

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

Interim       Final

Date of Report    July 19, 2018

### Auditor Information

Name: Thomas E. Greishaw

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Company Name: Pennsylvania Department of Corrections

Mailing Address: 1920 Technology Parkway

City, State, Zip: Mechanicsburg, PA 17050

Telephone: (717) 728-4057

Date of Facility Visit: June 4-5, 2018

### Agency Information

Name of Agency:

Michigan Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 206 E. Michigan Ave.

City, State, Zip: Lansing, MI 48909

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Telephone: (517) 373-3966

Is Agency accredited by any organization?     Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: Our mission is to create a safer Michigan through effective offender management and supervision in our facilities and communities while holding offenders accountable and promoting their rehabilitation.

Agency Website with PREA Information: [http://www.michigan.gov/corrections/0,4551,7-119-68854\\_70096--00.html](http://www.michigan.gov/corrections/0,4551,7-119-68854_70096--00.html)

### Agency Chief Executive Officer

Name: Heidi Washington

Title: Director

Email: washingtonm6@michigan.gov

Telephone: (517) 780-5811

### Agency-Wide PREA Coordinator

<b>Name:</b> Charles Carlson	<b>Title:</b> PREA Administrator
<b>Email:</b> carlsonc2@michigan.gov	<b>Telephone:</b> (517) 230-1464
<b>PREA Coordinator Reports to:</b> Julie Hamp, Administrator, Procurement Monitoring and Compliance Division	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 32

### Facility Information

<b>Name of Facility:</b> Chippewa Correctional Facility (URF)			
<b>Physical Address:</b> 4269 W. M-80, Kincheloe, Michigan 49784			
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.			
<b>Telephone Number:</b> (906) 495-2275			
<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:** The mission of Chippewa Correctional Facility is to create a safe environment through effective offender management and supervision while promoting prisoner rehabilitation. This mission will be accomplished in the following ways:

1. Remain committed to the protection of the public, safety of our staff, and security of offenders.
2. Actively engage in the development of effective criminal justice policy.
3. Ensure sound management using proven fiscal practices and outcome-oriented strategies.
4. Hire, train, equip, support, and mentor a high quality staff and hold them to the highest professional standards.
5. Provide humane and protective custodial care, rehabilitative opportunities, and reentry assistance for offenders under our supervision.
6. Establish meaningful partnerships with public and private entities to assist us in successfully accomplishing our mission.
7. 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.

**Facility Website with PREA Information:** [http://www.michigan.gov/corrections/0,4551,7-119-68854\\_1381\\_1385-5161--,00.html](http://www.michigan.gov/corrections/0,4551,7-119-68854_1381_1385-5161--,00.html)

### Warden/Superintendent

<b>Name:</b> Connie Horton		<b>Title:</b> Warden	
<b>Email:</b> hortonc3@michigan.gov		<b>Telephone:</b> (906) 495-2275	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> John Miller		<b>Title:</b> Inspector	
<b>Email:</b> millerj7@michigan.gov		<b>Telephone:</b> (906) 495-2275	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Melissa Laplaunt		<b>Title:</b> Health Unit Manager	
<b>Email:</b> laplauntm@michigan.gov		<b>Telephone:</b> (906) 495-2275	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 2362		<b>Current Population of Facility:</b> 2317	
<b>Number of inmates admitted to facility during the past 12 months</b>			2980
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			2980
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			2980
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			Click or tap here to enter text.
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> Not housed at this facility	<b>Adults:</b> 18 and older	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			N/A
<b>Average length of stay or time under supervision:</b>			Click or tap here to enter text.
<b>Facility security level/inmate custody levels:</b>			Secure level II-IV and Segregation
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			396
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			33
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			0
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 18		<b>Number of Single Cell Housing Units:</b> 2	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		4	

<b>Number of Open Bay/Dorm Housing Units:</b>	8
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	128
<b>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.):</b>	
<p>The facility currently has 392 total cameras in place throughout the facility and on the housing units. The facility utilizes designated, trained electronic monitor officers (EMOs) posted 24/7 in the facility's control center. Retention is approximately 30 days.</p>	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	General Care
<b>Forensic sexual assault medical exams are conducted at:</b>	War Memorial Hospital
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	271
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	6 at URF

# Audit Findings

## Audit Narrative

*The Auditor's description of the audit methodology should include a detailed description of the following processes during the pre-on-site audit, on-site 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 (PREA) audit of the Chippewa Correctional Facility, located at 4269 W. M-80, Kincheloe, Michigan, was conducted from June 4, 2018 to June 5, 2018, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections (MDOC), the Pennsylvania Department of Corrections (PA DOC) and the 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, Thomas E. Greishaw, was primary Auditor assisted during this audit by DOJ-certified Auditor Traci Jacobson and PA DOC PREA Administrative Officer David Fisher.

The audit team wishes to extend its appreciation to Warden Horton and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by this Auditor during the site visit. This Auditor would also like to recognize PREA Analyst Matthew Silsbury, PREA Coordinator John Miller, Assistant PREA Coordinator Lisa Belanger and PREA Manager, Charles Carlson, for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The MDOC elected not to utilize the PREA Online Auditing System (OAS) for the audit of the URF. As a result, prior to the audit, PREA Analyst Silsbury provided relevant policy and audit documentation for review in advance of the audit downloaded onto an external drive. This external drive contained applicable policies, sample documentation and investigations in support of compliance with the standards and their provisions. These materials will be maintained by this Auditor at the Pennsylvania Department of Corrections, Central Office. This Auditor created this PREA audit report utilizing the pre-audit documents, on-site 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 on-site as well as during the post-audit period.

The MDOC agency-level standards were reviewed during the 2016-2019 audit cycle by PA DOC consortium DOJ-certified PREA Auditors David G. Radziewicz and Carole Ann Mattis. Auditor Mattis is pending review of the agency standards in the current year, 2018, of this audit cycle once MDOC completes upload of the materials into the OAS.

The agency head's designee and agency PREA Administrator (Manager) were interviewed in person at an agency-level interview conducted by PA DOC consortium DOJ-certified PREA Auditor David G. Radziewicz.

This Auditor supplied PREA Analyst Silsbury with the audit notice on April 12, 2018, with written direction on the notice to send any correspondence concerning PREA to the PA DOC consortium post

office box that is monitored by PA DOC DOJ-certified PREA Auditors. The posting was confirmed through the receipt of an email from PREA Analyst Silsbury that attached photographs forwarded on April 19, 2018 of the posted notices, and subsequent correspondence from inmates. The notices were observed during the on-site audit in all-but one housing unit. It was determined that this unit had the posting; however, it was removed on or about the day of the audit. The facility PREA Coordinator had it re-posted during the audit.

The agency head's designee and agency PREA Administrator were interviewed during a previous audit by PA DOC consortium Auditors Radziewicz and Mattis as part of the Agency audit. A telephone interview, utilizing the Just Detention International PREA Audit Supplementary Questionnaire, was conducted by this Auditor, pre-audit, with the Emergency Room Director of the War Memorial Hospital (who provides SAFE/SANE services to the facility). This Auditor was informed by the Emergency Room Director that the War Memorial Hospital does employ one SAFE/SANE-certified registered nurse, and has trained the emergency room staff regarding SAFE/SANE practices. There are no other viable medical facilities in the area where SAFE/SANE services can be provided, and as such is accepted as the provider of these services for the URF. The facility reported having a local rape crisis service through the Diane Pepper Resource Center; however, upon contact with the Center's Director, this Auditor observed a conflict between the reported relationship with this local advocacy organization and the URF's compliance with §115.21 (d). The observation and subsequent clarification provided by the URF to satisfy compliance with this standard are addressed in the respective section of this report.

The Auditors arrived on-site at approximately 0730 hours on June 4, 2018. An entrance meeting was held with key administrative staff beginning shortly after 0800 hours. Auditors were greeted by the facility's administrative team and the agency's PREA staff. Introductions were made and logistics for the audit were planned during this meeting. Following introductions and logistics discussions, Auditor Greishaw selected random samples of inmates for interview off of a roster of the entire facility inmate population. The selected list of inmates for random interviews was provided to the facility. At least one inmate was selected from each housing unit for formal interview, to supplement the informal interviews conducted during the tour. The total sample size for formally interviewed random inmates was 20 inmates, with an additional 24 inmates participating in targeted interviews.

PA DOC PREA Administrative Officer Fisher began interviews with the selected random inmate sampling. During this time Auditor Greishaw and Auditor Jacobson conducted the interview with the facility administrator, Warden Connie Horton. Following that interview, Auditor Jacobson began a tour of the facility while Auditor Greishaw continued interviews with PREA Coordinator John Miller and Assistant PREA Coordinator Lisa Belanger, intermediate or higher level staff, incident review team staff and a staff member who monitors for retaliation. The interviews conducted with all staff and inmates during this audit followed the format prescribed by the PREA Resource Center's interview templates for staff and inmates. This Auditor observed some discrepancy with information regarding staff retaliation monitoring during the course of these interviews. Due to additional information affirmed by staff during the random staff interviews, this Auditor determined that only clarification of the practice would be needed post-audit for compliance with PREA standard §115.67, specific to staff retaliation monitoring. This observation is further addressed in the respective section of this report.

Auditor Jacobson began touring the West side of the URF. In total, Auditor Jacobson toured Housing Units A, B, C, D, E, F, G, H, Lime Unit, Marquette Unit, Neebish Unit, Pike Unit, the respective housing unit recreation areas, visiting area, East-side programming building, medical and kitchen/dining hall. Upon completing the above noted specialized staff interviews, Auditor Greishaw began touring the East side of the URF, to include medical (intake and exam rooms), the kitchen/dining hall, the program building, Pike Unit, Round Unit, Quarry Unit, Steamboat Unit, recreation areas, visiting areas; and

exterior buildings for the carpentry shop and grounds shop. The program buildings contained the chapels, classrooms and shops. All areas of the facility where inmates are housed or may have access were toured by the Auditors. It is noted that in the Level I and Level II housing units, inmates had significantly greater freedom of movement, keys to their cell doors and shared toileting facilities. In the Level III and IV housing units, access to the cells was controlled via the officers, toileting facilities were in the cells, and movement was much more restricted. In the segregations unit, Quarry, inmates were under constant staff control. Like the Level IV portion of the unit, toileting facilities were within the cell.

The facility is divided into what is referred to as the East side and the West side, referring to the physical divide in the facility between the original constructed units in the East side and the open bay "pole-barn" style housing units that were erected in the West side. Housing units on the West side of the facility typically hold up to 160 inmates. The segregation unit, Quarry, holds 34 inmates.

During the tour, informal interviews were conducted with at least one, but generally 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 tour, this Auditor also informally interviewed the facility PREA Coordinator and housing unit management staff 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 that facility practice was in compliance with the standards. Additionally, during the audit tour, the Auditors sampled a minimum of two random inmate files on all toured housing units to verify inmate PREA education and PREA risk screening. While on the housing unit, staff who fulfilled the role of Prison Counselor, ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to show movement dates of the inmates that were then compared against educational records and risk screening dates as a means of verifying the practice demonstrated in pre-audit documentation. It is noted that, prior to this audit, this Auditor completed one previous audit as the lead Auditor and assisted on one other and was aware of an agency deficiency with risk screening procedures that were corrected through a policy change, effective prior to the audit of the URF. To the facility's credit, evidence was observed during the audit tour to demonstrate that the facility implemented procedures to begin compliant intake risk screening procedures when the policy change was first issued.

The audit tour and interview activities concluded at approximately 1730 hours on day one with all buildings complete except for the warehouse. Auditor Greishaw completed the tour of the warehouse building outside of the secure perimeter of the facility on the second day of the audit.

The Auditors arrived on-site at approximately 0500 hours on June 5, 2018, the second day of the audit. Auditor Greishaw was given a copy of the institution's shift rosters in order to select staff for random interviews. Auditor Greishaw was also provided with an inmate roster identifying all inmates that would be categorized as targeted per the PREA Auditor Handbook and PREA Resource Center's interview templates. A minimum of one officer from each housing area within the facility was randomly selected, covering all three shifts, with a total sample size of 19 random staff interviews. Auditors Greishaw and Jacobson, and PA DOC PREA Administrative Officer Fisher began conducting random staff interviews in private rooms within the facility's administrative complex. The first group of random staff were third shift, followed by interviews of on-coming first shift staff. The Auditors interviewed second shift random staff in the afternoon of the second day. Upon completion of the third and first shift random staff interviews, Auditor Jacobson began interviews of targeted staff per the PREA Resource Center's interview templates, and PA DOC PREA Administrative Officer Fisher began interviews of the randomly selected targeted inmates.

This Auditor was unable to complete the following specialized interviews for inmates and staff due to the matters not being applicable or no such individual was housed at the facility: Youthful Inmates, line staff who supervise youthful inmates, education and program staff who work with youthful inmates (youthful inmates are not housed at the facility), an inmate in segregation for risk of sexual victimization (none were housed at the facility for this purpose), non-medical staff involved in cross gender searches (no such searches performed) and the agency contract administrator (the agency does not contract for the confinement of its inmates).

A total of 31 facility based staff were interviewed (including random and specialized staff) 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 noted in the preceding paragraph. Several staff completed multiple functions within the facility (i.e. staff who are on the sexual abuse incident review team were also intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment), thus, were utilized to cover multiple interview protocols. The 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 24 targeted inmates were formally interviewed with at least one inmate interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews noted in the preceding paragraph.

After the first shift random staff interviews were completed, Auditor Greishaw toured the warehouse which is the final area of the facility not reviewed on June 4, 2018. Upon return, Auditors Greishaw and Jacobson observed the facility's camera monitoring system within the control center to verify that cameras were positioned in such a way to adequately cover the housing units, yet afford privacy in bathroom/shower areas of the facility. The facility was found to have a modern and robust camera system that provided great coverage of all common areas of the facility. The Auditors did observe two camera observation cells that posed concerns regarding potential opposite gender viewing of the toilet area. The URF promptly utilized software to digitally obscure the view of the toileting areas of these observation cells to prevent opposite gender viewing. A privacy notice was posted in each of the housing units, 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. On the tour, the Auditors took notice to the "Knock and Announce" postings at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. During the tour, it was observed that opposite gender announcements were consistently made.

Auditor Jacobson resumed specialized staff interviews while Auditor Greishaw performed targeted inmate interviews. All interviews were completed and an exit debriefing was conducted with the URF administration. The Auditors departed the URF facility by 1745 hours on June 5, 2018. Auditor Greishaw explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the facility PREA Coordinator or agency PREA Analyst.

Auditor Greishaw randomly selected eight representative investigations for further review during the second day of the audit, and the facility provided electronic copies of those investigations via email to this Auditor for post-audit analysis. Additionally, post-audit this Auditor selected a random sample of 16 PREA Risk Assessments that were prepared by PREA Analyst Silsbury, and accompanied screenshots



of each respective inmate's movement to validate reception to URF and the date(s) of the assessments.

At the conclusion of the on-site audit, this Auditor was aware of a definitive need for clarification and action to reinforce requirements of 115.21 (d), to offer victim advocacy through a local rape crisis center, and 115.67 regarding retaliation monitoring of staff. This Auditor requested documentation from the facility PREA Coordinator and PREA Analyst in support of compliance for these standards that had been established following the on-site audit and granted consideration to such corrective action documentation as indicative of compliance in lieu of extending corrective action beyond the issuance of this report for those standards where practice had been sufficiently established. Description of any such corrective actions accepted during this period are described in the individual standards section of this report.

Throughout the pre-audit, on-site audit, and post audit, open and positive communication was established between this primary Auditor and both the agency and facility staff. During this time, this Auditor communicated observations with the facility PREA Coordinator and agency PREA Analyst who addressed needed clarifications. Through a coordinated effort by the PREA Analyst and key staff at the Chippewa Correctional Facility all informational requests of this Auditor were accommodated prior to the completion of this Final Report.

This report will reflect updates to those standards requiring clarifications and action during the period between the audit and the generation of this Final Report.

## 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.*

The Chippewa Correctional Facility (URF) sits on approximately 101 acres and is located directly on M-80 in Kincheloe, MI. The prison was opened in 1989 and is a combination of administrative buildings, prototypical podular-style housing units and dormitory style housing buildings. URF consolidated with the former Straits Correctional Facility (KTF) in 2009; the former KTF is currently West side of the URF. The facility is bordered by Industrial Park Road, which leads to an industrial park of commercial fabrication buildings, and the neighboring Kinross Correctional Facility directly South of URF. Additionally, URF is bordered to the West and Southwest by the Chippewa County International Airport.

The URF is comprised of an East and West side; the East side consists of three (3) Level II housing units with 240 beds each; one (1) Level IV housing unit with 192 beds; one (1) Level I unit with 120 beds; a 96 bed administrative segregation unit and a 22 bed detention unit. The West side of the facility, formerly KTF, has dormitory style Level II housing. There are eight (8) Level II Housing Units which have 140 beds each. The facility includes an administration building, maintenance department, Michigan State Industries (MSI) garment factory and warehouse. There is a Health Care unit, Food Service unit and a Programs/School building location on both the East and West sides of the facility. Prisoners from different security levels are only mixed under limited, controlled situations. All of

the housing units of the same security level are of a similar structure. Within the West-side Level II housing units, the entry point leads to the officer's desk. From there, two linear blocks extend straight and parallel to one another. The West-side units are an open bay "pole-barn" style housing with eight-man cubicles located on each side of the isle. In the West-side units, office space, recreation rooms and restrooms are immediately in view of the officer's station. While the officers cannot see into the showering and toileting areas, they can maintain visual surveillance over who enters and hear any disturbances within the area. Within the East-side Level III and Level IV housing units, the entry point leads to an officer control station. Behind the control station are several large group/recreation rooms. In front of the control areas, two linear tiers protrude away from the control center in the shape of a Y. There is inmate housing on the upper and lower tiers of each branch of the Y. Restroom/shower areas are located within view of the officer's control station. Multipurpose rooms are located behind the officer's control area and have glass walls that permit viewing from the control center. While officers cannot see in the cells from the control area; they can see virtually all common areas from that vantage point to ensure safety. The Level I outside unit is similar design to the Level III and VI units, with the exceptions that it only has one linear tier and the side of the "Y" that would contain the second tier is replaced with a small kitchen and inmate dining hall.

Michigan State Industries operates within the facility and provides a garment factory for MDOC facilities. This building is an open environment, lines of sight within the building are clear and there is adequate staff supervision throughout the area to ensure accountability of the inmate workers who are present. The warehouse area consists of multiple lines of shelving that are organized in a manner to maintain lines of sight and are supplemented by adequate camera coverage viewing down each of the lines of shelves. This building is also an open environment with clear lines of sight and staff stationed within the relatively small building.

The education and programming building is set up in a fashion that all classrooms and areas where staff may be with inmates are visible through a series of windows, eliminating a number of potential isolated areas or blind spots.

Security includes a perimeter buffer fence, two chain link fences with rolls of razor-ribbon wire, two (2) perimeter towers, and an electronic detection system. A patrol road surrounds the perimeter of the facility, and an armed patrol vehicle responds to all detection system alarms. There are 392 cameras incorporated in the surveillance system located throughout the facility and on each housing unit.

Academic programs include Adult Basic Education and General Education Development. Vocational programs include Building Technology, Food Technology, Business Education Technology and horticulture. Other programs include Employment Readiness, group counseling, Substance Abuse Phase 1 (education) and Phase II (outpatient), Thinking for a Change, Cage Your Rage, Violence Prevention Program, Self Help, sex offender treatment, religious and special activity groups, a library and legal writing program. Blood Borne Pathogen training is provided for inmate porters. Inmates are provided on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Health Center in Jackson. Emergencies can be referred to a local hospital.

The facility is designed to operate a maximum capacity of 2,362 inmates. On day one and day two of the audit, there were 2,317 inmates present. The Auditors observed that the inmate population consisted predominately of Caucasian and African- American inmates. Other ethnic groups were not widely observed throughout the tour. From the Auditors' observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater. The average length of stay for inmates varies significantly and depends on programming needs.

There are a total of 396 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 from their designated work stations, with supplemental random roving movements taking place throughout the unit.

During the audit tour and through informal interviews with staff and inmates, the Auditors were left with the general sense that staff and inmates felt safe at 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

115.18

**Number of Standards Met:** 44

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.777, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403.

**Number of Standards Not Met:** [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

## Summary of Corrective Action (if any)

## 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Agency policy, Policy Directive (PD) 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. PD 03.03.140 and the PREA Manual were updated by the agency to address gaps identified during initial PREA audits. These updates became effective throughout the agency on 04/24/2017. These policies outline the agency approach to implementing the zero-tolerance policy. Local Operating Procedures (OP URF) 03.03.140 outlines the facility's approach to implementing practices covered by the agency policy and the agency PREA Manual. This Auditor reviewed these documents in their entirety to determine compliance with provision (a)

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, that were previously covered by a network of 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 initial issue in September 2015 and supersedes any conflicting policies at the time of its re-issue 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.

Provision (b) was audited at the agency level by PA DOC consortium DOJ-certified Auditors David G. Radziewicz and Carole Ann Mattis; however, it will be addressed in part in this report. According to recent revisions within PD 03.03.140 and the PREA Manual, the position of PREA Manager (formerly referred to as the PREA Administrator) fulfills the role of an Agency PREA Coordinator. 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 agency-level interview by Auditor Radziewicz, with the PREA Manager, it was explained that the former title of PREA Administrator was amended to accommodate existing Michigan Civil Service title rules. Through an interview between Auditor Radziewicz and the PREA Manager, it was stated that this position has sufficient time and authority to implement PREA standards throughout the agency.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager (as defined by the PREA regulations). Auditor Radziewicz was informed during an interview with the agency PREA Manager that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the URF is the facility's Inspector. The position of Inspector within the MDOC is an upper-level management position who acts under the authority of the Warden to investigate staff misconduct.

Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards. The PREA Coordinator is also aided by an Assistant PREA Coordinator, who is critical in maintaining compliance with the PREA regulations at the URF.

Based on a review of the PREA Manual, an interview between Auditor Radziewicz and the PREA Manager, and an interview with the facility PREA Coordinator, this Auditor determined compliance with provision (c).

## 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 Pre-Audit Questionnaire (PAQ), the PREA Manual, a search of contracts on the Michigan state website an interview between Auditor Radziewicz and the PREA Manager, and an interview with the PREA Coordinator, this Auditor determined that neither the agency nor the URF currently contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a Request For Proposal (RFP) for reentry services that the agency was considering in 2016. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its RFP demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

## **Standard 115.13: Supervision and monitoring**

### **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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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, with a completion date of December 15, 2017, 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.

Interviews with the Warden and PREA Coordinator reveal that no recent modifications were made to the staffing plan. The Warden also noted that the facility staffing is monitored constantly through a daily reconciliation report and that the administration has the authority to close posts and reassign staff based on needs, referred to as "ESAs" or essential assignments. The total number of authorized staff for the facility is determined at the agency level; however, the facility administration has the authority to reassign staff posts as needed. This Auditor notes that the facility completed a significant enhancement of its camera system in 2016, which provides facility staff with an exceptional support tool to augment existing officer presence. A review of the facility's staffing plan and an interview between Auditor Radziewicz and the PREA 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. According to the PAQ, the operational staffing plan was originally predicated on 2362 inmates and the facility's average daily population has averaged 2307.

According to an interview between Auditor Radziewicz and the PREA Manager, the agency does not ordinarily deviate from its staffing plan. The PREA 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 provided in a memorandum to this Auditor that non-essential posts (i.e. recreation, and support areas of the facility that are not in use for the shift) are closed to maintain essential levels of staffing in areas of the facility where inmates have access. Listed reasons for these deviations include: early outs/mandates, contractor escorts, transportation coverage, emergency incidents/report writing, sick leave, training, weapons qualifications, and mobilization incidents. Daily shift rosters document facility absences and how essential posts are filled. During the audit, this Auditor observed the use of overtime to ensure posts were filled. Interviews with the Warden and this Auditor's observation and interviews with staff who worked overtime confirm adherence to the facility staffing plan to demonstrate compliance with provision (b).

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 Manager for review. The PREA Manager reports involvement in the staffing plan process for each facility within the agency.

This Auditor was provided a copy of the Annual Staffing Plan for the URF dated December 15, 2017. The documents included a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to an ACA standards audit. There was no identified need to change current operations based on the eleven factors denoted within provision (a) of the standard. A PREA Annual Staffing Plan Review, agency form CAJ-1027, was provided from the previous annual review dated December 8, 2016, under the prior Warden. This form indicates that no adjustments are needed to the video monitoring system or other monitoring technologies as the current video monitoring system was recently upgraded.

Interviews with the Warden, PREA Coordinator and an interview between Auditor Radziewicz and the PREA Manager, as well as a review of the agency policy, confirm that that 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).

PD 04.04.100 *CUSTODY, SECURITY AND SAFETY SYSTEMS* and the PREA Manual establish policy for unannounced supervisory rounds. Facility supervisory staff document unannounced rounds in the unit log book in green ink. Pre-audit, the facility provided sample log entries documenting the Warden's rounds, and electronic round reading device print-outs to demonstrate unannounced supervisory rounds taking place within the facility during all three shifts. During the on-site portion of the audit, this Auditor observed log book entries on the housing units to demonstrate compliance with provision (d) of the standard with sufficient rounds in each unit to cover each shift.

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 tour, 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 the facility administration, 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*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PD 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 tour and through interviews with the Warden and PREA Coordinator, and an interview between Auditor Radziewicz and the PREA Manager, it was observed that the URF does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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PD 04.04.140 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. 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.

PD 04.04.110 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 readily available. Readily available is not consistent with exigent circumstances as defined in the standards. PD 04.04.110 also does not specify who may view recorded body cavity searches (Z-4), only noting that the Warden or his/her supervisors may authorize release or viewing of the recording. 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 breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched.

An interview between Auditor Radziewicz and the agency PREA Manager, and an informal interview between Auditor Greishaw and the URF's Assistant PREA Coordinator, confirms that privacy screens are to be used when an opposite gender supervisor must be present during a strip/body cavity search. The documentation provided in the PAQ and an interview with the facility PREA Coordinator confirm that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard and clarified the ambiguity in agency policy.

PD 04.04.110 and OP URF 04.04.110B, which were reviewed in determining compliance with provision (b) of the standard, permit searches of inmates when staff of the same gender are not readily available to conduct a search in an emergency or where there is a reasonable suspicion that the prisoner is in possession of contraband. Reasonable suspicion that the prisoner is in possession of contraband is not consistent with the definition of exigent circumstances. Body cavity searches are only performed by appropriate medical personnel upon authorization of the Warden or designee. OP URF 04.04.110 does not require the medical personnel to be the same gender as the inmate being searched; however, all other employees present during the search will be male.

Although PD 04.04.110 provides an exception to cross-gender pat-search procedures for female inmates that are not clearly defined to specify what type of contraband could be considered an exigent circumstance that could trigger the permission of a cross-gender pat search of a female inmate; this Auditor also notes that the URF does not house female inmates.

Through the PAQ, a review of PD 05.01.140, the PREA Manual, a memorandum from the PREA Analyst, the facility tour, an interview between Auditor Radziewicz and the PREA Manager, and interviews with the PREA Coordinator and Warden, this 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).

PD 04.04.110, OP URF 04.04.110B and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. PD 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 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.

Documentation in the PAQ and an interview with 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 this Auditor notes that the facility does not house female inmates, allowing this Auditor to determine compliance with provision (c) of the standard.

PD 03.03.140 (updated effective April 24, 2017), the PREA Manual (updated effective April 24, 2017), Privacy Notice signs, and Knock and Announce signs were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit tour, this Auditor observed that the facility has numerous Privacy Notice signs, Knock and Announce signs displayed at entrances to the housing units. Opposite gender staff announcements were made on all housing unit tours to ensure privacy.

Fourteen (14) of the 20 inmates participating in formal random interviews stated that the practice of opposite gender announcements was not routine; however, this Auditor notes that during informal interviews with inmates and staff during the audit tour, there was only one inmate throughout the facility that reported this practice was not routine. With multiple informal interviews in each housing unit throughout the tour, 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 tour with both staff and inmates confirm this Auditor's observation that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with provision (d) of the standard.

The PREA Manual and PD 04.06.184 *GENDER DYSPHORIA* establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. Random and informal interviews during the audit tour 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. While five (5) of 19 randomly interviewed staff could not identify a specific policy related to this subject, they 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. A transgender inmate housed at the facility was formal interviewed by this Auditor during the on-site portion of the audit. This individual 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, this 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.

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 six pages of computer based training record course history as part of its pre-audit sample training records relative to transgender/intersex searches. A

review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

While the facility is found compliant with this standard due to its absence of a female population, as a means to remove any potential ambiguity, it is recommended that an agency-wide memorandum be issued similar to a Director's Office Memorandum (DOM), specifying that if a supervisor of opposite gender is overseeing a strip or body cavity search that appropriate barriers be utilized to block viewing of breasts, buttocks and genitalia. Additionally, this memorandum should include direction that female inmates may only be pat searched under exigent circumstance and should specify what types of contraband would be considered exigent circumstances to trigger a cross-gender pat-search of a female inmate.

## **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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. PD 03.03.140 specifies that the agency PREA Manager is responsible for the creation and distribution of standardized training materials, and the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency (LEP) inmates. The PREA Manual, along with training materials, were reviewed by this Auditor in determining compliance with provision (a) of the standard.

This Auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach LEP inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. An interview conducted with Auditor Radziewicz and the PREA Manager confirms that the agency is in the process of captioning the PREA video in Arabic. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish.

A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available. Documentation of staff training on PREA compliant practices for LEP and disabled inmates is located on slide 59 of 102 in 2016 PREA web-based training.

An interview with Auditor Radziewicz and the agency head's designee confirmed that the agency takes significant steps to ensure that materials are provided in various formats to include captioning of the PREA inmate video in multiple languages, including Arabic and Spanish.

During the on-site portion of the audit, an interview was conducted with a blind inmate. This individual confirmed that the facility did provide braille information regarding sexual abuse and sexual harassment. There were no limited English proficient inmates that required the use of an interpreter housed at the URF during the on-site audit. Additional interviews were conducted of disabled and cognitively disabled inmates to supplement the requirement for targeted interviews with disabled and limited English proficient inmates. The URF does have the availability of a sign language interpreter, a TTY machine, and tele-interpreter services for use with varying languages.

Posters displaying PREA reporting information were observed to be posted in each housing unit in English and Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. Privacy signs are translated in Spanish and were observed during the audit tour. This Auditor reviewed translation invoices from the facility to confirm that the facility has an active interpretation services account to reach LEP inmates. The facility provided a Purchase Order for interpretation services with Pallero Translations dated November of 2017 that this Auditor reviewed in determining compliance with provisions (a) and (b) of the standard.

PD 03.03.140 and PREA Manual prohibits the use of inmate interpreters and were reviewed in determining compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, staff appeared to understand that the use of an inmate

interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. All 19 randomly interviewed staff were able to effectively articulate that inmate interpreters could only be used under those circumstances where a delay could negatively impact the ability to respond to a report of sexual abuse or sexual harassment to aid in determination of compliance with provision (c).

## 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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 02.06.111 *EMPLOYMENT SCREENING* (updated effective 03/13/2017) and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (a). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within provision (a) of the standard.

Corrections Officer job postings, application questions and a promotional application for Sergeant were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility.

A review of facility hiring records, agency application materials, and interview between Auditor Radziewicz and the agency PREA Manager, and an interview with the facility Human Resource (HR) staff confirm that the URF is compliant with provision (b) of the standard.

PD 02.06.111 and applications for employment were reviewed in determining compliance with provision (c). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hires, contractors and volunteers were reviewed. The employment application and clearance check materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person interviewed for the specialized staff interviews explained that any prior incidents of sexual harassment are considered when determining whether to hire or promote a candidate for a job change or promotion. Any applicants with a history of engaging in sexual abuse would not be hired.

A review of policy and the interview with HR staff confirms that the facility is not responsible for conducting background checks of newly hired custody staff. This function is completed at the agency level by central office staff where candidates are centrally hired and allocated to facilities. 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 to find compliance with provision (b).

PD 02.06.111 and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (c). A review of policy and the interview with HR staff confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff. Furthermore, pre-audit sample documentation further verified this function through the issuance of background check notification letters that were issued from the agency's central office.

During an interview with HR staff, this Auditor was informed that the facility is responsible for direct hiring and background checks for non-inmate contact positions, promotions and transfers into the facility. The facility provided background check documentation for twenty-six (26) of these new hires or potential new-hires pre-audit to demonstrate compliance with provision (c).

PD 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided adequate sample documentation of background checks for contractors as proof of this provision of the standard. In the pre-audit materials, the facility provided a secondary dissemination log of LEIN check information for contractors, volunteers and visitors that listed the date on which individual clearances expired. This list included clearance on three hundred fifty-three (353) individuals or visiting groups who applied for access to the facility as contractors, volunteers or visitors as of February 23, 2018, with indication of LEIN expiration one year from date cleared, in support of finding compliance for provision (d).

According to PD 02.06.111, the PREA Manual and staff interviews, LEIN checks are completed through the Deputy Warden's office in June of designated years for agency employees. As a result of the recent update in PD 02.06.111, an in-depth criminal history check will be completed every three years for all employees. This policy formerly required such checks every five years.

Agency policy dictates that background checks be conducted in June of specified years, the facility's formal documentation of its five-year (now three-year) background checks demonstrates these screenings were conducted in June of 2017. This Auditor did review LEIN logs relative to contractors and volunteers for other background screening provisions under this standard and did notice that contract employees are required to have an annual LEIN clearance completed, as each one has an expiration date of one year from the prior screening. The review of PD 02.06.111, the PREA Manual, staff interviews and documentation supporting required criminal background record checks support the finding of compliance for provision (e).

This Auditor reviewed pre-audit documentation example applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard 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 that this Auditor reviewed, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. The facility demonstrates compliance with provision (f) of the standard.

PD 02.06.111 and the PREA Manual, which were reviewed by this Auditor, affirmatively state that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and work rules within the employee handbook sufficiently cover provision (g) of the standard.

PD 02.01.140 *HUMAN RESOURCE FILES*, PD 02.06.111 and the PREA Manual establish procedures for provision (h) of the standard and were reviewed by this Auditor. As part of its pre-audit documentation, the URF provided four samples of the agency responding to requests from an outside agency that were reviewed by this Auditor to establish compliance with provision (h). Although the facility had no specific examples, the requests that were processed at the agency level demonstrates that sufficient procedures are in place to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees in compliance with provision (h) of the 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The PREA Manual, which was reviewed in determining compliance with provision (a), states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. An interview between Auditor Radziewicz and the agency head's designee confirm that neither the agency nor the facility have substantially expanded or altered existing facilities since August 20, 2012. No new facilities were reportedly acquired by the agency. The interview did confirm the agency did modify a portion of the physical plant at the women's correctional facility at Huron Valley to accommodate youthful female inmates at the facility. Additional cameras with audio capabilities were added to that facility to ensure inmate safety and PREA compliance. The agency has equipped staff with Tasers that record audio, which can be used without deployment to capture incidents where pertinent to PREA compliance. The URF provided pre-audit documentation regarding upgrades to the exterior lighting system, fence security system and motion sensors during 2015 and 2016, all of which enhance the security of the facility; however, none of the plan documents included a rationale for consideration of how the upgrades could affect the facility's ability to protect inmates from sexual abuse. The upgrade plan documents all included a MDOC form (CAH-135) that was dated last revision 5/09. A blank example copy of this form with a revision date of 7/15 was provided in the pre-audit documentation, the 2015 revision has a specific requirement for PREA Consideration. The Warden confirmed that there has been no other expansion or modifications to the facility. During the tour, there were no areas of the facility that appear to have undergone expansion or modification, to substantiate compliance with provision (a) of the standard.

The agency head's designee reported during an interview with Auditor Radziewicz that the agency has approved expansion of camera coverage at all facilities and deployed electronic round readers at each facility to ensure adequate management tours of the facility that will be used in part, to prevent sexual abuse and sexual harassment. The facility Warden stated in an interview that the facility's camera system was recently expanded in 2016. The facility's camera system is extraordinarily advanced as observed through the prompt deployment of a digital screening technology to digitally block viewing of two toileting areas identified as concerns through the on-site audit tour. The Auditors did not observe any concerns with the showering or strip search areas throughout the facility. The placement of cameras was strategically aimed to enhance sexual safety within the facility, while still affording privacy to dwelling, showering and toileting facilities within the housing units. It was noted in a sexual abuse incident review that the upgrade to the camera system allowed the facility to substantiate the non-sexual components of an allegation made against a staff member, proving the value of the system. The facility currently has 392 total cameras in place. The facility also installed an electronic tour scan verification system that was observed during the tour. The reader points are located throughout each housing area to verify that security rounds are conducted at all points within the housing unit at required intervals. 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 evidentiarily 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

According to the agency's *Crime Scene Management and Preservation Trainers Manual* and an interview between Auditor Radziewicz and the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.

During interviews with facility medical staff and investigators, it was reported that the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to SAFE/SANE examiners in the/any clothing worn during an alleged incident of sexual abuse. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation Trainers 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, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene.

During random staff interviews and informal interviews during the audit tour, 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. 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 the standard.

Uniform evidence protocol is covered in Crime Scene Preservation and Management and Preservation Trainers Manual. The manual was reviewed by this Auditor in determining compliance with provision (b) of the standard. Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance. Random staff interviews confirm that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. According to the agency's Crime Scene Management and Preservation Trainers Manual and an interview between Auditor Radziewicz and the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command, which demonstrates compliance with provision (b) of the standard.

PD 03.04.100, OP URF 03.04.100H, OP URF 03.04.125 and the PREA Manual, reviewed by this Auditor in determining compliance with provision (c) of the standard, specify that forensic examinations are provided without cost to victims of sexual abuse. Through a review of the PAQ and pre-audit documentation, this Auditor found evidence of one forensic examination during the audit review period. This Auditor called the War Memorial Hospital and confirmed that the hospital may receive inmates from the URF for the purposes of conducting forensic examinations. During an interview of the Emergency Room Director at the War Memorial Hospital; it was confirmed that inmates at the URF are provided with this service as its outside medical provider. While no formal agreement for SAFE/SANE services is in place, an interview with the War Memorial Hospital confirms that SAFE/SANE trained staff are employed and available on all shifts. The War Memorial Hospital confirmed that only one currently employed registered nurse is SAFE/SANE "certified", while the rest of the emergency department nursing and physician staff are qualified medical practitioners who are SAFE/SANE trained.

Through a review of agency policy, documentation of facility communication with the War Memorial Hospital, this Auditor determined that the facility is in compliance with provision (c) of the standard.

Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level were provided and

reviewed by this Auditor in determining compliance with provision (d). Additionally, this Auditor reviewed facility documentation of its discussions with a victim advocacy/crisis service provider, the Diane Peppler Resource Center, that documented its availability to provide services to victims of sexual assault to URF inmates. This Auditor conducted an interview with the Director of the Diane Peppler Resource Center and confirmed that they would provide victim advocate services to inmates of the URF. However, during the course of this interview it was acknowledged that the Diane Peppler Resource Center has had no requests for these services for inmates of the URF, to date. Furthermore, this Auditor became aware through the interview with the War Memorial Hospital that the victim advocate services through the Diane Peppler Resource Center would be requested by the hospital for public citizens, but not for inmates. Upon discussing with the PREA Coordinator and Assistant Coordinator during the course of the audit it was determined that there was no clear coordinated plan for contacting the Diane Peppler Resource Center, as the URF did not specify a process for this to occur and was not aware that the War Memorial Hospital would not contact the Diane Peppler Resource Center. The observation and concern was presented to the URF staff attending the exit debrief on June 5, 2018. Prior to the issuance of this Final Report this Auditor collaborated with the URF administration to provide a memorandum of clarification, dated July 6, 2018, to the URF staff directing the responsibility of the Shift Commander to ask the inmate victim if they would like the services of a victim advocate to accompany them through the forensic examination process. If the victim acknowledges, yes, the Shift Commander will be responsible for notifying the Diane Peppler Resource Center by telephone. The URF only had one (1) instance (AIPAS #23580) of an allegation that occurred within the timeframe when forensic evidence could be collected during the 12 months preceding this audit. The MDOC for CAJ-1020 accompanying this investigation did not support that the victim was offered victim advocate services.

The facility PREA Coordinator confirms in an interview that qualified facility staff members have been identified and trained to provide advocacy services in the event of unavailability of formal rape crisis services. Specifically, to ensure the availability of a qualified staff member on all shifts, the facility has designated and trained all medical and mental health providers to serve as victim advocates. While all medical and mental health staff have been trained in this function, the facility has designated its chief psychologist as the primary individual who would serve in the capacity of a victim advocate. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library. During targeted interviews with the inmates at the facility who reported sexual abuse, they reported prompt follow-up from the facility regarding mental health and in-house advocate services. It is noted that the interviewed inmates did not report sexual abuse within a timeframe that required forensic examination. Following the July 6, 2018 URF clarification memorandum designating the Shift Commander as the individual responsible to ensure the coordinated effort of offering victim advocate services to the victim, and contacting the Diane Peppler Resource Center if requested; as well as an interview with the PREA Coordinator, an interview between Auditor Radziewicz and PREA Manager, a review of agency correspondence with outside advocacy agencies, documentation of correspondence with the advocacy service provider Diane Peppler Resource Center, and confirmation with the War Memorial Hospital and the facility's documented training of thirty-one (31) medical and mental health staff members to serve as a qualified agency staff member under this standard, demonstrates that the facility is in substantial compliance with provision (d). This Auditor determined that the one (1) instance during the 12 months preceding this audit that did not support compliance with this provision was not enough to determine noncompliance.

The PREA Manual and a memorandum with the Michigan State Police (MSP), which were reviewed by this Auditor, confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews. The facility provided a copy of form CAJ-1020 related to AIPAS #23580, for an inmate who

received a forensic examination during the 12 months prior to this audit. The form indicates that a victim advocate was not available and provides no further explanation or indication if the inmate victim was offered victim advocate services and whether the victim accepted or declined these services.

The facility and agency have identified medical and mental health staff to serve as qualified staff members to provide advocacy services during any investigatory interviews in the event that a community-based rape crisis advocate is not available. Through previous audits, this Auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided documentation of thirty-one (31) medical and mental health staff having completed this training. The MSP memorandum confirms that the investigative agency has agreed to allow these individuals access during forensic medical examinations and interviews consistent with standard §115.21. Given the agreement with the Diane Pepler Resource Center, the facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with provision (e) of the standard; however, has not yet exercised these plans.

The memorandum between the MDOC and MSP that this Auditor reviewed, confirm that MSP will abide by the provisions set forth under §115.21 (a)-(e) in order to demonstrate compliance with provision (f) of the standard.

Provision (g) of the standard is not required to be audited by this Auditor.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. Evidence was provided regarding a discussion with the Diane Pepler Resource Center to provide advocacy services to victims of sexual abuse, including the inmates in the URF. Given the purported limited availability of the Diane Pepler Resource Center, in the event, such services are necessary, the URF may use qualified medical or mental health from the facility who have received training in trauma informed care and are generally educated in the forensic examination procedures if an advocate from the Resource Center is not available. Through previous audits, this Auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided documentation of thirty-one (31) staff having completed this training, compliant with provision (h) of the 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This Auditor reviewed PD 03.03.140, PD 01.01.140 and the PREA Manual when assessing compliance with provision (a) of the standard. While Section G of PD 01.01.140 requires that the allegations must

contain facts, rather than mere assertions or rumor to be entered into the internal affairs division investigation database the PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation. An interview between Auditor Radziewicz and the agency head's designee confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews between Auditor Radziewicz and the agency head's designee and agency PREA Manager confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. The facility provided multiple examples of investigation referrals pre-audit, to include allegations verbally reported by inmates, referrals from request slips, suspicions reported by inmates, staff reports, and grievance referrals. During and following the on-site portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations. The MSP are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with provision (a) of the standard.

The MSP investigate criminal allegations involving staff as specified under the reviewed PD 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. PD 03.03.140, which was reviewed by this Auditor addresses referrals of prisoner on prisoner sexual abuse to MSP. Both policies are published on the agency's website. The PREA Manual, which supersedes all prior policies is not published on the agency's website; however, is not necessary to meet provision (b) of the standard. An interview with a facility Investigator confirmed they are aware of their obligations to refer allegations of a criminal nature to MSP. During a review of facility investigations, there was sufficient evidence to support that the facility does refer potential criminal allegations to MSP, allowing this Auditor to determine compliance with provision (b) of this standard.

This Auditor reviewed and verified that PD 01.01.014 and PD 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.

This Auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance.

## 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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. A facility training record sample from the calendar year prior to the audit demonstrate that four hundred twenty-three (423) facility staff have completed the annually required training modules during this period. Informal interviews with staff during the audit tour 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 from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).

The URF 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, Auditor Radziewicz confirmed 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 URF. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).

The URF 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. 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 four hundred twenty-three (423) 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.

Employees are required to complete a comprehension knowledge 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, demonstrating 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*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to PD 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 this Auditor's review of the training materials, this Auditor reviewed a sampling of training records across multiple contractor and volunteer disciplines to determine compliance with provision (a) of the standard.

PD 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to PD 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 food service contractor 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 PREA 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 tour with contractors 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.

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.

## **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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140, PD 04.01.105, PD 04.01.140, OP URF 04.01.140, OP RGC 04.01.140 and the PREA Manual, which were reviewed by this Auditor, address the standard's 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 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 these materials by this Auditor, satisfies compliance with this element of provision (a).

Through an interview between Auditor Radziewicz and the PREA Manager, it was reported that the agency provides comprehensive inmate education at the Charles Egeler Reception & Guidance Center (RGC). All inmates that are received at the URF will have passed through this facility for classification. Inmates who are transferred from that facility to the URF, will have received comprehensive education at RGC. During intake processing, each counselor is required to complete an immediate file review to ensure that documentation of this education session is located within. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at the facility. During the audit tour, this Auditor randomly sampled inmate files on the housing units and requested that MDOC staff show movement records to verify that education was provided in a timely manner to demonstrate compliance with provision (a) of the standard.

PD 03.03.140, PD 04.01.105, PD 04.01.140, OP URF 04.01.140, OP RGC 04.01.140 and the PREA Manual address the standard's 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. This education is 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. Additionally, information is available in the Prisoner Guidebook. Through an interview between Auditor Radziewicz, and the PREA Manager, and interviews with the Warden and PREA Coordinator, it was reported that the MDOC has an intake facility, the RGC,

where intake and PREA education are completed for prisoners who will be assigned to other MDOC facilities, including the URF.

Seven (7) out of 20 randomly interviewed inmates interviewed did not confirm that education materials and the PREA video (Taking Action) are shown during the intake process at RGC or the URF. However, it was noted that multiple inmates affirming, yes, could articulate that they were provided the information during the orientation that every inmate is required to attend. Additionally, 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 was provided pre-audit documentation of computerized movement records accompanied by inmate training receipts to verify that education was provided in a timely manner to demonstrate compliance with provision (b) of the standard.

Through an interview between Auditor Radziewicz and the PREA Manager and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, negating the need to retrain inmates upon transfer from the RGC to the URF. An interview between Auditor Radziewicz and the agency PREA 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. A random sampling of inmate training records observed by the Auditors during the audit tour 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 that the facility has procedures in place to ensure that all inmates at the URF have been provided training consistent with provision (c) of the standard.

The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. This video is shown on the Facility Information Channel 2 every Monday and run continuously for 24 hours. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. The URF submitted a braille trifold PREA education brochure and invoices from Pallero Translations, Inc. as proof of its provision of interpretative services for disabled or LEP inmates during the intake education process. 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. This Auditor reviewed these training materials, the library inventory and interpretation invoices to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education via MDOC 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. This Auditor randomly selected inmate files from housing unit counselor offices during the audit tour to verify that agency PREA training records met timeliness requirements. For random selections, this 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.

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 tour of the URF, 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 tour. 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency has a Basic Investigator Training Manual that was reviewed by this 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 five (5) active staff at the URF completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that these five (5) staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard.

The agency's 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. 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, five (5) staff 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 the standard.



The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by this Auditor to verify that five (5) active employees have completed the Basic Investigator Training. Training records were provided to confirm that seventeen (17) investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.

The Auditor is not responsible for auditing provision (d) of the standard.

## 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 02.05.101, OP URF 02.05.101 and the PREA Manual establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curricula specific to medical and mental health staff that were reviewed by this Auditor. These materials expand upon the Basic Training Module 2 to cover the four points required by the standards. 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 sexual harassment and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. The MDOC also provides training to all of its medical and mental health staff to serve as a qualified agency staff member, with respect to providing victim advocacy services in the event an individual needs such support. As such, medical and mental health practitioners with the MDOC receive training beyond the standard's minimal requirements.

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

Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required to be reviewed by this Auditor.

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 the standard.

The agency has developed a training curricula 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. Employees must complete the traditional Module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. This 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140, OP URF 03.03.140, PD 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by this Auditor, state that an intake screening shall be conducted at reception centers during intake. This Auditor notes that the agency policies governing risk screening (PD 03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. The updates to these policies now require that intake risk screening be completed within 72-hours for all inmates upon transfer to another facility and now comes into compliance with provision (a) of the standard. Additionally, provisions were implemented to also conduct annual screenings of existing inmates.

This Auditor met with the Assistant PREA Coordinator, who is responsible for reviewing pending risk screenings. She showed this Auditor the facility's automated program that tracks intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. This automated program also tracks the 30-day follow up screening and the annual review date. The facility demonstrated its understanding of requirements outlined by standard §115.41 and tracked its timely completion of those responsibility.

A formal interview with a staff person responsible for risk screening stated in an interview that initial assessments are usually completed within 24 hours, but no less than 72 hours of arrival at the facility. During the audit tour, this Auditor randomly sampled inmate files on the housing units and requested that MDOC staff show movement records to verify that education was provided in a timely manner. Furthermore, this Auditor requested a random sample of selected 16 additional inmates post-audit for review of their risk screenings and movement dates to demonstrate compliance with provision (a) of the standard.

PD 03.03.140, PD 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. This Auditor notes that the agency policies governing risk screening (PD 03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. The updates to these policies now require that intake risk screening be completed for all inmates upon transfer to another facility. These updates also include the requirement of completing this assessment within 72 hours, in compliance with provision (b) of the standard.

This Auditor met with the Assistant PREA Coordinator, who is responsible for reviewing pending risk screenings. She showed this Auditor the facility's automated program that tracks intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. A formal interview with a staff person responsible for risk screening stated in an interview that initial assessments are usually completed within 24 hours, but no less than 72 hours of arrival at the facility. Some randomly sampled inmates were able to confirm the practice in interviews, dependent upon when they were transferred/arrived to the URF. Inmates who have been housed at the URF prior to the beginning of 2017 were unable to confirm the practice due to their transfer before the changes to PD 03.03.140 and the PREA Manual.

The facility demonstrated its understanding of requirements outlined by standard §115.41 and tracked its timely completion of those responsibilities. Additionally, as this Auditor toured the facility, and randomly sampled inmate files on every housing unit to confirm the intake risk screening procedures. All sampled files of inmates received after the facility's implementation date demonstrated that risk screening was completed within 72 hours.

Based upon the formal interview with a staff person responsible for conducting risk screening, review of the automated program with the Assistant PREA Coordinator, and review of risk screening samples, this Auditor determines that the URF meets the requirements of provision (b).

The PREA Risk Assessment Worksheet that was reviewed by this 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.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion between Auditor Radziewicz and the agency PREA Manager, this 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 URF house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion between Auditor Radziewicz and the agency PREA Manager, this 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.

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by this Auditor, clearly specify applicable time frames for assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. During the tour, inmate files for recent receptions were randomly sampled on the housing units to ensure that reviews of risk screening were conducted within 30-days. Furthermore, this Auditor requested a random sample of selected 16 additional inmates post-audit for review of their risk screenings and movement dates to demonstrate compliance with provision (f) of the standard. 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 15 to 30 days of the initial screening process for all new receptions under the revised agency policy.

Based upon the formal interview with a staff person responsible for conducting risk screening, review of the automated program with the Assistant PREA Coordinator, and review of risk screening samples to confirm that the intake risk screening review is completed within 30 days of arrival at the facility, this Auditor determines that the URF demonstrates compliance with provision (f) of the standard.

PD 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 three (3) inmates being reassessed due to inter-facility transfers from the East side to the West side, and one (1) sample of an inmate being reassessed due to reassessment of security level from Iv to II, to demonstrate compliance with provision (g) of the standard.

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 Manager, through an interview with Auditor Radziewicz, 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.

The PREA Manual, which was reviewed by this Auditor, confirms that information obtained during the risk screening process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk screening information shall not be shared with prisoners. During the audit tour, an interview with the PREA Coordinator, and through an interview between Auditor Radziewicz and the PREA Manager, it is determined that only those staff with a role in the risk screening process within the facility have access to the electronic screening system. This Auditor observed that access to this system is governed by the individual user's log-on information to demonstrate compliance with provision (i) of the standard.

## 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This Auditor reviewed the PREA Manual, PD 05.01.140 and OP URF 03.03.140 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 this 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. Recent agency wide revisions to PD 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 provides evidence that key aspects of vulnerability or predatory behavior are considered for each inmate.

The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims and concurrent placement of these inmates in vulnerable work assignments. This Auditor is satisfied with the high level of supervision and camera coverage in the programming, education, food service and most work site buildings to ensure that any risk identified by the screening tool is outweighed by the intensive staff to inmate ratio, direct observation and monitoring technology.

PD 05.01.140, OP URF 05.01.140, OP URF 05.01.100B, OP URF 05.01.103 *SECURITY CLASSIFICATION* and the PREA Manual, which were reviewed by this Auditor, establish agency policy regarding individualized safety determinations. Policy and a formal interview with a transgender inmate demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. In addition to the risk screening process and its use to determine proper housing assignments, there is a degree of flexibility to make individual accommodations. During the audit tour, housing unit staff stated that they have the ability to move those individuals they perceive to be vulnerable or aggressive within the housing units to areas where they are within earshot of the officer's station for an additional level of monitoring. Through informal interviews during the audit tour, 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 a pre-audit sample where individuals transferring into the URF are reviewed for possible placement prior to the formal PREA risk screening to ensure that newly received inmates are appropriately managed. The facility demonstrates that it meets the requirements of provision (b) within its practices.

The PREA Manual and PD 04.06.184 *GENDER DYSPHORIA*, were reviewed by this Auditor. Both contained language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The facility provided pre-audit samples of the facility's health care services review of a transgender inmate's placement on form CHJ-339 (Prisoner Health Record). This Auditor notes this review appears to be from a medical/mental health perspective and considers the inmate's health and safety. The PREA Coordinator at the facility states that transgender inmates are reviewed twice per year. Through a formal interview with a transgender inmate this Auditor was informed that ongoing assessment of her individualized needs takes place consistent with provision (c).

PD 04.06.184 and the PREA Manual were reviewed by this Auditor. Policy indicates that placement and programming assignments for transgender, intersex and Gender Dysphoric inmates will be reassessed twice yearly by facility medical or mental health staff; the facility's pre-audit sample documentation included one (1) example where an individual was reviewed and provided with updated Gender Dysphoric management plans.

This Auditor is satisfied, through a formal interview with the transgender woman that regular contact is maintained with her and there is ongoing assessment of her individualized needs consistent with provision (d).

The PREA Manual, PD 04.06.184 and OP URF 05.01.184 were reviewed by this Auditor. These policies provide for a transgender or intersex inmate's own views to be considered in the placement process. The policies indicate that these decisions are made by the Gender Dysphoria Collaborative Review Committee, chaired by the agency's chief medical and psychiatric directors. The transgender inmate that was interviewed reported their views regarding their safety were considered. An interview with the facility PREA Coordinator reveals that any necessary accommodations are approved by medical and mental health providers, then communicated back to the Residential Unit Manager (RUM).

Based upon the formal interview with the transgender inmate, the facility PREA Coordinator and policy, it appears that the transgender inmate's views were considered when making determinations for housing and other programming determinations consistent with provision (e) of the standard.

PD 04.06.184 and the PREA Manual, reviewed by this Auditor, specify that transgender inmates are given the opportunity to shower separately. A review of pre-audit documentation that the facility provided confirms that the facility permits transgender inmates to shower separately. Specifically, the Health Care Services medical visit notes indicating that the inmate is provided “special provisions” for showering in “relative privacy”. In the sampled case, there was also notation that the individual is single-celled (or celled alone) for additional privacy. Post-audit, the URF Assistant PREA Coordinator provided this Auditor with documentation of a follow up on this same individual. This documentation was on the MDOC form CHJ-339 Individual Management Plan for GENDER DYSPHORIA. During the audit tour, informal interviews with staff at the facility indicate that transgender inmates can shower during count time when all other inmates are locked in their cells to demonstrate compliance with provision (f).

PD 05.01.140 and the PREA Manual, reviewed by this Auditor, address provision (g) of the standard; however, the PREA Manual provides a unique exception to place inmates in a dedicated unit when it is in the interest of the safety and security of the prisoner. This provision of the policy is open for interpretation and is contrary to the PREA Resource Center FAQ's in that the reader is led to believe that the facility has the sole right, without taking the inmate's own views with respect to safety, to determine placement. An interview between Auditor Radziewicz and the agency's PREA Manager clarified this point to indicate that the agency considers some of its facilities with open bay style housing to be an unsafe environment for individuals who identify as transgender or intersex; thus, placing them in facilities with a high level of security and medical care to meet their transitional needs.

The PREA Manager stated in an interview with Auditor Radziewicz that the agency does not have dedicated facilities or housing units that are specific to LGBT populations. There are facilities within the agency that are not conducive to the safety and privacy needs of transgender and intersex inmates, such as those with open bay or dormitory housing, that the agency attempts to avoid placing such inmates within to ensure safety and privacy. An interview with the PREA Coordinator at the URF confirmed the facility takes no steps to house LGBT inmates in dedicated units or facilities. An interview with a transgender inmate revealed that she has not been placed in a dedicated unit by the agency during her incarceration.

The facility and the agency practice demonstrate compliance with provision (g) of the standard allowing this Auditor to make the determination that the URF is in compliance with this provision of the 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency PREA Manual, PD 04.05.120 and OP URF 04.05.120 were reviewed by this Auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. This Auditor observed on-site 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 tour 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 one inmate had been placed into involuntary segregation for risk of victimization; however, upon further review it was determined that that this placement was in fact voluntary segregation for protective custody. 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. This 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.

PD 04.05.120, OP URF 04.05.120 and the PREA Manual, which were reviewed by this Auditor, specify that inmates shall maintain access to recreation, educational programming, and religious programming to the extent they are administratively feasible and can be safely afforded. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. Reportedly the facility has not placed any victims into involuntary segregation. The URF indicated on that PAQ that one (1) inmate victim was held in involuntary segregation during the 12 months preceding the audit. However, upon further review of AIPAS #23580 it was determined that this placement was voluntarily requested by the inmate. The documentation only supports that this inmate was afforded recreation and was treated as any other inmate in segregation. The documentation implies that if the circumstances were involuntary limitations to opportunities noted within provision (b) of the standard are possible, though no cases or documentation exist to validate this assertion.

During a tour of the segregated unit, it was clear to this Auditor that once an inmate is placed into segregation that opportunities are limited regardless of the reason for placement into segregation. The

facility reports that no inmates have been placed into involuntary segregation for protection from victimization or following a report of sexual abuse. Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (b) of standard.

The facility reports, through interviews with the Warden and PREA Coordinator, and documentation in the PAQ that one (1) inmate has been placed into involuntary segregation due to risk of victimization. However, it was determined post-audit that this case (AIPAS #23580) was in fact a voluntary request for protective custody. In an interview with the Warden, she stated that the facility has a number of options to consider prior to the use of involuntary segregation. The Warden stated that involuntary segregation would be an option of last resort; however, if an inmate were placed into involuntary segregation due to risk of victimization, we would have the review committee look for an alternative means of managing the inmate the very next day (less than 24 hours) and get them out to another area or facility.

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

The facility reports through the PAQ and interviews with the Warden and PREA Coordinator that one (1) inmate has been placed into involuntary segregation during the 12 months preceding the audit due to risk of victimization. Upon review post-audit it was determined that this case was in fact a voluntary request for protective custody. The URF provided documentation regarding this case in the pre-audit materials, including an agency form (CSJ-686) that was provided to document the URF's rationale for temporarily segregating this individual, to demonstrate compliance with provision (d) of the standard. It is noted that this inmate was housed in temporary segregation for approximately four (4) days until he no longer wanted protective custody, and was promptly released back to general population before being transferred to another facility for general population housing that could ensure the safety of the individual.

The URF reported that one (1) inmate has been placed into involuntary segregation due to risk of victimization during the 12 months preceding the audit. Upon review post-audit it was determined that this case was in fact a voluntary request for protective custody. Pre-audit documentation was reviewed by this Auditor that validated the inmate was not housed in segregation longer than four (4) days, which negates the need to conduct a 30-day review for the continuance of segregation in demonstration of compliance with provision (e) of the standard.

## 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

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hotline) and the PREA brochure were reviewed by this Auditor in determining compliance with provision (a). All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hotline, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.

The facility provided multiple examples of investigation referrals pre-audit, to include referrals from request slips, suspicions reported by medical staff members, suspicions of housing unit staff, grievance referrals, allegations reported to the Legislative Ombudsman and verbally reported incidents. During and following the on-site portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations. During formal and informal interviews during the audit tour, staff were able to identify the hotline, the kite and grievance systems and third party reporting mechanisms if an inmate were unwilling to report such allegations directly to staff at the facility. All random inmates were well aware of their abilities to report within the facility. The majority of the inmates interviewed claimed their first line of reporting would be to a staff member at the facility, indicating a reporting culture has been established at the facility. Inmates were able to identify the hotline, the grievance system, as well as the ability for third parties to make a report on their behalf.

During the tour, adequate reporting hotline posters were prominently displayed throughout the facility. During audit tour informal interviews, staff were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hotline. This Auditor reviewed facility investigations provided with the pre-audit documentation and additional investigations randomly selected for post-audit review, and noticed that all forms of inmate reporting were evident demonstrating compliance with provision (a) of the standard.

PD 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by this 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 and Assistant PREA Coordinator, they identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism. None of the randomly interviewed inmates were affirmatively able to identify this option without prompting when asked; however, it is noted within the prisoner guidebook that this resource is available. Moreover, 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 tour, inmates who were informally interviewed

were well aware of the reporting hotline and their ability to make anonymous written reports. Again, the Legislative Ombudsman was not regularly identified during informal interviews; however, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

PD 03.03.140 and the PREA Manual, which were reviewed by this Auditor, require staff to accept verbal, written, anonymous and third-party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. During pre and post-audit, this Auditor reviewed facility investigations that demonstrated 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 tour, 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.

During formal interviews with randomly selected staff, all staff interviewed were well aware of their obligation to accept all forms of reports required by the standards and immediately document verbal reports. Inmates that were randomly interviewed were aware of their ability to make reports to staff and most were confident that action would be taken on said reports. Randomly interviewed inmates were also aware of the ability of family members or other third parties to make reports on their behalf consistent with provision (c) of the standard.

PD 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by this Auditor. Staff may make a private report to a supervisor, via the hotline and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and sexual harassment of inmates. While policy and training materials provide multiple options for private reports, most staff reported during formal and informal interviews that they were comfortable making reports directly through the chain of command, to the facility Assistant PREA Coordinator or the facility PREA Coordinator.

During a review of facility investigations, this 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 hotline, direct reports to the Assistant PREA Coordinator, PREA Coordinator, or administrative staff at the facility 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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.

PD 03.03.140, the PREA Manual and the URF Prisoner Guidebook, which were reviewed by this Auditor in determining compliance with provision (b), allow for an inmate's grievance to be submitted at any time to the facility staff identified by the Warden. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with PD 03.02.130 Prisoner/Parolee Grievances.

PD 03.03.140, the PREA Manual and the URF Prisoner Guidebook, which were reviewed by this Auditor in determining compliance with provision (c), allow for an inmate's grievance to be submitted at any time to the facility staff identified by the Warden. PD 03.03.140 specifies that the grievances will not be referred to the staff member subject to the complaint within. Grievances may also be submitted in locked boxes throughout the facility. During the course of the audit, review of investigations revealed that many were initiated by inmate grievance forms.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (d), state the facility 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. The prisoner may submit an appeal after receiving the Step I response, or if a response was not received by 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 Manager within 90 calendar days from the original filing of the Step I grievance. Computation of the 90 days does not include the time consumed for the prisoner to file an administrative appeal.

The facility provided pre-audit sample documentation to confirm that they provided a response to an emergency grievance with notice of investigation on the same date a grievance was received. The final agency determination was provided on the same date.

A review of PD 03.03.140, the PREA Manual and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard.

PD 03.03.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (e) of the standard, permit 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. A sample of an emergency grievance was provided in the pre-audit documentation which this Auditor reviewed. Through review of PD 03.03.140 and the PREA Manual, this Auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

PD 03.04.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (f), establish procedure for the processing of any emergency grievance in accordance with the standards requirements. PD 03.04.140 and the PREA Manual state a prisoner may file an emergency PREA grievance if she or he believes that they are 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 Manager 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.

This Auditor reviewed pre-audit sample documentation and confirmed that a notice of investigation and facility response was provided on the same date, and a final agency determination was provided to the inmate within 24 hours of the date their emergency grievance was received. Through the review of investigations, this Auditor found no evidence of the facility's failure to promptly respond to emergency grievances.

PD 03.04.140 and the PREA Manual establish procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard and facility documentation satisfy this Auditor's determination of compliance.

PD 03.04.140 the PREA Manual and the Prisoner Guidebook, which were reviewed by this Auditor in determining compliance with provision (g), direct that staff shall not retaliate against a prisoner for using the PREA grievance process to report sexual abuse in good faith; and that 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. The review of policy demonstrates the facility's ability to discipline inmates in accordance with the requirements of provision (g) of the standard to satisfy this Auditor's determination of compliance.

## **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*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Through an interview between Auditor Radziewicz and the PREA Manager, and an interview with the facility PREA Coordinator, it was determined by this Auditor that the agency and facility work collaboratively to establish relationships with outside support services. Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level were provided and reviewed by this Auditor. The URF provided documented acknowledgement for victim advocate services through a local rape crisis center, the Diane Pepler Resource Center. Additionally, the URF also posts information accessible to the inmates for the Rape, Abuse & Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services. This Auditor conducted an interview with the Director of the Diane Pepler Resource Center and confirmed that they would provide victim advocate services to inmates of the URF. However, during the course of this interview it was acknowledged that the Diane Pepler Resource Center has had no requests for these services for inmates of the URF, to date. Furthermore, this Auditor did not observe that information for inmates to contact the Diane Pepler Resource Center was readily available on the inmate housing units. Signage posted on the housing unit bulletin boards observed by this Auditor only stated "A community based crisis center may provide services on an as needed basis." The URF Assistant PREA Coordinator and PREA Analyst voiced concerns that the Diane Pepler Resource Center may be used as the victim advocate service for any inmates undergoing forensic examination; however, they purported that this center was a small rural resource in the Upper Peninsula of Michigan and would not have the personnel to accommodate volume of inmates at the URF as the sole outside victim advocate service.

While an informal agreement is in place with the Diane Pepler Resource Center, it is recognized that this service provider has limited resources in the rural Upper Peninsula area of Michigan as reported by the URF Assistant PREA Coordinator and PREA Analyst. As such, the facility and the agency maintain a copy of the "An End to Silence" handbook published by the PREA Resource Center, and utilizes telephone sexual abuse counseling/advocacy services through RAINN. The An End to Silence book is maintained in the facility library and is accessible to inmates. Neither the agency nor the facility house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring procedures when contacting any agency listed within the An End to Silence publication.

Randomly sampled inmates struggled to affirmatively identify the An End to Silence resource guide within the facility library or affirm knowledge of RAINN and where to locate the telephone number. However, this Auditor observed that the facility advertises the availability of these resource on inmate bulletin boards within the housing units, ensuring that the inmate population is meaningfully informed of the availability of these resources. The facility is determined compliant with the language within provision (a) of the standard by its provision of the Diane Pepler Resource Center, RAINN, and the An End to Silence resource guide in the absence of a formal agreement with adequate advocacy services.

Through PD 05.03.118 *PRISONER MAIL*, PD 05.03.130 *PRISONER TELEPHONE USE*, the PREA Manual and the Prisoner Guidebook, which were reviewed by this Auditor in determining compliance with provision (b) of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes.

Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level, and documentation of acknowledgement that the Diane Pepler Resource Center will be available to provide victim advocacy



and emotional support services, were provided and reviewed by this Auditor in determining compliance with provision (d). Additionally, the agency also utilizes the Rape, Abuse & Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services. The facility has not been able to provide proof that it secured an agreement with adequate victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator confirms in an interview that efforts have been made to secure rape crisis services through the Diane Pepler Resource Center and that qualified facility staff members have been identified and trained to provide advocacy services during forensic exams and investigatory interviews.

## 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 PD 03.03.140, the Ombudsman MOU, the Sexual Abuse reporting poster, the online reporting form and multiple investigatory examples that were predicated upon a 3rd party report; this 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 hotline, contact the Legislative Ombudsman,

access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. In advance of the audit, the facility provided sample documentation to demonstrate how investigations were initiated based on third party reports to the Legislative Ombudsman. 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 persons 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by this Auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. OP URF 03.03.140 dictates that staff at the URF are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. The facility provided multiple 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 tour 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.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this 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.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this 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.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Manager for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by provision (d) of the standard.

The Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Manager confirms in an interview with Auditor Radziewicz that mandatory reports are forwarded to his attention and he is responsible for making the report to the mandated agency.

Through agency policy and an interview between Auditor Radziewicz and the PREA Manager, the agency has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with provision (d) of the standard. Such reports have not come from the URF; however, the agency has experience forwarding such reports to applicable state agencies.

PD 03.03.140 and the PREA Manual, which were reviewed by this 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 allegation made to the Legislative Ombudsman (AIPAS #20534). 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, this Auditor determined compliance with provision (e).

## 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)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 05.01.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (a), state 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.

The agency head's designee confirms in an interview with Auditor Radziewicz 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.

The URF indicated on that PAQ that one (1) inmate victim was held in involuntary segregation following an allegation of sexual abuse during the 12 months preceding the audit. However, upon further review it was determined that this placement was voluntarily requested by the inmate. No other cases were presented that the facility utilized temporary administrative custody (less than 24 hours) for the alleged victim until the facility could make an assessment of housing options could be effectuated for protective measures. Moreover, alleged abusers are placed into administrative custody to ensure victims' safety, demonstrating that the facility does take immediate action to protect inmates from substantial risk of sexual abuse. This Auditor determines compliance with provision (a) of the standard based on the facility's immediate action in response to perceived threats of sexual abuse.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140 and the PREA Manual, which were reviewed by this Auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The 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. Pre-audit sample documentation confirmed that notifications were made from facility head to facility head, supporting adherence to the agency policy and compliance with provision (a) of the standard.

PD 03.03.140 and the PREA Manual, which were reviewed by this 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 pre-audit and reviewed by this Auditor were sufficient to determine compliance with provision (b) of the standard.

The PREA Manual and PD 03.03.140, which were reviewed by this Auditor, require that such notifications are made within 72 hours. The facility examples reviewed by this Auditor were forwarded via email to demonstrate compliance with provision (c) of the standard.

PD 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. Pre-audit sample documentation confirmed that notifications were made from facility head to facility head and promptly

forwarded to the appropriate investigative office to be investigated in accordance with the PREA standards and agency policy.

Through an interview between the agency head's designee and Auditor Radzewicz, interviews with the Warden and the facility PREA Coordinator, and review of sample documentation, this Auditor is satisfied that sufficient procedures are in place to address allegations consistent with provision (d) of the standard should they be reported.

## 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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The PREA Manual, which was reviewed by this Auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.

During a review of a facility investigation, AIPAS #23580, the alleged sexual abuse involved anal penetration and occurred within an hour prior to the report. The facility took immediate action to separate the alleged victim and the alleged abuser. The alleged abuser was placed in administrative segregation pending outcome of the investigation. Simultaneously the cell that the alleged incident occurred in was quarantined as a crime scene. The URF promptly reviewed the alleged victim in medical and transported him for a forensic examination at the Ward Memorial Hospital. MSP was notified for initiation of a criminal investigation including appropriate interviews and evidence collection.

An interview with a first responder indicated that as soon as the allegation was known, immediate action was taken to separate the alleged victim and abuser, and information was immediately relayed to seal off the scene where the alleged abuse occurred until MSP cleared the area from evidence collection. The alleged victim was requested not to take any actions that could destroy physical evidence.

Based on a formal interview with a first responder, a review of policies and informal interviews with staff during the audit tour, this Auditor was satisfied that the URF staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary. It should also be noted that the MDOC has developed a pocket-sized quick reference guide that staff can use in the event of receiving an allegation, to ensure that proper protocols for first responder responsibilities are followed.

The PREA Manual, which was reviewed by this Auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were no non-security first responders during the audit period. During the audit tour, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with provision (b) of the standard.

## **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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility has developed its own operating procedures for PD 03.03.140. The document titled OP URF 03.03.140 and OP URF 03.04.125, which were reviewed by this Auditor, describe the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interview with the Warden outlined the facility's preparation to employ first responder procedures involving key facility staff in coordinated manner to find compliance with provision (a) of the 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The MDOC's PREA Manual's language, which was reviewed by this Auditor, mirrors the language of provision (a) 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 Employee's 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. This Auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with provision (a) of the standard. 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 between the agency head's designee and Auditor Radziewicz 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.

This Auditor is not required to audit provision (b) 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140 and the PREA Manual, which were reviewed by this 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. An interview between the agency head's designee and Auditor Radziewicz confirmed that retaliation is not tolerated and there are procedures to ensure that both staff

and inmates are monitored at each facility. At the URF, the Resident Unit Manager (RUM), Assistant Residential Unit Supervisor (ARUS) and Prison Counselor (PC) positions are responsible for inmate retaliation monitoring. During the course of the onsite audit, through interviews with the URF management staff, this Auditor became concerned that management staff of the URF could not articulate how retaliation monitoring for staff would occur or who would be responsible for the monitoring. Reportedly, no staff at the URF have requested retaliation monitoring. Interviews of the random staff selection revealed that the majority of staff are aware that they may request retaliation monitoring; however, most indicated that they likely would not request this because reporting allegations of sexual abuse and sexual harassment is their job responsibility. These responses from the interviews with random staff emphasized the reporting culture that has been established at the URF. However, this Auditor determined that definitive direction and clarification, specifically among the management of the URF will have to be reinforced for consideration of compliance with the provisions (a) and (c) of this standard. This Auditor was provided a post-audit memorandum authored by the URF Assistant PREA Coordinator and addressed to all URF staff that affirmatively directs retaliation monitoring of staff by six (6) designated individuals, who are also noted as trained PREA Investigators. The aforementioned allows this Auditor to determine compliance with provision (a) of the standard.

Through interviews between Auditor Radziewicz and the agency head's designee and the PREA Manager, as well as this Auditor's interview 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. In addition to separating individuals, the Assistant PREA Coordinator stated that mental health referrals can be made for supportive services, when necessary. This Auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility protection measures it demonstrated following allegations of sexual abuse and sexual harassment.

PD 03.03.140 and the PREA Manual, which was reviewed by this 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. During the course of the onsite audit, through interviews with the URF management staff, this Auditor became concerned that management staff of the URF could not articulate how retaliation monitoring for staff would occur or who would be responsible for the monitoring as described in provision (a) of this standard. This Auditor determined that definitive direction and clarification, specifically among the management of the URF will have to be reinforced for consideration of compliance with the provisions (a) and (c) of this standard. This Auditor was provided a post-audit memorandum authored by the URF Assistant PREA Coordinator and addressed to all URF staff that affirmatively directs retaliation monitoring of staff by six (6) designated individuals, who are also noted as trained PREA Investigators. The aforementioned allows this Auditor to determine compliance with provision (c) of this standard.

The facility reported no instances of retaliation during the 12 months preceding this audit on the PAQ. Investigatory files were reviewed for documentation of retaliation monitoring. Through the review of the

sexual abuse investigations, was evident that the facility monitors those who have alleged sexual abuse in compliance with provision (c) of the standards.

The PREA Coordinator at the facility stated a RUM, ARUS, or PC is generally charged with retaliation monitoring. He 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. 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, consistent with provision (d) of the standard.

The PREA Manual, which was reviewed by this 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 in an interview with Auditor Radziewicz, and the Warden in an interview with this Auditor, both confirm 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.

The PREA Manual, which was reviewed by this Auditor, specifies that retaliation monitoring ceases when an allegation is unfounded. A review of investigations confirmed that the facility has a routine practice of discontinuing the monitoring of individuals following unfounded findings. 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*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Auditor reviewed the PREA Manual in determining compliance with this standard. The PREA Manual contains language consistent with conditions enumerated under standard §115.43. The facility reports, through interviews with the Warden and PREA Coordinator, and documentation in the PAQ that one (1) inmate has been placed into involuntary segregation due to risk of victimization in the 12 months preceding this audit. However, it was determined post-audit that this case (AIPAS #23580) was in fact a voluntary request for protective custody. This individual was in protective custody, administrative segregations for approximately four (4) days until he requested to be released and was subsequently returned to general population. The documentation only supports that this inmate was afforded recreation and was treated as any other inmate in segregation. The documentation implies that if the circumstances were involuntary limitations to opportunities noted within provision (b) of standard §115.43 are possible, though no cases or documentation exist to validate this assertion.

The remainder of 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 and §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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140 and the PREA Manual were reviewed by this Auditor in determining compliance with provision (a). These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented in the Department's investigative report, PREA investigation worksheet(s) and pertinent computerized database entry(ies). A warden's or administrator's designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.

An interview with a facility Investigator acknowledged that investigations are required to be initiated within 72 hours of report; however, facility practice is generally no less than 24 hours. 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 investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made.

This Auditor reviewed a total of 17 investigation files, observing that the facility routinely identified and interviewed applicable witnesses, reviewed video surveillance and sought physical evidence in its pursuit of thoroughness. An interview with a facility Investigator confirmed that it is practice for all parties to be interviewed in-person. This Auditor is satisfied that the URF conducts investigations consistent with the intended requirements of provision (a) of the standard and its practice demonstrate substantial compliance.

PD 03.03.140 and the PREA Manual, which were reviewed by this Auditor, requires that Department investigators receive specialized training from the Training Division 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.

The URF provided records, reviewed by this Auditor in determining compliance with provision (b) of the standard, to demonstrate that it has five (5) current investigators on staff who completed both the MDOC's Basic Investigator Training course and the NIC Specialized Investigator's course.

An interview with a facility Investigator demonstrated knowledge of Miranda and Garrity warnings. He articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. His knowledge was indicative that he understood the essentials of the training required under provision (b) of the standard.

The MDOC's Basic Investigator Training course, which was reviewed by this Auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. PD 03.03.140, OP URF 03.03.140 and the PREA Manual outline the agency and facility's goal to comply with the all elements noted in provision (c), facility practice and a review of investigations demonstrates substantial compliance with this provision of the standard.

Through a review of investigations, this Auditor observed one case in the 12 months preceding the audit where sexual abuse was alleged within the timeframe for the opportunity to collect forensic evidence. The incident was alleged to have occurred in a shared cell less than one hour prior to the report; the facility sealed off the cell, collected the clothing of the alleged victim worn after the alleged abuse and transported the victim for a forensic examination. Through a review of additional investigations, 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.

A review of facility investigations revealed ample evidence of pertinent parties being interviewed as required by the standard. While there was some evidence of the previous reliance on investigative questionnaires in its investigations, these questionnaires are now supplemented through oral

interviews. An interview with a facility Investigator confirmed that it is practice for all parties to be interviewed in-person. This Auditor is satisfied that the URF makes adequate efforts to preserve direct and circumstantial evidence, reviews prior complaints and reports of sexual abuse during the investigation, and conducts interviews as required in substantial compliance with provision (c) of the standard.

The Basic Investigator Training and the PREA Manual, which were reviewed by this 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 and multiple investigations were investigated by the Michigan State Police (MSP) and referred for prosecution appropriately. This Auditor finds compliance with provision (d).

The PREA Manual, which was reviewed by this 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 interview with a facility Investigator confirmed that he bases credibility "on the facts and preponderance of evidence." 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).

This Auditor finds compliance with provision (f) based on a review of facility investigations. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

A review of facility investigations by this Auditor confirms that the facility has a good working relationship with its local MSP outpost. There was no evidence to support that the MSP provides its criminal investigation reports to the Inspectors at the URF for inclusion in the facility's investigative file; however, the URF Assistant PREA Coordinator was able to produce ample evidence that the MSP and URF Inspectors routinely communicate the status of the investigations. A review of the URF investigations confirms that the factors specified by provision (g) are evident within the facility's reports, absent documentation provided by MSP's criminal investigation.

According to an interview between Auditor Radziewicz and the PREA Manager, the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. This Auditor reviewed the PREA Manual which also requires that 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 this Auditor to find compliance with provision (g).

Through interviews with the PREA Coordinator and facility Inspector, a standing memorandum from the former MDOC PREA Administrator dated July 21, 2016, and a review of PD 03.03.140, OP URF 03.03.140, the PREA Manual and investigations, this Auditor observes that MSP review referred substantiated investigations for prosecution as required by provision (h) of the standard. This Auditor notes that the MDOC does not refer cases directly to a prosecutor's office for prosecution. Such responsibility lies solely with the law enforcement agency (MSP) investigating the criminal aspects of a particular allegation. Based on review of applicable policy, interviews and evidence of MSP response regarding referral for prosecution, this Auditor is satisfied that the URF has sufficient procedures in place and has exercised those procedures to refer substantiated allegations of criminal conduct through the MSP for prosecution consistent with provision (h) of this standard.

The PREA Manual, which was reviewed by this Auditor, specifies that all investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the Department plus an additional five (5) years in compliance with provision (i) of the standard.

The PREA Manual, which was reviewed by this 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.

This Auditor is not required to audit provision (k).

Interviews with the Warden, PREA Coordinator, a facility Inspector, and an interview between Auditor Radziewicz and PREA Manager, 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 requirements in PD 03.03.140, OP URF 03.03.140 and the PREA Manual, coupled with investigatory documentation that revealed email correspondence between the facility and MSP to demonstrate that the facility attempted to remain informed of a forensic examination status relative to an 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The PREA Manual and the Basic Investigator Training Manual, which were reviewed by this Auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Investigators could articulate their knowledge of the evidentiary standard in investigations. 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140 and the PREA Manual, which were reviewed by this Auditor, dictate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and a facility Inspector confirm that inmate victims are notified of the investigatory results. Prior to the audit, the URF provided sample documentation of inmate notifications to demonstrate compliance with provision (a) of the standard. Pre and post-audit, this Auditor reviewed facility investigations and found evidence that victims of sexual abuse were notified of investigatory outcomes in each case. Moreover, the facility exceeds this provision of the standard's requirements by also notifying alleged victims of sexual harassment of investigatory findings; allowing this Auditor to determine compliance with provision (a) of the standard.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor, dictate that the assigned investigator shall remain informed about the progress of the criminal investigation and disposition. This Auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine there were multiple investigations completed by MSP during the audit period and observed that notifications were provided consistent with provision (b) of the standard.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (c), indicate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy was observed to require that notification of the factors enumerated in provision (c) of the standard are provided for Substantiated/Sufficient Evidence and Insufficient Evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner. The inmate victims are notified in writing using a Department form CAJ-1021.

PD 03.03.140, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (d), indicates that the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions in compliance with provision (d). The URF had no such instances, thus, could produce no facility specific examples in support of this standard.

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.

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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 02.03.100 *EMPLOYEE DISCIPLINE*, PD 02.03.100A, PD 03.03.140, OP URF 03.03.140, the PREA Manual and the Employee Handbook work rules were reviewed by this 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.

The staff sanctioning matrix provided to and reviewed by this Auditor in PD 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. However, the URF provided samples of two (2) investigations prior to this 12-month audit period regarding substantiated allegations of staff overfamiliar relationships that were sexual in nature to confirm agency practice. This Auditor notes that in support of the standard, during the one (1) of the provided sample investigations, AIPAS #16321, the facility did terminate the employee based on those substantiated findings. During the second sample investigation, AIPAS #19097, a STOP Order was issued, prohibiting the individual from returning to a Department facility. The abuser in this sample investigation was a contracted employee and termination decisions are not at the discretion of the



MDOC. Based on policy provisions and sample investigations that occurred prior to this audit period, the facility demonstrates it is in compliance with provision (b) of the standard.

The PREA Manual and staff sanctioning matrix PD 02.03.100A provided to and reviewed by this Auditor verify 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 PD 02.03.100A, the Chief Deputy Director or designee 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. However, a sample investigation AIPAS #16321, from 2016 was provided to confirm that discipline is provided to staff for violation of policy relating to sexual abuse or sexual harassment. Based on policy provisions and sample investigation prior to the current 12-month auditing period, this Auditor determines compliance with provision (c).

Through this 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 during the current 12-month audit period. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, this 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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.03.140 and the PREA Manual, which were reviewed by this 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 prohibited from entering a MDOC 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, this Auditor determines compliance with provision (a).

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. She further commented that any contractual staff would then be placed on a "do not hire" list, maintained by the agency. There was one (1) substantiated allegation, which occurred prior to the audit period, investigation AIPAS #19097, to confirm violation of sexual abuse and sexual harassment policies involving a contractor upon which to gauge facility practice. In this case, the contract employee was substantiated to have been involved in an overfamiliarity relationship with the inmate. This substantiated incident led to the contractor being placed on a STOP Order, prohibiting entry to MDOC facilities. Based upon policy provisions, practice and the Warden's interview, this Auditor determines compliance with provision (b).

## **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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This Auditor reviewed PD 03.03.105 *PRISONER DISCIPLINE* 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. At the time of the audit, there were no substantiated allegations of sexual abuse upon which this Auditor could gauge facility practice. Based upon policy requirements of a formal hearing process prior to the imposition of discipline, this Auditor determines compliance with provision (a).

This Auditor reviewed PD 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. An interview with the Warden confirms that the facility would follow the prisoner sanctions procedure for those who violate sexual abuse and sexual harassment policies. In addition to potential disciplinary segregation, inmates may have their custody levels raised or may be transferred to another location. There were no substantiated allegations of sexual abuse upon which this Auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline and an interview with the Warden, this Auditor determines compliance with provision (b).

This Auditor reviewed PD 03.03.105, and the PREA Manual which establishes 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. An interview with the Warden confirms that facility hearing examiners, who are administrative law judges, are required to consider the mental status of an inmate when determining sanctions. There were no substantiated allegations of sexual abuse upon which this Auditor could gauge facility practice at the time of the audit. Based upon an interview with the Warden and the agency's policies for the consideration of mental health status prior to the imposition of discipline, this Auditor determines compliance with provision (c).

This Auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During an interview with facility mental health staff who would deliver any applicable sex offender treatment, the facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates consistent with provision (d) of the standard. Facility mental health staff described an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse. The evaluation procedures would consist of the administration of the MDOC's assessment tools (Static 99 and Stable) to determine any relevant treatment need. If there is a criminal conviction, the SORA would be used in the assessment process. There were no substantiated allegations of sexual abuse upon which this Auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, this Auditor determines compliance with provision (d) of the standard.

This Auditor reviewed PD 03.03.140, PD 03.03.105 and the PREA Manual in determining compliance with provision (e) of the standard. These policies contain language that is consistent with provision (e) of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. There were no examples at the URF of inmates being disciplined for sexual contact with staff, allowing this Auditor to determine compliance with provision (e) of the standard.

This 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 are unsubstantiated or lack sufficient evidence to establish, allowing this Auditor to find compliance with provision (f). This Auditor notes review of investigations producing determinations of being unfounded that resulted in the discipline of the inmates.

Through a review of the PREA Manual, the Prisoner Guidebook, an interview between the PREA Administrator and Auditor Radziewicz, and an interview with the PREA Coordinator, this 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 PD 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, this Auditor determines compliance with provision (g).

## 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? (N/A if the facility is not a prison.)  
 Yes  No  NA

##### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PD 03.04.100, PD 03.04.140, PD 04.01.105, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor in determining compliance with provision (a), combine to form the agency and facility's approach to providing the required medical and mental health services for victims of sexual abuse. The MDOC has established intake risk screening procedures across the agency to include risk assessments within 72-hours of intake, within 30 days of reception and an annual review. During the on-site audit, an individual who was identified as experiencing victimization during a risk assessment confirmed that when the information was discovered through the assessment review process, he met with a psychologist and recommendations were discussed; which he declined.

The URF utilizes the facility's automated program that tracks and documents the completion of the intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. This automated program also tracks the 30-day follow up screening and the annual review date.

This Auditor was provided examples of inmates being referred for mental health services pursuant to completion of the PREA risk screenings to demonstrate compliance with provision (a) of the standard. Most of the sample inmates who reported sexual victimization during the risk screening process declined mental health services, were referred via email the same day as the screening, or a corresponding mental health referral form (ROBERTA-R) was provided. The inmates are typically seen by mental health services the same day or by the next day of the referral. The nexus between reported victimization uncovered through risk screening associated with §115.41 and the referral were clearly evident. This Auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (a) of the standard.

PD 03.04.140, PD 04.01.105, PD 04.06.180, OP URF 03.03.140 and the PREA Manual, which were reviewed by this Auditor to determine compliance with provision (b) of the standard, combine to form the agency and facility's approach to providing the required medical and mental health services for perpetrators of sexual abuse. As described under provision (a) of this standard, the facility implemented intake risk screening procedures in compliance with §115.41. This Auditor was provided examples of inmates being referred for mental health services pursuant to completion of the PREA risk screenings. The sample inmates who reported sexual perpetration were referred via email the same day as the screening, or a corresponding mental health referral form (ROBERTA-R) was provided. The inmates are typically seen by mental health services the same day or by the next day of the referral. The nexus between perpetration uncovered through risk screening associated with §115.41 and the referral were clearly evident demonstrating compliance with provision (b) of the standard.

The URF operates under the definition of a prison; therefore, compliance for provision (c) is measured under provision (a).

PD 03.03.140 and the PREA Manual, which were reviewed by this 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 tour 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.

This Auditor reviewed PD 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 medical and 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This Auditor reviewed PD 03.03.140, PD 03.04.125, PD 04.06.180, OP 03.04.100H, OP URF 03.04.125 and the PREA Manual, which combine to form the agency and facility'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.

Through a review of facility investigations, it was evident that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services according to the professional judgement of clinicians when emergency responses were required. The investigations confirm that it is the routine practice of the URF to promptly escort an inmates alleging sexual abuse victimization to medical, and refer all alleged victims for mental health services. Specific evidence relied upon to determine compliance was found in sampled investigation AIPAS #23580. In this investigation an alleged incident of anal penetration was reported to housing unit staff. The abuse was alleged to have occurred less than one (1) hour prior to report. After a brief visit with facility medical personnel, the alleged victim was immediately transported to the facility's outside hospital, War Memorial Hospital, for a SANE examination.

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

The PREA Manual, PD 03.04.125, and OP URF 03.04.125, which were reviewed by this Auditor, contain language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. Random staff interviews and informal interviews during the audit tour confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation, allowing this Auditor to determine compliance with provision (b) of the standard.

The PREA Manual, PD 03.04.100 and agency PREA brochure were reviewed by this Auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services. This Auditor reviewed documentation associated with investigation AIPAS #23580, that validated the facility providing STI (sexually transmitted infection) testing and prophylaxis. Furthermore, the documentation validates that upon transfer of the victim to another MDOC facility, the medical staff and PREA Coordinators communicated continuity of care for this individual.

Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, this Auditor is satisfied that the URF is in substantial compliance with provision (c) of the standard.

This Auditor reviewed PD 03.03.100 and the PREA Manual, which 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, this 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This Auditor reviewed PD 03.04.140, PD 03.04.125, PD 04.06.180, OP URF 03.04.125 and the PREA Manual, which combine to form the agency and facility's approach to providing required medical and mental health services for victims of sexual abuse. Recent revisions to PD 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.

Through a review of randomly sampled facility investigations, evidence in favor of determining compliance with provision (a) was identified. The investigations confirm that it is the routine practice of the URF to promptly escort an inmates alleging sexual abuse victimization to medical, and refer all alleged victims for mental health services.

This Auditor reviewed PD 03.04.100, PD 04.06.180, OP URF 03.04.125 and the PREA Manual, which combine to adequately outline the agency and facility'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 within 24 hours of the initial referral, and applicable referrals for psychiatric medication and crisis stabilization would occur.

Medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases have been referred to medical and mental health staff's attention.

This Auditor reviewed PD 03.03.140, PD 03.04.100, OP URF 03.04.125 and the PREA Manual, which combine to form the agency and facility's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner.

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 this Auditor to determine compliance with provision (c) of the standard.

This 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. The URF does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, this Auditor determines compliance with provision (d) of the standard.

This Auditor reviewed PD 03.04.100 and the PREA Manual which specify 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. The URF does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, this Auditor determines compliance with provision (e) of the standard.

This Auditor reviewed PD 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. This Auditor reviewed documentation associated with investigation AIPAS #23580, that validated the facility providing STI (sexually transmitted infection) testing and prophylaxis. Based on the policy and evidence of compliance, this Auditor determines the facility is compliant with provision (f) of the standard.

This Auditor reviewed PD 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, this Auditor determines compliance with provision (g) of the standard.

The PREA Manual and OP URF 03.03.140, which were reviewed by this Auditor, outline 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. As of the time of the audit, there was one (1) known instances at the URF where an inmate was alleged to have engaged in sexual abuse of another inmate. This inmate was seen for mental health evaluation, but refused to cooperate. Based on policy provisions and the facility's effort to provide the evaluation consistent with this provision of §115.83, this Auditor determines compliance with provision (h).

## 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This 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 URF 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.

Through this Auditor's review of relevant investigations, this Auditor observed that incident reviews for investigations of sexual abuse provided with the pre-audit materials and random sample investigations provided post-audit occurred within the 30-day period required by the standard. This Auditor finds that the facility is compliant with provision (b) of the standard.

In sampled incident reviews, this Auditor notes that the facility did involve upper-level managers, generally including the Warden, Deputy Warden, facility Inspector(s) and Assistant PREA Coordinator. This Auditor did not observe evidence that a medical or mental health manager were part of the review team; however, absent additional evidence it is perceived that medical or mental health practitioners' input is considered. Interviews with the Warden, Deputy Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple disciplines, to include medical and mental health practitioners. Although individuals may not be present, input is considered. Based on interviews and incident review documentation, this Auditor finds compliance with provision (c) of the standard.

The PREA Manual and agency form CAJ-1025, which were reviewed by this Auditor, mirror 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, Deputy Warden and facility PREA Coordinator confirm that the URF's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Deputy Warden stated that any recommendation would be considered for implementation and cited examples such as video camera coverage and identification of physical barriers restricting supervision in an area. Due to the recent upgrade in the facility's camera system, review of placement and line of sight for these cameras are considered in the review process. Based on interviews and policy, this Auditor determines compliance with provision (d) of the standard.

This Auditor reviewed the agency PREA Manual and observed language 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 Deputy Warden, this 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*)

**Instructions for Overall Compliance Determination Narrative**

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This standard was audited at the agency level; however, will be addressed in part within this report.

The PREA Manual states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident report. Through an interview with the PREA Administrator, all allegations are entered into the Department's investigative data base so that uniform data can be obtained. The agency has a standard definition of sexual abuse and sexual harassment contained within its PREA Manual that guides data collection consistent with provision (a) of the standard.

As noted within the agency audit, the agency prepares an annual statistical report that is published on the agency's public website consistent with provision (b). This report aggregates information collected through the investigatory database and provides comparative summaries to the previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014 and 2015 at the time of this audit.

As noted within the agency audit, the agency's annual PREA statistical report for 2015 and its surveys of sexual violence for 2013 through 2015 are posted on the agency's website to demonstrate compliance with provision (c) of the standard. The data collected allowed for the answering of all questions required by the Department of Justice's surveys.

As noted within the agency audit, the agency's investigation database is utilized to collect data. Additionally, the agency PREA Administrator receives a courtesy copy of all facility based sexual abuse incident reviews to collect data consistent with provision (d) of the standard.

As noted in the agency audit and within this audit, the agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect under provision (e) of the standard.

As noted in the agency audit, the agency prepares its annual PREA report prior to June 30th so that it may have such information available to the Department of Justice upon request in compliance with provision (f).

## **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*)

#### Instructions for Overall Compliance Determination Narrative

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As noted within the agency audit, 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 expanded reporting options for 3rd parties. The agency also reported that it began conducting PREA audits of its facilities

during 2015, with the goal of enhancing compliance until all facilities in the agency have been audited, consistent with provision (a) of the standard.

As noted within the agency audit, the agency's 2015 annual PREA report compares data from 2014. This Auditor notes that the agency committed to PREA compliance in 2014; therefore, limited comparative data exists at the time of this audit. The 2015 annual report does summarize the agency's progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with provision (b).

As noted within the agency audit, the audit report is approved by the agency head and this Auditor confirmed that the annual report is published on the agency's website consistent with provision (c).

As noted within the agency audit, the agency does not redact information from its annual report consistent with provision (d).

## 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

### 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*)

### Instructions for Overall Compliance Determination Narrative

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As noted within the agency audit, the MDOC establishes procedures within its PREA Manual to direct that data must be securely retained. The agency PREA Administrator reported that he alone has access to the agency's overall data pool for PREA. There are a limited number of upper agency administrators above the PREA Administrator's rank who would have access to the agency investigation database. These procedures are consistent with provision (a) of the standard.

As noted within the agency audit, the agency's annual PREA statistical report for 2015 and its surveys of sexual violence for 2013 through 2015 are posted on the agency's website to demonstrate compliance with provision (b) of the standard.

As noted within the agency audit, the agency's reports that are published on the agency website do not contain personally identifying information, consistent with provision (c) of the standard.

The agency's PREA Manual specifies that data collected pursuant to 115.87 is retained for at least 10 years. The agency maintains its Surveys of Sexual Violence and annual PREA reports on its website. The SSV reports cover the three most recent years since the MDOC committed to PREA compliance and its most recent annual statistical reports since committing to PREA compliance in 2014 consistent with provision (d).

## 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*)

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This Auditor was able to tour all areas of the facility, correspond with inmate and interview inmates privately. This Auditor was able to observe all computerized and paper records requested. Copies of requested documentation was provided as requested. Interviews were permitted to take place in a private setting. It is noted that the MDOC did not have its all of its facilities audited during the first audit cycle; however, the agency entered into a consortium to conduct all audits in all of its facilities during

the second audit cycle. Since the audit is performed under a consortium, where the PA DOC consortium Auditor David Radziewicz is responsible for coordinating the scheduling of audits within the agency; this Auditor is able to confirm that one third of the MDOC's facilities are being scheduled for and audited each year of the cycle.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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This Auditor visited the agency website and observed a final reports completed by this Auditor and other consortium Auditors during the second audit cycle. Final reports from the first audit cycle were also present.

## 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.

Thomas E. Greishaw

July 19, 2018

**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.