the facility uses qualified mental health staff. During the onsite portion of the audit, the Regional PREA Analyst for the facility and mental health staff confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of affording advocacy services.

Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training delivers an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (h) of this standard. In addition, Sparrow Hospital has the ability to call in a SAFE/SANE nurse as needed during the hours of non-on-site coverage and is in the process of training four more staff for SAFE/SANE certification to be able to provide 24/7 on-site coverage. The facility demonstrates compliance with this standard.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) MDOC Policy Directive 01.01.140 *Internal Affairs*- directs that all allegations of abuse and harassment be referred to the Internal Affairs Division Manager to be assigned for investigation. Additionally, an Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of Internal Affairs Division which are referred to the Michigan State Police or local law enforcement agency for criminal investigation. MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.

MDOC PREA Manual states that “All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on- sexual harassment allegations ...shall be...investigated.”

Review of the PAQ reports 64 allegations of Sexual Abuse and Sexual Harassment during the past 12 months, 29 of which were referred for criminal investigation. All administrative and/or criminal investigations were completed.

An interview with the agency head’s designee confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and agency PREA Administrator (Manager) confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities.

- (b) MDOC Policy Directives 03.03.140 *Prohibited Sexual Conduct Involving Prisoners*- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.

MDOC PREA Manual states that “...staff shall ensure all allegations are referred to the appropriate law enforcement agency...for criminal investigation in conjunction with the Department’s administrative investigation. Referrals to law enforcement shall be documented...” “...the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution.”

PREA Policy and Directives are published at <http://www.michigan.gov/corrections/0,4551,7-119-1409-00.html> under hyperlink Policy Directives [http://www.michigan.gov/corrections/0,1607,7-119-1441\\_44369---, 00.html](http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html)

- (c) PREA Policy and Directives are published at <http://www.michigan.gov/corrections/0,4551,7-119-1409-00.html> under hyperlink Policy Directives [http://www.michigan.gov/corrections/0,1607,7-119-1441\\_44369---, 00.html](http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html)

03.03.140 Prohibited Sexual Conduct Involving Prisoner is published and outlines MDOC and Law Enforcement requirements.

01.01.140 Internal Affairs is published and outlines MDOC and Law Enforcement requirements.

Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a-e) of 115.21.

Michigan State Police letter dated September 30, 2015 acknowledging sections a-f of 115.21 that apply to their agency.

(d) Refer to the letter from the Michigan state Police in section (c)

(e) This auditor is not required to audit this provision.

The facility demonstrates compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to

communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a)** The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 10 points required by the standards. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program, which is completed prior to an employee assuming duty. Computer based training is provided for existing employees and contractors through two detailed training modules. This training is also repeated annually as part of the facility's in-service training requirements. Facility training record samples from the twelve-months prior to the audit demonstrate that 278 custody staff have completed the annually required training modules to that point. Informal interviews with staff during the audit site review confirm that individuals are well informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements such as the meaning of zero tolerance, inmate's right to be free from sexual abuse and harassment, first responder duties and staff and inmate reporting mechanisms etc. demonstrating compliance with provision (a) of the standard.
- (b)** Ionia Bellamy Creek Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. From a previous audit at another MDOC facility that does house female inmates, the auditor is aware that the agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis; however, it is again noted that female inmates are not housed at the Ionia Bellamy Creek Correctional Facility. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).
- (c)** Ionia Bellamy Creek Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. This auditor requested 5 additional employee training files to review and verified that the training was completed. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual; however, the training is available annually to aid in fulfillment of annual training requirements. As part of the facility's pre-audit documentation, it provided records of two hundred seventy-eight (278) custody staff, twenty-five (25) Health Care staff, and eleven (11) Mental Health staff completing this training as part of its annual in-service training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.
- (d)** Employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehension test comes with electronic verification by employee ID number to signify individual comprehension of the training.

Five (5) Random employee records pertaining to this standard were requested and reviewed by this auditor. Scoring system, timeframe the testing was completed, and results demonstrated compliance with provision (d) of the standard.

## Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the

training materials, the auditor requested and reviewed a sampling of five (5) training records across multiple contractor and volunteer disciplines to determine compliance with provision (a) of the standard.

(b) Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility sign language contractor demonstrated knowledge of facility reporting and first responder procedures. A formal interview with two (2) food service contractors verified that they were provided the employee training module for MDOC employees and, in addition to this training, the contact company developed its own internal form of PREA training that they were required to complete. A formal interview with the Volunteer Coordinator confirmed that the training procedures enumerated within policy are applied in practice with facility volunteers and stated that, in addition to the zero-tolerance policy and reporting procedures, volunteers are given information about respectful interactions with transgender inmates, physical boundaries and overfamiliarity. Informal interviews during the audit site review with two (2) contractors and three (3) volunteers demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with provision (b) of the standard.

(c) The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. The facility provided training rosters, at this auditor's request post-audit, to confirm training of volunteers to demonstrate compliance with provision (c) of the standard.

Two contractors and 3 volunteers were interviewed and all confirmed that they were properly trained and understood the training that was provided. Training records were reviewed by the auditor for confirmation.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard's and requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. Through interviews with facility intake staff, the PREA Coordinator and random inmates, this education is reportedly completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. A review of random inmate files was conducted by the auditor to establish that the zero-tolerance education was indeed being conveyed, a sampling of inmate intake records verified that the information was also being conveyed. This satisfies compliance with this element of provision (a).

Through interviews with the PREA Administrator (Manager) and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, and continuous PREA training is being provided to the inmates.

- (b) Thirty-three of the Thirty-five random inmate interviews confirm that education materials and the PREA video (Taking Action) are shown during the intake process at RGC. One inmate stated that he had been incarcerated for two years and does not recall receiving the information. Another inmate stated that he was incarcerated for four months before he received the information. These inmates also confirm that education materials and the PREA video (Taking Action) are shown during the intake process at RGC. These inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. During the audit tour, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner. Inmate training receipts provided by the facility and reviewed by the auditor to demonstrate compliance with provision (b) of the standard.

Random Inmate and Staff interviews indicated that inmates were provided PREA materials and trained regularly within 24hrs of reception to the Intake center (RGC).



(c) IBC provided sample documents showing that inmates received PREA education in the form of a pamphlet and Video PREA training “taking action.” Through interviews with the PREA Administrator (Manager) and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, and continuous PREA training is being provided to the inmates. An interview with the agency PREA Administrator (Manager) indicates that the agency has been providing PREA training for inmates at the agency reception center since approximately 2007 and the agency made a sweeping effort to train existing inmates at that time in 2007 to ensure existing inmates were trained on PREA. Although one randomly interviewed inmate, who had been in custody for two years and does not recall receiving the training materials, a random sampling of inmate training records requested by the auditor during the audit site review demonstrates the facility is in substantial compliance with the standard and has procedures in place to ensure corrective action when records do not exist within inmates files, thus satisfying the auditor's concerns that the facility has procedures in place to ensure that all inmates at the Ionia Bellamy Creek Correctional Facility have been provided training consistent with provision (c) of the standard.

(d) Random Interviews with Staff indicated that when an offender is identified as having an impairment that would limit their ability to access the information they would use multiple options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, reading materials to offenders via the Language Unlimited Service, providing them translated materials, or materials in Brail.

During Interviews with Disabled and Limited English Proficient Inmates it was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the Deputies and Parole Agents. The interviewees indicated that staff would sit with them, read the materials, and answer questions if necessary to ensure that they could utilize the information. This Auditor interviewed offenders with sight issues, reading deficiencies, and cognitive issues.

The facility also maintains copies of PREA training materials, The PREA Resource Center’s “An End to Silence”, agency PREA publications and the PREA standards in the law library that are available for check- out to the inmate population. Moreover, the facility also advertises the availability of these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. The auditor reviewed these training materials, the library inventory and interpretation invoices to determine compliance with provision (d) of the standard.

IBC provided example documentation in the form of Orientation Completion forms signed by IBC Counselors, and signed CAJ-1036 Prison Rape Elimination Act (PREA) Prisoner Education Verification forms.

(e) The agency and facility maintain documentation of inmate education via form CAJ-1036. As part of the facility’s intake and receptions procedures, each new reception’s file is reviewed, and it is verified that the inmate has documented receipt of training within the file. The auditor randomly selected five (2) inmate files from each housing unit counselor’s office during the audit site review to verify that agency PREA training records met timeliness requirements. For random selections, the auditor requested that the counselor pull up transfer movement reports, where sample records were matched against reception records to confirm that the agency and the facility document timely

inmate participation in education sessions, consistent with provision (e) of the standard.

- (f) The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During a site review of the Ionia Bellamy Creek Correctional Facility, these posters were visible throughout the housing units, common areas of the facility, and work locations. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit site review. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and prisoner guidebooks that are available for the inmate population to check out. Moreover, the facility also advertises the availability of these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. Based on the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility, this auditor determines compliance with provision (f) of the standard.

## Standard 115.34: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
 Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that eighteen (18) active staff at the Ionia Bellamy Creek Correctional Facility completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that all eighteen (18) staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard.
- (b) MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials.

The MDOC protocol, which is outlined in the PREA Manual and Crime Scene Management and

Preservation training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, First Responders, and Michigan State Police (MSP) for additional support (needed), to maximize the collection of available evidence within the crime scene.

Interviews with MDOC Inspectors indicated that they were trained and that the investigation was limited to Administrative investigations. The Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation.

Zero Tolerance/ PREA requires specialized training be provided for employees who may respond, to reported incidents of sexual assaults. This policy requires Crime Scene Management and Evidence collection protocol.

The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's *Basic Investigator* training, Investigative staff interviewed have participated in the NIC specialized investigator's training to provide additional information on the required standard topics. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of this standard.

- (c) The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that twenty-six (18) active employees have completed the Basic Investigator Training. Training records were provided to confirm that all eighteen (18) investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.
  
- (d) The auditor is not required to audit provision (d) of this standard to determine facility compliance.

## Standard 115.35: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
  
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
  
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) *Agency policies 02.05.100 and 02.05.101 establishes procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency.*

The agency has developed a training curriculum specific to medical and mental health staff: PREA Health Care Staff Module and PREA Qualified Mental Health Training Module. Training materials

cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. These materials expand upon the Basic Training Module 2 to cover the four points required by the standards.

The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through formal and informal interviews during the audit site review, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements in satisfaction of provision (a).

- (b) Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required. Memorandum dated 09/10/2017 reads; Ionia Bellamy Creek Correctional Facility Health Care staff DO NOT perform forensic examinations on Prisoners following the allegation of a sexual assault. Ionia Bellamy Creek Correctional Facility transports all prisoners to Ionia Sparrow Hospital where the forensic examination is conducted by specially trained hospital staff. The facility provided documentation of medical and mental health practitioners' completion of the specialized training modules that was reviewed by this auditor. These training records are kept in the computerized training records for employees and demonstrate compliance with provision (c) of this standard.

IBC provided documentation that the contracted medical providers had received, and understand, the training curriculum Michigan Department of Corrections Sexual Abuse and Sexual Harassment in Confinement for Healthcare Staff.

- (c) The agency has developed a training curriculum specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. Contractors must complete the traditional module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by

other inmates or sexually abusive toward other inmates?  Yes  No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing



complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: *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. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer.*

*The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- All prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The OMNI-based risk assessment tools will be used to determine a prisoner's risk. The results of the Risk Assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.*

IBC provided risk Assessment trackers which verify that the assessments were being conducted in compliance with the standard.

Random Staff and staff that perform risk screenings interviews indicated that the Risk Assessments are being conducted on the date of reception or shortly thereafter by a trained staff

member.

Random interviews with inmates also indicated that the Risk Assessments are being conducted on the date of their reception or within a day or two of entering the facility.

This auditor did not have the opportunity to witness an intake while on-site however, the process was explained in detail by a staff member assigned to perform these screenings.

**(b)** Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Policy directives 03.03.140 & 05.01.140 were reviewed for compliance for this standard.

*Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual state that an intake screening shall be conducted at reception centers during intake. The auditor notes that the agency policies governing risk screening (03.03.140 and the PREA Manual) changed due to prior audits within the MDOC.*

These updates also include the requirement of completing this assessment within 72 hours, in compliance with provision (b) of the standard.

A comprehensive intake risk screening tracker which is an electronic system that produces a spreadsheet was provided for review and shows compliance with this standard. Formal interviews with two (2) staff that perform intake screenings confirm that the IBC is in compliance with provision (b) of the standard. Such assessments shall be conducted using an objective screening instrument.

The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by provision (c) of the standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.

**(c)** The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as

through a discussion with the agency PREA Administrator (Manager), the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the IBC house inmates solely for civil immigration purposes. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that all ten elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

- (d) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator (Manager) and staff that perform risk screenings, the auditor is satisfied that the intake screening instrument meets the requirements of provision (e) of the standard. The PREA Risk Assessment Manual's reference to documented history of sexual abuse, violent convictions and a history of institutional violence (including sexual) demonstrates that the risk factors enumerated under provision (e) of the standard is adequately inclusive of both convictions and known institutional behavior.

- (e) Standard 115.41 reads in part: *Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.* The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion.

During the site review, two (2) inmate files for recent receptions were randomly sampled on each housing unit to ensure that reviews of risk screening were conducted within 30-days. All randomly sampled files of inmates who had arrived after the implementation of the new risk screening procedures and who were due for review demonstrated that 30-day reviews were conducted timely. A formal interview with an individual responsible for risk screenings confirms that reviews of the required risk assessments are completed within 20 to 30 days of the initial screening process for all new receptions under the revised agency policy. Prior to that, a review of the intake facility risk screening, also took place prior to 30 days.

IBC provided risk Assessment Verifications (tracker) that the assessments were being conducted in compliance with the standard.

- (f) Standard 115.41 reads in part: *An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or the receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.*

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: O. *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. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk*

*assessment(s) is completed prior to the transfer.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Facilities: *Staff shall complete a new PREA-Aggressor Risk Assessment-Prison and PREA-Victim Risk Assessment-Prison form when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the prisoner's risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. If any such incident requires that the prisoner be transferred, the sending facility shall ensure that the risk reassessments are completed prior to the transfer.*

Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard.

The facility provided pre-audit documentation of an inmate being reassessed after a suspected incident of sexual activity. This auditor requested additional examples and chose two (2) random files to review on site, which demonstrated compliance with provision (g) of the standard.

**(g)** Inmates may not be disciplined for refusing to answer, or not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9). The PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." The PREA Administrator (Manager), PREA Coordinator and staff responsible for conducting assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard.

**(h)** Standard 115.41 reads in part: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: *Information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners.*

PREA Risk Assessments, and Reviews are being stored electronically and only retroactively accessible to the Facility Supervisor. Screenshots of the electronic system were provided as well as the scanned Risk Assessments that are being stored.

Risk assessment information shall not be shared with prisoners. During the audit site review and through interviews with the PREA Administrator (Manager) and PREA Coordinator, only those staff with a role in the risk screening process within the facility have access to the electronic screening system. Access to this system is governed by the individual user's log-on information

to demonstrate compliance with provision (i) of the standard.

Random staff interviewed indicated that they do not have the proper credentials to have access to the inmates screening information.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does

the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk which the auditor believed was a great tool to demonstrate use of the screening information for housing decisions. The agency also issued an agency-wide memorandum to prohibit the pairing of identified aggressors and potential aggressors with victims or potential victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse. The PREA Compliance Manager was interviewed and relayed that the screening process prevents inmates with incompatible risk scores to be housed together, potential abusers will also not be employed in certain job assignments. Staff that perform risk screenings were also interviewed and concurred that the screening process does indeed prevent inmates with incompatible risk scores to be housed together. Recent agency wide revisions to policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of provision (a). The demonstrated practice of the facility conducting these intake assessments provide evidence that key aspects of vulnerability or predatory behavior are considered for each inmate.
- (b) PD 05.01.140 Prisoner Placement and Transfer- PREA Risk Assessment: EE. *Whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.*

Through informal interviews during the audit site review, staff charged with risk screening and making housing decisions were well aware of the proper use of screening information for bed assignments. Moreover, the facility and the agency have a practice in place to review those individuals whose risk screening scores are not consistent with staff observations. The facility provided pre-audit sample documentation where such an individual was reviewed to ensure that both he and whomever he was housed with, were appropriately managed. The facility demonstrates that it meets the requirements of provision (b) within its practices.

Interviews with the Deputies that are responsible for completing the Initial Risk assessment, and the Parole Agents responsible for Reviews, determined that the scores are utilized to determine the most appropriate safety measure that should be taken for each offender.

- (c) PD 04.06.184 Gender Identity Disorder (GID)/ Gender Dysphoria- General Information: *D. When*

*making housing and programming assignments, facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner's health and safety and any management or security concerns.*

Interviews with the staff members that conduct the Initial Risk assessment and the PREA Coordinator determined that transgender inmates are further assessed to determine the most appropriate placement.

Three transgender inmates indicated during their interviews that they had the opportunity to meet with Security and the PREA Coordinator to discuss the most appropriate placement and cell assignment for them during their time at the facility. PD 04.06.184 Gender Identity Disorder (GID)/ Gender Dysphoria- General Information: *J. The prisoner shall be assessed by an appropriate medical provider at least twice a year to determine if any changes are needed to the approved individual management plan.*

At all MDOC prisons, placement and programming assignments for each identified transgender, intersex or GD prisoner shall be reassessed by health care or mental health care staff at least twice each year to review any threats to safety of the prisoner as stated in the MDOC PREA Manual was reviewed by this auditor.

Random CHJ-339 (Bureau of Health Care Services GID review form) forms were reviewed to show compliance with this standard. These forms provided

- (d)** The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Transgender, Intersex, and Gender Identity Disorders (GID): *A transgender, intersex or GID prisoner's own views with respect to his or her own safety shall be given serious consideration in placement decisions.*

IBC provided a Memo that directs: *Individual consideration is given to LGTBI/high risk offenders with regard to housing and work assignments. Administrative staff speaks with the offender regarding any concerns. If necessary, IBC has the means to provide LGTBI/high risk offenders with single cell living arrangements. Furthermore, outside of formal count times LGTBI/high risk offenders are allowed to shower separately at will. Offenders who are provided single cell living arrangements are provided the same opportunities as any other offender at the facility.*

Interviews with the transgender inmates indicated that they met with Security and the PREA Coordinator and discussed the most appropriate placement and cell assignment for them during her time at the facility. During these interviews, it was observed that the transgender inmates feel very comfortable with their housing arrangements and have no concerns for their sexual safety.

- (e)** PD 04.06.184 Gender Identity Disorder (GID)/ Gender Dysphoria- Individual Management Plan and Placement: *H. 2. Access to toilet and shower facilities with relative privacy.*

IBC provided a Memo that directs: *Individual consideration is given to LGTBI/high risk offenders with regard to housing and work assignments. Administrative staff speaks with the offender regarding any concerns. If necessary, IBC has the means to provide LGTBI/high risk offenders with single cell living arrangements. Furthermore, outside of formal count times LGTBI/high risk offenders are allowed to shower separately at will. Offenders who are provided single cell living arrangements are provided the same opportunities as any other offender at the facility.*



Interview with the PREA Coordinator indicated that transgender offenders could use the shower and toilet in privacy.

Interviews with three (3) transgender inmates confirmed that they are permitted to shower and use the toilet in privacy.

- (f) PD 05.01.140 Prisoner Placement and Transfer- Other Considerations: *II. Information about a prisoner's sexual orientation that is unrelated to the prisoner's behavior shall not be used by staff for any purpose, including placement and transfer decisions.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Transgender, Intersex, and Gender Identity Disorders (GID): *Prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order.* Interviews with the three (3) transgender inmates, and a site review of the facility, found that these inmates were placed in cells close to the officer's station in an area with other inmates with high vulnerability to any victimization (non-sexual orientation related). The inmates indicated that this housing was determined during their meeting with Security and the PREA Coordinator and they were allowed input into their safety.

The facility demonstrates compliance with this standard.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
 Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### 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.**

(a) The agency PREA Manual and policy 04.05.120 were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the site review and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered. Through pre-audit materials, the facility reports that no inmates have been placed into involuntary segregation for risk of victimization. The Warden stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. In those circumstances, such placement is limited to a very short period (less than 24 hours), before the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another location that can afford safety. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.

(b) Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. During the audit, the staff of the segregation units at Ionia Bellamy Creek Correctional Facility explained that any inmate placed into temporary segregation for PREA purposes would be treated just as any other prisoner placed into temporary segregation. This response implies that limitations to opportunities noted within provision (b) of the standard are possible.

The Michigan Department PREA Manual reads in part; Prisoners placed in temporary segregation for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility shall document:

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

(c) Memorandum dated 09/21/2017 reads: "In the last 12 months, Ionia Bellamy Creek Correctional Facility has not placed a prisoner in involuntary segregation due to being at high risk for sexual victimization."

Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (c) of the standard.

(d) The facility reports through memorandum and interviews with the Warden and PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with

provision (d) of the standard. Due to the absence of specific non-compliance with provision (d) of the standard, the auditor determines compliance.

- (e) The facility reports that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (e) of the standard. Due to the absence of specific non-compliance with provision (e) of the standard, the auditor determines compliance.

## REPORTING

### Standard 115.51: Inmate reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

##### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the MDOC Sexual Abuse Hotline) The Hotline is a confidential external entity, this poster provides a phone number for staff and the public as well, and the PREA brochure were reviewed by the auditor in determining compliance with this provision. The MDOC PTREA Manual also provides information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the MDOC Sexual Abuse Hotline, in writing via grievance, in writing to the Correctional Legislative Ombudsman, third party reporting and in writing to the Michigan State Police. Policy directive “05.03.118 – Prisoner Mail” outlines the process for incoming and outgoing mail and the confidentiality that can be expected. A test call was placed to the MDOC Sexual Abuse Hotline to confirm the validity of this process.

During the facility site review this auditor took note that there were adequate postings in all common areas, housing units, near phone banks, and on bulletin boards throughout all areas. Offenders interviewed indicated that they had received the information in the form of brochures and noted receiving direction on where to find the information throughout the facility. Most interviewees indicated that they felt comfortable going to the staff directly and using the Kite system to report any unwanted behaviors toward them or others. Inmates were able to identify the MDOC Sexual Abuse Hotline and that this is a free and confidential call, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf.

- (b) Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency

to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard. The facility provided a memorandum prior to the audit to verify that no reports were received from the Legislative Corrections Ombudsman during the audit period. During an interview with the facility PREA Coordinator, she identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility.

The facility provided documentation of investigatory referrals that originated with allegations being made to the Legislative Ombudsman. Inmates were also aware of a phone number to make reports outside the facility. Inmates were aware of their ability to make anonymous reports. During the site review, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. However, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

- (c) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: *W. Prisoners may report allegations of conduct prohibited by this policy, including threats of such conduct and retaliation for reporting such conduct... If reported verbally to an employee, the employee shall document it in writing as soon as possible and report it to appropriate supervisory staff.*

Interviews with staff and offenders indicated that staff would accept complaints verbally, in writing, anonymously, and from third parties. Staff interviews indicated that staff would prefer identification and in writing. They were all aware that this was not required, and they must still record, respond, and act for anonymous and verbal complaints. A few staff members articulated that they would still require the offender must also put the verbal report in writing. The Administration issued a memo to all staff reiterating PD 03.03.140 that indicates that the staff can/should accept a verbal report without mandating it be put in writing.

During the onsite portion of the audit, facility investigations were reviewed and demonstrated that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit site review, this auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, anonymous and third-party reports consistent with provision (c) of the standard.

- (d) During a review of facility investigations, the auditor noted ample documentation to confirm that staff did act upon reports received from inmates and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the PREA Coordinator, administrative staff at the facility or the PREA Administrator (Manager) in Lansing as their methods to privately report sexual abuse and sexual harassment of inmates consistent with provision (d) of the standard.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it



do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.
- (b) Policy Directive 03.03.140 was reviewed and reads in part: A prisoner may file a PREA grievance at any time by submitting a completed [CAJ-1038A](#) to the appropriate staff, as identified by the warden, of the institution at which the prisoner is housed. Prisoners are not required to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Any PREA Grievance containing issues other than sexual abuse shall be denied and returned to the prisoner with instructions to submit the grievance in accordance with [PD 03.02.130](#) "Prisoner/Parolee Grievances." Any PREA grievance containing multiple issues, which include sexual abuse and non-sexual abuse issues, shall be processed in accordance with this policy in order to address the allegations of sexual abuse only. The prisoner shall be notified in the PREA Grievance response that s/he must submit a new grievance in accordance with [PD 03.02.130](#) to address any concerns not related to sexual abuse.
- (c) Policy Directive 03.03.140 and the PREA manual were reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The Directive specifies that the grievances will not be referred to the staff member subject to the complaint within.

Examples of completed Grievance forms were provided for review by IBC. This auditor also selected random PREA allegation grievances as well as a sampling of non-PREA grievances to review. These reviews showed compliance with the standard.

Grievances may also be submitted in locked boxes throughout the facility. During the site review of the facility there were numerous Grievance lock boxes identified in housing units and common areas.

- (d) Policy Directive 03.03.140, PREA Manual, and a Memorandum dated 09/23/2017 were reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal. The memorandum reads as follows: *In the last 12 months Ionia Bellamy Creek Correctional Facility has not had to file for an extension related to a PREA grievance response.*
- (e) Policy Directive 03.03.140, PREA Manual, and a Memorandum dated 09/23/2017 were reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third-party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. The memorandum reads as follows: *In the last 12 months Ionia Bellamy Creek Correctional Facility has had ZERO Third Party Grievances filed by prisoners.*
- (f) On the PAQ, the facility affirms that no emergency grievances have been filed by an inmate during the audit review period. Policy Directive 03.03.140, PREA Manual, and a Memorandum dated 09/23/2017 were reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance.

Through the PAQ and interviews with the facility PREA Coordinator, the facility claims that no emergency grievances have been filed by an inmate during the audit review period. PD 03.03.140 establishes procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard to satisfy this auditor's determination of compliance.

- (g) Policy Directives 03.03.140, 03.03.105B, and a Misconduct report were reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden.

Random Staff, Random Inmate, and PREA Coordinator interviews did disclose that there were PREA related grievances filed at IBC. Inmates did indicate that they felt comfortable filing grievances in general at the facility absent retaliation.

This auditor is satisfied that the Statewide PREA Policy and Procedures are being adhered to at IBC and are in compliance with this standard.

## Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other

agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) IBC provided examples of postings, memo's, brochures, and the "An End to Silence Inmates Handbook 3<sup>rd</sup>. Edition." This handbook provides the address for Michigan Coalition to End Domestic and Sexual Violence. This organization offers support and counseling services to inmates. Photographs of the National Sexual Assault Hotline posters were provided prior to the on-site visit and also observed while touring the facility, these posters were in both English and Spanish throughout the facility and housing units.

Through interviews with the PREA Administrator (Manager) and the facility PREA Coordinator, it was determined by the auditor that IBC has been unable to locate a community service provider at the time of the audit and therefore unable to enter into an agreement. However, IBC has provided documentation of proof of attempts to locate and enter into an agreement with community service providers. IBC has provided the free and confidential telephone service to prisoner survivors of sexual abuse with the Rape, Abuse & Incest National Network (RAINN) and posted posters in all the common areas visited by prisoners throughout the facility to let the prisoners know the service is available to them. IBC has also made available in the prisoner library copies of "An End To Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse" and posted notices in all common areas of the housing units as well as the library to let the prisoners know the resource is available to them. The book provides the address to write the Michigan Coalition to End Domestic & Sexual Violence (MCEDSV) to receive the emotional support services. Also, upon contacting the facility again they have provided further documentation of proof where there has been communication with Just Detention International (JDI) as well as the Michigan Coalition to End Domestic & Sexual Violence (MCEDSV) and a proposal of a statewide effort for these services to be provided to prisoner survivors of sexual abuse on a statewide level in Michigan. I have observed the posters for RAINN as well as the

posted notices for the “An End To Silence” throughout the facility. I have also reviewed the provided documentation of attempts to locate community service providers as well as the newly provided statewide attempts being made. The facility has also made it clear in policy directive “05.03.130 – Prisoner Telephone Use” that the number has been placed on Attachment B the Universal List which allows all prisoners’ access to the number and to the extent it will be monitored. Notification was sent out of the update in policy to all prisoners by JPAY notification. For all of these reasons, I find IBC compliant with 115.53.

- (b) PD 05.03.130 reads in part: All telephone calls made from telephones designated for prisoner use shall be monitored, except for calls to public officials who have requested that the calls will not be monitored along with attorneys and legitimate legal service providers. The MDOC Sexual Abuse Hotline telephone number will not be monitored as well.

PD 05.03.130B reads in part: Calls to the Sexual Abuse Support Services, Michigan Veteran Resource Center, American Friends Service Committee, and the Michigan Appellate Assigned Counsel System, prisoner telephone calls to the above numbers shall not be monitored.

PD 05.03.130 Prisoner Telephone Use outlines the extent to which telephone calls are monitored.

*A prisoner who wants to use the prisoner designated telephones must first complete and sign a Telephone Agreement and Number List - Monitor and Record form (CAJ-370) identifying the names and telephone numbers of people and/or organizations that he/she wants to be able to call.*

Michigan Department of Corrections Prisoner Guidebook- Telephone Use: *Prisoner telephone calls may be listened to and recorded in accordance with the requirements of Policy Directive 05.03.130 “Prisoner Telephone Use.”*

Random inmates that were interviewed confirmed that they are aware of the telephone monitoring procedures. This information is available in the Prisoner Guidebook.

## Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the*

*standard for the relevant review period)*

**Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

Through a review of the Memorandum of Understanding between the Michigan Department of Corrections and The Legislative Corrections Ombudsman (regarding prisoner PREA related grievances), the Sexual Abuse reporting poster, the online reporting form and an example of a facility email documenting receipt and action on a 3rd party report; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. The facility provided five pre-audit samples to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. Formal and informal interviews during the audit site review indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their

attention, complaint with provision (a) of the standard. Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with provision (b) of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse to demonstrate compliance with provision (b) of the standard.

Random interviews with Staff and Administration indicated that all were aware of the sensitivity of sexual abuse/harassment information and requirements to maintain confidentiality regarding reports/information received. Staff also indicated that they were aware that the information was not to be shared amongst other staff members unless there was a specific need to know that was approved by a supervisor.

- (b)** Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance.
- (c)** Agency policy 05.01.140, Prisoner Placement and Transfer was reviewed and outlines the agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.

During the audit site review, and through interviews with the Facility Supervisor, and PREA Coordinator, it was observed that IBC does not house youthful offenders and is therefore compliant with provisions (a) (b) and of the standard.

- (d)** Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided an example of a 3rd party allegations made to the Legislative Ombudsman. Investigative reviews provided adequate examples of written, verbal, staff suspicion, grievance and 3rd party allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance.



## Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) The agency head's designee confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization.

Random Interviews with Staff, Inmates, and Administration indicated that immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas. Sample documents to show immediate action taken were provided to this auditor.

The facility demonstrates compliance with this standard.

## Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

(a) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The recently updated 03.03.140 corrected a previous policy deficit and now specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard. Random Staff, Inmate, Inspectors, and Administration interviews indicated that no reports of abuse at other locations occurred at IBC.

(b) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. The example reports provided post-audit and reviewed by the auditor were sufficient to determine compliance with provision (b) of the standard.

- (c) The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours.
- (d) Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports on the PAQ, through interviews with the facility PREA Coordinator and through the auditor's review of facility investigations, there was no evidence to indicate that Ionia Bellamy Creek Correctional Facility has received notification consistent with provision (d) regarding any allegation that was not previously investigated.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify

security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) & (b) The PREA Manual- Response to Reported/Detected Sexual Abuse- First Responder Duties was reviewed and reads in part: *Upon learning of an allegation that a prisoner was sexually abused, the first staff member to respond shall be required to take action as follows: Non-custody staff shall immediately notify his/her chain of command for a referral to the Inspector. The non-custody staff member shall also request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence.*
- Custody staff shall:*
- (1) Separate the alleged victim and abuser;*
  - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable;*
  - (3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.*

An interview with a first responder in reference to his response to an incident that as soon as the prisoner told him that he was raped over the weekend, he immediately called his supervisor, asked that the cells be secured, kept the inmate with him to keep him separated from perpetrator, and did not let inmate change clothes, brush teeth etc. to preserve any evidence. An additional officer arrived to escort the inmate to medical. Based on a formal interview with a first responder, a review of policies and informal interviews with staff during the audit site review, this auditor was satisfied that Ionia Bellamy Creek Correctional staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary.

Random Staff interviews indicated that staff were aware of their responsibility regarding their response. One first responder indicated during his interview that he immediately contacted his supervisor and ensured that the involved cells were secured. He kept the inmate with him to keep him separated from the perpetrator. He did not let the alleged victim change his clothes or brush his teeth to preserve any possible evidence. The first responder waited with the alleged victim until an officer arrived to escort the inmate to medical. A second first responder stated "By the time I

got there they were already separated. If that had not been done I would have ensured the victim was safe and escorted him to health care. Secured scene, protected the evidence, ensured the evidence was collected and not tampered with. The PC had already told me and the victim not to tamper with the evidence by not washing, brushing teeth, etc. I had no part in that part during this incident but the same procedures would be utilized to preserve that evidence also. Someone else had already made the notification. I was on the transport team that took the victim to the SANE nurse. There was someone there from mental health too. They were there when the victim was questioned too.

Michigan Department of Corrections Sexual Violence Response and Investigation Guide was provided and reviewed by this auditor.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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 document titled OP 03.03.140, IBC has implemented an operating procedure "03.03.140 – PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS" in which the duties/responsibilities are outlined for each member involved in the coordinated response for an incident of sexual abuse. IBC also has an operating procedure "01.04.110 - INSTITUTIONAL DOCUMENTATION SYSTEM-ADMINISTRATIVE RULES, POLICY DIRECTIVES, DIRECTOR'S OFFICE MEMORANDA AND OPERATING PROCEDURES-REVIEW & UPDATING" that details the process requiring that all persons directly involved and impacted by the procedure be involved and have chance to comment on the development of the

operating procedure. In review of both facility operating procedures and knowing that the key players were involved in the development of the coordinated response process as well as identifying through interviews with staff and prisoners that the process is occurring as written, this auditor finds IBC in compliance with this standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

***This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.***

The MDOC's PREA Manual's language mirrors the language of the standard. A review of the seven collective bargaining agreements entered into on behalf of the agency since the effective

date of the PREA standards, includes agreements with the Michigan State Employees Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, Service Employee's International Union (SEIU)- Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. All agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.

An interview with the agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions was reviewed and reads in part: *T. All prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation for reporting the incident or participating in the investigation.*

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. The aforementioned allow the auditor to determine compliance with provision (a) of the standard.

- (b) Michigan Department of Corrections Memorandum:

At IBC a variety of protective measures can be employed to protect inmate victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

- Abusers (staff/inmate) would be removed from the facility
- Housing assignments can be changed to increase staff monitoring of inmate victims measures to protect inmates victims

Through interviews with the agency head's designee, the PREA Administrator (Manager), the PREA Coordinator and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard. An interview with the agency head's designee confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Warden, he expressed that the facility separates individuals involved in allegations. He stated the facility has multiple housing units of each security level, where the involved parties can be moved. He also stated that staff can be reassigned until investigations are complete. In addition to separating individuals, the

Warden stated that mental health referrals can be made for supportive services, when necessary. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator at the facility indicates that the ARUS is generally charged with retaliation monitoring. She stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with the Warden and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation.

- (c)** The facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed for documentation of retaliation monitoring. After reviewing the investigative provided by IBC, this auditor concludes that when warranted, a 90 day monitor is assigned to each investigation. It is substantially evident that the facility monitors those who have alleged sexual abuse in compliance with provision (c) of the standards.
- (d)** The PREA Coordinator at the facility stated the ARUS is generally charged with retaliation monitoring. She stated in an interview that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with provision (d) of the standard.

Investigatory files were reviewed and it was discovered that facility practice includes face-to-face contacts with applicable parties during the monitoring period. The facility monitors each individual on a weekly basis for a total of thirteen weeks.

- (e)** The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The agency head's designee and the Warden both confirm in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard.
- (f)** The PREA Manual specifies, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded. Despite the ability to discontinue monitoring, a review of investigations revealed instances where the facility continued to monitor individuals despite an unfounded finding. Actions taken by the facility are consistent with provision (f) of the standard.

## Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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: *A prisoner at high risk for sexual victimization or who has been the victim of sexual abuse shall not be placed in temporary segregation unless a review of all available alternatives has been made and there are no less restrictive means of separation from likely abusers. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed.*

In the past 12 months, Ionia Bellamy Creek Correctional Facility has placed ZERO Prisoners into segregated housing due to being a victim of sexual abuse per memo dated 09/27/2017, interviews with IBC Administration confirmed the after mentioned.

Sampled investigations did not reveal that individuals who reported sexual abuse were placed into post- allegation protective custody. Based on a review of investigations, it appears that the facility used post- allegation protective custody consistent with the requirements of 115.68/115.43.

## INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the

physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and reads in part- *DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly and objectively. All PREA investigations shall be conducted in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual.*

Michigan Department of Corrections Sexual Violence Response and Investigation Guide requires that *“All investigations shall be conducted promptly, thoroughly and objectively.”*

The PREA Manual- Reporting and Recording Sexual Abuse and Sexual Harassment Allegations- Staff Reporting: *In accordance with PD 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the Department Employee Handbook, staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints. ... These reports may be made privately to the appropriate supervisory staff or through the MDOC Sexual Abuse Hotline or by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website. The MDOC Sexual Abuse Hotline and website Complaint form are available to staff, the public and third party complainants.*

The PREA Manual: *When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation.*

Formal Interviews with two (2) facility investigators indicated that investigations are required to be initiated within 72 hours of report; however, facility practice is generally much sooner than 72-hours, and sometimes within the same day. All reports of sexual abuse and sexual harassment, including anonymous or third-party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of 10 randomly selected investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made. The random investigations chosen by the auditor included allegations of sexual harassment, verbal sexual harassment, and assault/rape. Two investigations involved a staff members with a finding of guilty for sexual harassment, the staff members was subsequently terminated from employment. Six were found to have insufficient evidence, one was found to be unsubstantiated and one produced no evidence at all. Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual.*

Ionia Bellamy Creek Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has eighteen (18) current

investigators on staff who completed the MDOC's Basic Investigator's Training course. All eighteen (18) investigators also completed the NIC Specialized Investigator's course.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department investigators receive basic investigators training from the Training Division as well as specialized training from the National Institute of Corrections (NIC) to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interviews with facility investigators demonstrated knowledge of Miranda and Garrity warnings. They articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. Their knowledge was indicative that they understood the essentials of the training required under provision (b) of the standard.

- (b)** MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. The Basic Investigator Training "Interview and Investigation Techniques and Fundamentals" manual was provided for review. A sampling of 10 random investigative files were selected for review. The facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur and to substantiate elements of allegations that it could. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire. Coupled with a recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor is satisfied that the Ionia Bellamy Creek Correctional Facility conducts interviews as required by provision (c) of the standard and is in substantial compliance with provision (c) of the standard.

Interviews with MDOC facility Investigators indicated that their investigations were limited to Administrative investigations. Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation.

- (c)** MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation. MDOC PREA Manual states that "...staff shall ensure all allegations are referred to the appropriate law enforcement agency...for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented..." "...the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution."
- (d)** Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), specify that when the evidence appears to support

criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. In a review of investigations, there was no evidence of compelled interviews, multiple investigations were investigated by the Michigan State Police (MSP) and referred for prosecution appropriately. An interview with an investigator confirmed that the MDOC investigators will not even consider compelled interviews until after the MSP have completed their investigation. The auditor finds compliance with provision (d).

**(e)** The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An investigator (inspector) was asked how he bases credibility during his interview, the investigator stated "All statements made by inmates or staff are equal until one or the other is given weight by something objective. Staff are not more credible than inmates." He also indicated that truth-telling devices are not used in the investigatory process. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited, allowing this auditor to find compliance with provision (e).

**(f)** The PREA Manual- *Department investigative reports shall include:*

- (1) An effort to determine whether staff actions or inaction contributed to the abuse;*
- (2) A description of the physical, forensic and testimonial evidence;*
- (3) The reasoning behind credibility assessments; and,*
- (4) Investigative facts and findings.*

*The outcome of the investigation shall be documented in pertinent computerized database entry (ies), including administrative findings and information related to the criminal investigation, including charges and disposition. The investigation shall be processed in accordance with applicable Manuals and Department policies.*

The auditor finds compliance with provision (f) based on a review of 10 random facility investigations to include sexual harassment and sexual assault allegations. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion. Although two sampled investigations were unable to substantiate the PREA specific components of the allegation, the investigations revealed other staff actions that were not in compliance with agency work rules, providing evidence that staff actions are considered during investigations.

**(g) to (h)** The PREA Manual: *Criminal investigations shall be documented in a written report that contains a thorough description of physical, forensic, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible.*

*The PREA Manual- Referral for Prosecution: Upon completion of the investigation and in accordance with policy, the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution. The assigned investigator shall remain informed about the progress of the criminal investigation and disposition. Documentation of such information shall be recorded in the Department investigative report, PREA investigation worksheet(s), pertinent computerized database entry(ies) and forwarded to the Office of Legal Affairs. Michigan Department of Corrections (MDOC) investigative files for*



*allegations of sexual abuse and/or sexual harassment are available on-site for your review. Please be advised there is a very rigid protocol in regard to referring substantiated allegations of conduct that appear to be criminal as is required by PREA §115.71(h).*

MDOC memo dated 07/21/2016 was reviewed and reads: The MDOC does not refer cases directly to a prosecutor's office for prosecution. Such responsibility lies solely with the law enforcement agency investigating the criminal aspects of a particular allegation. The MDOC can only provide documentation indicating a substantiated allegation has been referred to the law enforcement agency who then bares the responsibility to refer criminal behavior for prosecution.

According to interviews with the PREA Administrator (Manager), the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome, allowing the auditor to find compliance with provision (g).

Through interviews with the PREA Coordinator, facility Inspectors (investigators) and a review of investigations, this auditor confirms that, although there were no substantiated allegations that appeared to be of a criminal nature, allegations that were investigated by Michigan State Police during the audit period were reviewed for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that Ionia Bellamy Creek Correctional Facility has sufficient procedures in place and has exercised those procedures to review allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

- (i) The MDOC PREA Manual: *All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.*

A random sampling of investigative reports were reviewed and showed compliance with this standard. The review files consisted of inmates who have either transferred to another facility or were released from custody after the investigation had begun and staff that have been terminated.

- (j) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *MM. The investigation shall not be closed simply due to the resignation, transfer, or termination of the accused staff person.*

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. A review of facility investigations produced no evidence that investigations were terminated due to the departure of a victim or an abuser. Interviews with IBC investigators (inspectors) indicated that no investigations had been terminated due to the departure of the inmates involved in any of their investigations. A sampling of investigations involving inmates that have transferred and or released were reviewed along with terminated staff member's investigations and were in compliance with this standard. The PREA Manual- Collective Bargaining: *The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that: (6) Prohibits referral to law enforcement and relevant*

licensing bodies, regardless of whether the staff member resigned. Additionally, requires that: A thorough investigation shall be completed even if:

- (1) The alleged abuser departs from Department employment;
- (2) The victim or perpetrator departs from the control of the facility; or
- (3) The victim or perpetrator departs from control of the Department.

- (k) The auditor is not required to audit this provision.
- (l) Interviews with the Warden, PREA Coordinator, PREA Administrator (Manager) and investigators support the fact that facility staff are required to comply with outside investigators. The facility Inspector is the responsible party for ensuring coordination with the MSP. A review of investigatory documentation revealed email correspondence between the facility and MSP to demonstrate that the facility attempted to remain informed of a rape kit's status relative to the investigation, allowing this auditor to find compliance with provision (l).

## Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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- Collective Bargaining: *The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that:*  
(2) *Imposes a standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated;*

Basic Investigator Training: 1. Administrative-..., *Preponderance of the evidence (in theory 51%) is the general principle that is used administratively.*

The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, there appears to be sufficient application of this standard to find compliance.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to

sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and reads in part: The Warden or Administrator shall ensure the victim is notified in writing of the final disposition of an investigation involving allegations of sexual abuse. The PREA Prisoner Notification of Sexual Abuse Investigative Findings and Action Form (CAJ-1021) shall be used for this purpose. The CAJ-1021 shall be retained as part of the investigative packet.

A sampling of CAJ-1021 reports were provide to this auditor for review.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are

notified of the investigatory results. Prior to the audit, G. Robert Cotton Correctional facility provided sample documentation of an inmate notification to demonstrate compliance with provision (a) of the standard. During the onsite portion of the audit, the audit team collectively reviewed facility investigations and found evidence that victims of sexual abuse were notified of investigatory outcomes in each case. Moreover, the facility exceeds the standard's requirements by also notifying alleged victims of sexual harassment of investigatory findings; allowing the auditor to determine compliance with provision (a) of the standard.

The PREA Manual- Prisoner Notification Following an Investigation: *Following investigation of an allegation a prisoner suffered sexual abuse in a facility, the appropriate Warden or Administrator shall ensure the victim is notified in writing as to whether the allegation has been Substantiated/Sufficient Evidence, Unsubstantiated/Insufficient Evidence or Unfounded/No Evidence.*

- (b)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify.*

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine there were multiple investigations completed by MSP during the review period and reports were provided to provide notifications consistent with provision (b) of the standard.

- (c)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *For Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner, the facility shall subsequently inform the prisoner whenever:*

- (1) Any disciplinary action is taken. However, details of the discipline including the specific charges and sanctions shall not be provided;*
- (2) The staff member is no longer posted within the prisoner's unit;*
- (3) The staff member is no longer employed at the facility;*
- (4) The Department learns the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- (5) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. As a result of previous audits within the agency; its policy was recently updated to become compliant with provision (c) of this standard. Specifically, agency policy was amended and now requires that notification of the factors enumerated in provision (c) of the standard are now provided for Substantiated/Sufficient Evidence and insufficient evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner.

**(d)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *For allegations that a prisoner was sexually abused by another prisoner, the Department shall subsequently inform the alleged victim whenever:*

*(6) The Department learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*

*(7) The Department learns that the alleged abuser has been convicted on the charge related to sexual abuse within the facility.*

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions in compliance with provision (d).

**(e)** A review of facility investigations yielded ample documentation of its notification of investigatory results. The facility exceeds provision (e) of the standard by also providing documented notification of sexual harassment investigatory results. Within all sampled investigations, a completed CAJ-1021 notification form was located as proof of inmate notification to demonstrate compliance with provision (e) of the standard.

**(f)** The PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody, consistent with provision (f) of the standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.
- (b) The staff sanctioning matrix was provided and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.

- (c) The PREA Manual and staff sanctioning matrix was provided and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).
- (d) Through the auditor's review of the PREA Manual, policy provisions exist to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with provision (d) of the standard. A review of the facility's investigations revealed no substantiated allegations of sexual abuse or sexual harassment against a staff member. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, the auditor determines compliance with provision (d).

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. Based upon policy provisions, the auditor determines compliance with provision (a).
- (b) The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility.

Michigan Department of Corrections Memorandum- "Investigation of Contractual Employees" outlines additional checks and balances to manage Contractual employee investigations.

## Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the

inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a)** The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred.

Random Staff, Inmate, PREA Coordinator, Inspectors, and Administration interviews indicated that there have not been any Sexual Abuse nor Harassment allegations at the facility.

PREA Analyst, PREA Coordinator, Administration, and Staff Sergeant indicated knowledge that this requirement must be met if/when an allegation occurs.

- (b)** The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard.

Interviews with the Facility Supervisor, and Sergeants indicated that the facility would relocate the alleged perpetrator pending the outcome of the investigation.

Random Staff, Inmate, PREA Coordinator, Inspectors, and Administration interviews indicated that there have not been any Sexual Abuse nor Harassment allegations at the facility.

PREA Analyst, PREA Coordinator, and Administration indicated knowledge that this requirement must be met if/when an allegation occurs.

- (c)** The auditor reviewed agency policy 03.03.105, and the PREA Manual which established procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard.

- (d)** The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse in considering placing offending inmates into such programs.

- (e)** Agency policy 03.03.140, was reviewed by the auditor, which dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation. In accordance with MCL 750.520c prisoners are unable to consent to sexual contact with MDOC employees, volunteers, or contractors. Therefore, a prisoner may be disciplined for sexual contact with MDOC employees, volunteers, or contractors only after it is determined the employee, volunteer or contractor did not consent to the contact. Administration indicated that there have not been any inmate-on-staff sexual assaults during the last 12 months. Thus no discipline has been issued regarding this standard. The PREA Auditor and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.

- (f)** The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based

upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

Random Staff, Inmate, PREA Coordinator, Inspectors, and Administration interviews indicated that there have not been any Sexual Abuse nor Harassment allegations at the facility.

PREA Auditor and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.

- (g) Through a review of the PREA Manual, the Prisoner Guidebook and interviews with the PREA Administrator and PREA Coordinator, the auditor was informed that the agency prohibits sexual activity between all inmates. The PREA Manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105; however, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing. Based upon interviews and policy directives, the auditor determines compliance with provision (g).

Random Staff, Inmate, PREA Coordinator, Inspectors, and Administration interviews indicated that there have not been any Consensual Sexual encounters at the facility that have been reported, observed, or discipline.

PREA Auditor and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.

## MEDICAL AND MENTAL CARE

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a)** Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Due to recent updates of policy, 03.04.140 and the PREA Manual, which were effective 04/27/2017, the MDOC has recently established intake risk screening procedures across the agency. Although this policy was officially effective as of 04/27/2017, the Ionia Bellamy Creek Correctional Facility implemented these procedures beginning 01/27/2017. As a result of establishing risk screening procedures at the facility in advance of the onsite audit, the facility began to generate records to demonstrate its compliance. Records were reviewed and retained by the auditor, follow-up meetings with medical/mental health staff are offered to inmates who may have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community within the 14-day period. Fourteen (14) inmate records were reviewed, in each case, all 14 inmates received their follow-up well within the 14-day time frame required by the standard.
- (b)** Although the period of compliance is relatively limited, this auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (b) of the standard. Following an agency- wide policy change to implement intake risk screening procedures under 115.41 and through ten (10) months of random sampling, the auditor finds that Ionia Bellamy Creek Correctional Facility has fulfilled its obligations in each randomly sampled case applicable to provision (b).

Through interviews with the PREA Coordinator, and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous perpetrated sexual abuse, medical and mental health services were being offered to the offenders.

- (c)** G. Robert Cotton Correctional Facility operates under the definition of a prison; therefore, compliance for provision (c) is measured under provision (a).
- (d)** During interviews with the Medical Contractor it was evident that the individual was properly trained and understood the requirements of the PREA Standards.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were either formally or informally interviewed during the audit site review were aware that information pertaining to sexual abuse is only shared with those who are required to know to inform security and management decisions in compliance with provision (d) of the standard.

IBC provided documentation that all PREA Risk Assessments, and Reviews are being stored electronically and only retroactively accessible to the Facility Supervisor. Screenshots of the electronic system were provided as well as the scanned Risk Assessments that are being stored.

- (e)** The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility Nursing Supervisor, a Registered Nurse, and two (2) mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard.

## Standard 115.82: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner.

Random Staff, Administration, and Medical Contractors interviews indicated that if any offender has a medical or mental health emergency they are transported to the local emergency room.

- (b) MDOC/IBC Memorandum dated 09/28/2017 reads as follows: If no qualified IBC medical or mental health practitioners are on duty at the time of a report of sexual abuse, Ionia Bellamy Creek Correctional staff will take the appropriate steps to protect the prisoner and then qualified transportation staff will transport the prisoner to Ionia Sparrow Hospital for the appropriate medical care.

Random Interviews with Staff, Inmates, and Administration indicated that standard 115.62 would be adhered to as immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas.

Based upon evidence of emergency services being provided according to the clinical judgement of healthcare professionals, the auditor finds compliance with provision (a) of the standard.

- (c) Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that the G. Robert Cotton Correctional Facility is in substantial compliance with provision (c) of the standard.

PREA Analyst, PREA Coordinator, Administration, and Staff Sergeant indicated knowledge that this requirement must be met if/when an allegation occurs.

- (d) The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with provision (d) of the standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



**115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) Through interviews with the PREA Coordinator and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous victimization medical and mental health services were being offered to the offenders.

Examples of referrals to health care and mental health were provided to this auditor for review.

The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse. Recent revisions to policy 03.04.140 and the PREA Manual have established intake risk screening procedures to assist in the identification of individuals qualifying for services under provision (a) of the standard.

- (b) The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication and crisis stabilization would occur, as individuals would be seen for five (5) consecutive business days following an allegation.

Through interviews with the PREA Coordinator, and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous perpetrated sexual abuse, medical and mental health services were being offered to the offenders.

- (c) Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Both, medical and mental health staff stated that their belief that services each specialty provided at the facility exceeds community levels of care. Each cited the immediate availability of services and a broad range of available services that are typically wait-listed in the community, allowing the auditor to determine compliance with provision (c) of the standard. Random Staff, Administration, Staff Sergeant, and Medical Contractors interviews indicated that if any offender has a medical or mental health emergency they are transported to

the local emergency room.

Through interviews with the PREA Coordinator, and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous victimization medical and mental health services were being offered to the offenders.

- (d) The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. Ionia Bellamy Creek Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (d) of the standard.
- (e) The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. Ionia Bellamy Creek Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.
- (f) The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. Although noted under provision (a) that evidence does exist to demonstrate that some allegations involving sexual abuse without penetration (i.e. pat search related allegations) or sexual abuse without contact (sexual threats) eluded medical and mental health referrals; the auditor found no evidence that allegations involving penetration that were not appropriately referred for medical services.

A sampling of documentation verifying prisoner's testing for Sexually Transmitted Diseases was provided to this auditor for review.

- (g) The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. Based on policy provisions, the auditor determines compliance with provision (g) of the standard.
- (h) The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

PREA Analyst, PREA Coordinator, Administration, and Staff Sergeant indicated knowledge that this requirement must be met if/when an allegation occurs.

## DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for

not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

- (a) The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ- 1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. In a review of investigations at the G. Robert Cotton Correctional Facility determined to be unsubstantiated, a sexual abuse incident review was completed in all sampled investigative files to demonstrate substantial compliance with provision (a) of the standard.
- (b) Through review of investigative reports and incident review documentation, the Ionia Bellamy Creek Correctional Facility has demonstrated compliance with provision (b) of the standard.
- (c) In sampled incident reviews, the auditor notes that the facility did involve upper-level managers, generally including the Warden, Deputy Warden and Warden's assistant. A mental health manager was part of some of the reviews. Interviews with the Warden and facility PREA Coordinator (Manager) confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. The Warden stated that reviews are scheduled monthly and the composition of the team is generally predicated upon the nature of the allegation. He stated that reviews could include mental health, Residential Unit Managers. Although individuals may not be present, input is considered, as evidenced in a reviewed incident review, where line staff input regarding staffing was addressed during the review. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.
- (d) Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Interviews with the Warden and facility PREA Coordinator confirms that Ionia Bellamy Creek Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Warden stated that any recommendation would be considered for implementation and cited examples such as lighting, cameras, changes in post orders, movement of physical barriers and restricting

movement in an area. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

- (e) The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. As noted under provision (d) of the standard, the facility's review committee considered staffing needs and how certain times of the day have less staffing than others. Based on policy provision, example documentation and an interview with the Warden, the auditor determines compliance with provision (e) of the standard.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

**This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.**

The PREA Manual also states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident report. The report will include, at a minimum, the data necessary to complete the annual Department of Justice Survey on Sexual Violence. The Department shall provide all data to the U.S. Department of Justice from the previous calendar year upon request no later than June 30.

A review of the agency's annual PREA statistics for 2015 and the Survey of Sexual Violence 2015 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence.

The agency prepares an annual statistical report that is published on the agency's public website. This report aggregates information collected through the investigatory database and provides comparative summaries to previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014 and 2015. This report is published to the agency's website prior to June 30th each year and is available to the Department of Justice if needed.

A review of the agency's annual PREA statistics for 2015 and the Survey of Sexual Violence 2015 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence. According to interviews with the agency PREA Administrator and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.

In addition to the agency investigation database, each sexual abuse incident review is sent to the agency PREA Administrator as a courtesy and means of data collection.

The agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect from these facilities.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)



**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 Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.**

The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2015 report identified its efforts to continue training Department investigators, the inmate population and expand reporting options for third parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with an intent to continue this activity until all agency facilities have been audited.

The agency's 2015 annual PREA report compares data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The 2015 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress.

The agency head's designee confirmed during an interview that the Director approves the agency's annual PREA report prior to publication on the agency website and provided policy 01.01.101 relative to Director's approval. The agency does not redact information from its annual report.

## **Standard 115.89: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### **115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

**This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.**

The PREA Manual specifies that data must be security retained. An interview with the agency PREA Administrator confirms that only he has access to the agency's overall data pool for PREA information. There are a limited number of upper agency administrators above the PREA Administrator who have access to the agency investigative database.

The agency's 2015 annual PREA report compares aggregate data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The 2015 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress. This report is published on the agency website. The annual agency PREA report does not contain any personal identifying information.

The agency's 2015 annual PREA report compares aggregate data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The agency continues to publish its 2014 report alongside the 2015 annual report.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

**This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issues on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.**

The agency made a commitment to PREA compliance in 2014, therefore, the agency has not had each of its individual facilities audited at the time of this agency audit. The agency entered into a circular auditing 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. Through this consortium, all of the agency's facilities will be audited prior to the conclusion of the second audit cycle on August 19, 2019.

The IBC was very accommodating during the audit and provided access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) and (m) of the standard. The auditor was provided copies of all documents requested to demonstrate compliance with provision (i) of the standard. The auditor was able to conduct private interviews with staff, inmates, residents, and detainees.

Confidential information from inmates was received for review by this auditor to demonstrate compliance with provision (n) of the standard.

## **Standard 115.403: Audit contents and findings**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the*

*standard for the relevant review period)*

**Does Not Meet Standard** (*Requires Corrective Action*)

**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.**

This auditor did access the public website and noted that there are 15 Audits posted from 2015-2017 and the 2017 PREA Yearly Report. The reports are located at <http://www.mdoc.ms.gov/Divisions/Pages/PREA-Audit-Reports.aspx>

***This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.***

*To date, the agency has demonstrated that it is willing to publish all audit reports on its public website. At the time of this audit, the agency had published all previous audit reports to its website.*

## 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have

been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Stephen V. Noll

12/15/2017

**Auditor Signature**

**Date**

---

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.