

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

Interim  Final

Date of Report August 10, 2018

### Auditor Information

Name: David Radziewicz	Email: daveradziewicz@yahoo.com
Company Name: Click or tap here to enter text.	
Mailing Address: PO Box 74	City, State, Zip: Wrightsville, PA 17368
Telephone: 717-728-4135	Date of Facility Visit: December 4-6, 2017

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Michigan Department of Corrections		Click or tap here to enter text.	
Physical Address: 206 E. Michigan Ave, Grandview Plaza		City, State, Zip: Lansing, MI 48909	
Mailing Address: PO Box 30003		City, State, Zip: Lansing, MI 48909	
Telephone: 517-335-1426		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Federal			

Agency mission: The mission of the Michigan Department of Corrections is to create a safer Michigan by holding offenders accountable while promoting their success.

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 E. Washington	Title: Director
Email: WashingtonM6@michigan.gov	Telephone: 517-780-5811

### Agency-Wide PREA Coordinator

<b>Name:</b> Charles J. Carlson	<b>Title:</b> PREA Manager
<b>Email:</b> CarlsonC2@michigan.gov	<b>Telephone:</b> Click or tap here to enter text.
<b>PREA Coordinator Reports to:</b> Julie Hamp, Administrator Procurement Division	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 33

### Facility Information

<b>Name of Facility:</b> Cooper Street Correctional Facility								
<b>Physical Address:</b> 3100 Cooper Street, Jackson Michigan								
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.								
<b>Telephone Number:</b> 517-780-6172								
<table border="1" style="width: 100%;"> <tr> <td><b>The Facility Is:</b></td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input checked="" type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	<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>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						
<b>Facility Mission:</b> Cooper Street also serves as a centralized staging point for prisoners transferring to the Camp Program and as a release facility for prisoners who are about to parole, discharge, or transfer to community center placement.								
<b>Facility Website with PREA Information:</b> <a href="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</a>								

### Warden/Superintendent

<b>Name:</b> Joseph Barrett	<b>Title:</b> Warden
<b>Email:</b> barrettj2@michigan.gov	<b>Telephone:</b> 517-780-6801

### Facility PREA Compliance Manager

<b>Name:</b> Mathew Mates	<b>Title:</b> Resident Unit Manager
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> 517-780-6175

### Facility Health Service Administrator

<b>Name:</b> Kim Rupe	<b>Title:</b> Health Unit Manager
<b>Email:</b> rupek@michigan.gov	<b>Telephone:</b> 517-780-6152

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1752	<b>Current Population of Facility:</b> 1737
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Number of inmates admitted to facility during the past 12 months		1914	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1542	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1881	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		2	
Age Range of Population:	Youthful Inmates Under 18: NO	Adults: Yes 18-70+	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		1 year 28 days	
Facility security level/inmate custody levels:		Level 1, minimum security only	
Number of staff currently employed by the facility who may have contact with inmates:		264	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		24	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2	
<b>Physical Plant</b>			
Number of Buildings: 16		Number of Single Cell Housing Units: None	
Number of Multiple Occupancy Cell Housing Units:		11	
Number of Open Bay/Dorm Housing Units:		10	
Number of Segregation Cells (Administrative and Disciplinary):		None	
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.):			
207 fixed and multi-view cameras			
<b>Medical</b>			
Type of Medical Facility:		Part-time health clinic	
Forensic sexual assault medical exams are conducted at:		Henry Ford Allegiance Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		76	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		9	

# Audit Findings

## Audit Narrative

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

A Prison Rape Elimination Act audit of the Cooper Street Correctional Facility, located at 3100 Cooper Street, Jackson, MI, was conducted from December 4, 2017 to December 6, 2017, pursuant to a circular audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

I, David Radziewicz, was assisted during this audit by DOJ Certified Auditor Louis Folino.

The audit team wishes to extend its appreciation to Warden Barrett and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor during the site visit. The auditor would also like to recognize PREA Analyst Wendy Hart, PREA Coordinator Matt Mates, Prison Counselor Chasity Flynn, Inspector David Clifton and MDOC PREA Manager, Charles Carlson, for their hard work and dedication to ensure the facility is compliant with all PREA standards.

Prior to the audit, this auditor was provided a flash drive that contained pre-audit documentation. This flash drive contained applicable policies and sample documentation in support of compliance with the standards and their provisions. This auditor notes that the pre-audit samples in support of some standards contained gaps where sample documentation was unavailable to support some provisions of standards and which were later answered through document requests onsite or post audit. Additionally, the auditor notes that upon further examination, there were minor inaccuracies on the pre-audit questionnaire that were resolved through the auditor's review of supporting documentation.

Auditors arrived onsite at approximately 0830 hours on December 4, 2017. An entrance meeting was held with key administrative staff beginning shortly after 0830 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, the audit team began its tour of the facility while the facility prepared its list of specialized inmates for auditor selection.

At the start of the facility tour, the audit team went to the facility's control station and was given a demonstration of the facility's video surveillance capabilities. The audit team reviewed all 207 facility cameras. The technology employed by the facility allowed it to digitally screen out any areas from view that could create an opportunity for cross-gender viewing or opportunities for voyeurism, such as the toileting area of the temporary holding facilities in the medical area of the facility. During a review of the camera system, the auditors saw evidence of rounds being conducted by security staff within the facility and supervisory staff. The auditors observed that the camera system provides sufficient view of the housing units (which are open-bay, dormitory style housing in 10 of the 11 units) and their common areas, while

precluding view of the authorized changing areas within the restroom areas. The camera system also includes multiple views of the kitchen, food preparation areas, education, programming, recreation and internal walkways within the compound. The camera system provides a noteworthy supplement to existing direct supervision in each area of the facility and provides a means to retroactively review allegations within the facility.

During a review of the camera system, the auditor noticed that a contract food service staff member entered a cooler in the food preparation area, alone with an inmate. According to the facility, this practice is not authorized and food service staff are instructed to stand outside the coolers while an inmate gathers necessary items from within. The matter was addressed with facility staff and during the audit tour of the kitchen area, the auditor spoke with the observed food service contractor, advising the danger the practice presents.

After the review of facility cameras, the auditors were given a tour of all areas of the facility, including; all ten open bay housing units and the one unit that houses inmates in two-person cells. The open bay housing units consist of an entry way lobby, where the officer's station is located, office space and dayroom space are located. Restrooms are also located in this area, so officer staff can monitor entries, exits and audibly hear any disturbance within the restroom area should an incident occur. Moreover, all of these common areas, except for the restrooms, can be viewed through the facility's camera system. From the entry point, there are two parallel straight-line wings, hosting a total of 10 cubes each, which typically hold 8 prisoners in each cube. Each open-bay housing unit has the capability of holding 160 prisoners. The two-person celled unit consists of a "Y" shape, with an upper and lower tier for housing inmates on the branches of the "Y". The lower singular portion of the "Y" houses the officer's station for viewing of the tiers, group rooms and office space.

The tour also included Education/Programming Building, Administrative Buildings, the Chapel, visiting room, control rooms, intake, medical (including exam rooms) recreation, kitchen/dining hall and the outside warehouse/maintenance area.

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 auditor 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. Following the knock and announce, opposite gender staff waited at least 10 seconds prior to entering the housing unit. During a tour of the education area, it was noted that the facility's PREA "An End to Silence" handbook was readily accessible within the library.

During the tour, informal interviews were conducted with 32 inmates and 34 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 interviews in determining compliance with the standards. During the tour, the auditor also informally interviewed the facility staff escorting the audit team to gather an understanding of institutional operations and to clarify observations made during the tour. These informal interviews included discussions with the facility's Inspector, Resident Unit Manager, agency's Regional PREA Analyst and the agency's PREA Manager to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards, as well as agency policy. These informal interviews were used to supplement formal interviews in determining compliance with the standards and clarify matters not addressed on the applicable interview protocols for the respective parties. Additionally, during the audit tour, the auditor sampled 2 random inmate files on toured housing units to verify inmate PREA education and timeliness of 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 access the MDOC's (Michigan Department of Corrections) computer database 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 the auditor completed four previous audits as the lead auditor and assisted on four others and was aware of an agency deficiency with risk screening procedures that were corrected through a policy change, effective approximately 7 months prior to the audit. Despite the policy change, the observed supporting documentation indicated that the facility had a mistaken interpretation of some policy requirements pertaining to risk screening reviews and began consistently implementing procedures completely consistent with 115.41 after a site visit by the Regional PREA Analyst as described under the standard.

The audit tour concluded at just before 1500 hours on day one with all areas of the facility observed. Following the audit tour, the audit team was given a copy of the institution's inmate rosters and shift rosters in order to select inmates and staff for interviews. At least two inmates were randomly selected from each housing unit, with one inmate selected from each wing for formal interview, to supplement the informal interviews conducted during the tour. Additionally, the auditor notes that the facility has one housing unit specifically dedicated to housing disabled/vulnerable inmates and two housing units specifically dedicated to housing sexual offenders who were utilized to fulfill specialized interviews. The total sample size for formally interviewed inmates, including specialized inmates was 41 inmates. Not all sampled inmates agreed to participate in the interview process. A minimum of one officer from each housing area was randomly selected, covering all three shifts, with a total sample size of 15 random security staff interviews. All interviews were conducted in private conference rooms in the Deputy Warden's suite. Specialized staff included interviews with an additional 20 staff, with some individuals fulfilling multiple specialized protocols, such as individuals who conducted risk screening were also responsible for intake.

The auditor notes that, due to the facility's mission as a secure level 1 facility without a segregation unit (the lowest secure perimeter custodial security level facility within the MDOC), without inmates under the age of 18, specializing in programming for reentry, with an average length of stay of 1 year 28 days; there were some specialized interview protocols that were unable to be completed and other categories of specialized inmates were utilized to fulfill the necessary requirements. Specifically, the facility did not house youthful inmates and did not house inmates in segregation due to its lack of a segregation unit. Therefore, specialized protocols for youthful inmates, inmates placed in segregation and staff who work with these populations were unable to be fulfilled. Additionally, due to the relatively short-term stays, the facility only continued to house two individuals who had reported sexual abuse at the facility; however, the auditor also notes that 2 of its 7 sexual abuse reports were referred from other facilities. The need to fulfill the specialized inmate interview quota mandated by the auditor handbook led to significant complications identifying alternatives to quotas of categories that did not exist relative to facility mission. The audit team focused its efforts on what was available at the facility, which was a population of disabled inmates, ranging from physical impediments to cognitive impediments.

After the interview selections were completed, the audit team commenced interviews with 2nd shift staff and other specialized staff on day 1. The audit team completed its efforts at the facility on December 4, 2017 at approximately 1800 hours. The audit team notes that the facility operates its shifts from 0700-1500, 1500-2300 and 2300-0700. The audit team planned to return to the facility on 3rd shift for December 5, 2017

Auditors arrived onsite at approximately 0545 hours on December 5, 2017 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the audit team commenced with interviews of third shift staff as they were leaving their shifts and first shift staff as they were reporting for duty. Following the interviews with first and third shift staff, the audit team focused its efforts on completing specialized inmate and staff interviews. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews available at the facility. As previous mentioned, the audit team was unable to complete several specialized protocols due to their non-existence at the facility. The audit team attempted to interviewed the

two inmates who wrote correspondence to auditor in advance of the audit; however, both were released under parole from the facility prior to the onsite audit. During the audit tour, two inmates specifically requested to speak to the auditor. Those individuals were also selected for interview during the onsite audit and were interviewed on the 3rd day of the audit. The audit team was onsite from 0600 through 1900 hours on December 5, 2017, completing interviews.

The 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 (segregation does not exist at this facility), Staff who supervise inmates in segregated housing (segregation does not exist at this facility), 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). To substitute for those specialized inmates required by the PREA Auditor Handbook, the audit team completed interviews with the disabled inmate protocol for 12 inmates. Two (2) interviews with LEP inmates were conducted, 1 transgender inmate was interviewed (there was only one self-identified transgender inmate housed at the facility), 2 inmates who reported sexual abuse and 3 inmates who disclosed victimization during risk screening were interviewed. Specialized inmates were also administered the random inmate interview protocol.

A total of 20 specialized facility based staff were interviewed 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. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards.

The agency head's designee and agency PREA Administrator were interviewed in person during a previous audit by this auditor and as part of the Agency audit. A interview was conducted by this auditor, via telephone, with a representative of Henry Ford Allegiance Hospital (who provides SAFE/SANE services to the facility).

The audit team arrived at the facility at approximately 0645 on December 6, 2017 to conclude interviews with the specialized inmate population, collect documentation and conduct an exit briefing with the facility.

During the start of the third day, the auditor was afforded with the opportunity to review facility investigations prior to inmate interviews. A total of 12 representative investigations were randomly selected by this auditor for further review and the facility provided copies of those investigations for the auditor to take and analyze further post audit. At the conclusion of specialized interviews, the auditors conducted an exit briefing with facility staff and departed the facility at approximately 1300 hours. This auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency's Regional PREA Analyst.

At the conclusion of the onsite audit, the auditor was aware of a definitive need for corrective action to complete risk screening procedures within the timeframes required by 115.41 and the related standard of 115.42. The auditor also notified the facility of the need for corrective action under standard 115.71. Moreover, during the formulation of the interim report, the auditor also became aware for corrective action under 115.22, 115.63 and 115.87-89.

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditor and both the agency and facility staff. During this time, the auditor discussed concerns with the agency's Regional PREA Analyst who filtered request to the appropriate staff. Through a coordinated effort by staff members within the PREA analyst unit and key staff at the Cooper Street

Correctional Facility all informational requests of this auditor were accommodated prior to the completion of the Interim Report.

The interim report was issued to the facility on January 20, 2018. Within the interim report, the auditor notified the facility of the specific documentation required to resolve those standards and provisions identified for corrective action. The auditor coordinated documentation requests through the agency PREA Analyst, who filtered those requests to the appropriate facility personnel. Documentation was provided intermittently throughout the course of the months of March through July, with the final items coming into corrective action during the course of the month of July.

The agency PREA Analyst for the facility provided this auditor with documentation, screenshots, tracking logs and photographic evidence to resolve the standards identified for corrective action, specifically 115.22, 115.41, 115.42, 115.63, 115.71, and 115.87-89. For standards requiring demonstration of practice, i.e. risk screening procedures and referrals for mental health services following disclosure of victimization, the auditor selected random and targeted samples from the incoming inmate rosters. The facility was then required to respond with screenshots of its electronic records to verify date and time stamped assessments and electronic health record narratives. The auditor notes that, during the corrective action period, this facility began to serve as a pilot facility within the agency for documenting inmate acceptance of or declining of the offering of medical and mental health referrals required by 115.81 in a notes section for the tool itself, allowing the facility to eliminate a tracking spreadsheet to record this information. For those inmates accepting referrals for medical and mental health follow-up evaluations as required by 115.81, supplemental documentation to verify referrals was provided as requested. All requests for documentation from the auditor were satisfied in a reasonable time period after requests were made.

## 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 Cooper Street Correctional Facility (JCS is the former Michigan Parole Camp in Jackson, and is located across the street from the old State Prison of Southern Michigan. It was expanded, with an increase in security, to create a Secure Level I prison which opened in July of 1997.

Cooper Street also serves as a centralized staging point for prisoners transferring to the Camp Program and as a release facility for prisoners who are about to parole, discharge, or transfer to community center placement.

As a Secure Level I facility, JCS has two high chain-link fences, rolls of razor ribbon wire, a perimeter detection system, and an armed perimeter security vehicle (PSV) patrolling the outside grounds. There is also an alert response vehicle available for backup to the PSV if necessary.

Routine medical, psychological and dental services are provided on site. Serious medical problems may be treated at either Duane L. Waters Health Center or Foote Hospital, both of which are in Jackson.

Academic Education, Advanced Substance Abuse Treatment (ASAT), Employment Readiness/Pre Release, Michigan Sex Offender Program (MSOP), Substance Abuse Outpatient (Phase II), Substance Abuse Education (Phase I) Thinking for Change (T4C), Violence Prevention Program (VPP) and Secondary



Education through Jackson College are provided onsite. Many program resources are expanded through participation by community volunteers, such as local clergy and lay people, which gives prisoners increased opportunities to participate in programs related to religious activities and self-improvement programs.

Prisoners are provided with on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Hospital and Henry Ford Allegiance Hospital in Jackson.

All of the housing units of the same security level are of a similar structure. Within the level 1 open-bay housing units (10 of the 11 units) the entry point leads to the officer's desk. From there, two linear rows extend straight and parallel to one another. Eight-man cubicles are located on each side of the aisle. 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 surveillance over who enters. Within housing unit E, the unique 2-person celled unit, the entry point leads to the officer's control station. Behind the control station are several large group/recreation rooms and office space. 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 facility is designed to operate a maximum capacity of 1752 inmate. On day one of the audit, there were 1735 inmates present. The auditor observed that the inmate population to consist predominately of Caucasian and African- American inmates. Other ethnic groups were not widely observed throughout the tour. The facility also specializes in the housing of inmates with sex offender programming needs. From the auditor's 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 is approximately 1 year 28 days. The facility does have one unit dedicated to more vulnerable inmates who are disabled or vulnerable.

There are a total of 264 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 rounds taking place throughout the unit with random roving movement.

The education and programming building consists of a single floor. The 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. Due to the degree of programming that occurs at the facility, there are trailers that are periodically used to run groups when necessary. Cameras were located in two of the three trailers. Groups are facilitated by multiple staff and periodic rounds are conducted by the compound officers.

During the audit tour and through informal interviews with staff and inmates, the auditor was 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:** 0

Click or tap here to enter text.

**Number of Standards Met:** 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 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, 115.77, 115.78, 115.81, 115.82, 115.83, 118.86, 115.87, 115.88, 115.89

**Number of Standards Not Met:** 0

Click or tap here to enter text.

### Summary of Corrective Action (if any)

This is a final report that was preceded by an interim report, accompanied by corrective action plan recommendations made by the auditor. This report contains recommendations for the facility to develop compliance, as well as the specific actions the facility took to come into compliance with identified standards. To preserve the original findings, this auditor will identify those actions taken to come into compliance as POST INTERIM REPORT CORRECTIVE ACTION. Any information preceding such headings is information that was provided in the interim report. Any standards containing corrective action headings, not followed by “post interim report corrective action” identifies a standard that was corrected onsite or prior to the issuance of the interim report.

The auditor notes that the facility implemented risk screening approximately six months prior to the audit; however, was not consistently conducting those screenings within the required timeframes. Additionally, the facility’s investigations were not consistently completed in accordance with the agency policy’s requirements to physically interview all applicable parties.

As the agency gains experience in the PREA auditing process, it has made substantial efforts to enhance its policies and institute practices that are demonstrative of standards compliance. The audit of the Cooper Street Correctional Facility represents the 19th audit within the agency. It is evident that most agency policies have been implemented and institutionalized; however, more recent changes, such as risk screening and enhanced investigatory procedures have not firmly rooted within the 7 months since policy changes took effect.

The auditor notes that the facility provided supporting documentation during the pre-audit process, during the onsite audit and post audit. Most requests of the auditor were provided in time for this interim report; however, some items were outstanding and were thus listed as matters requiring

corrective action. Upon receipt of requested documentation in support of some standard provisions, the facility can be deemed compliant. Other areas of non-compliance will require firm establishment of practice within the facility to demonstrate compliance.

#### Specific Corrective Action Recommendations:

115.22

#### CORRECTIVE ACTION RECOMMENDATION:

The facility will be required to provide proof that it documents all referrals for investigations to the Michigan State Police (MSP) for potentially criminal allegations. It is recommended that a training memorandum be issued to all facility investigators with a signed acknowledgement, informing them of the requirement to refer all potential criminal acts to the MSP and demonstration of practice through reviewed investigations prior to this auditor determining compliance with provision (b) of this standard. All facility investigations occurring during the corrective action period will be reviewed to ensure that all applicable referrals are made to the MSP prior to the completion of administrative investigations to ensure compelled interviews do not compromise potential prosecution.

Compliance will be measured by the auditor observing the agency's MSP referral form in investigatory packets for all allegations involving potentially criminal behavior. It is noted that the auditor will require review of all investigations to determine compliance with 115.71 and this standard will be reviewed in conjunction with that standard.

115.41

#### CORRECTIVE ACTION RECOMMENDATIONS:

The Cooper Street Correctional Facility is required to continue with its recently implemented 72-hour intake risk screening procedures. During the audit tour, the auditor observed the facility's internal tracking mechanisms, developed by the agency, for ensuring the timeliness of risk screening procedures and applicable referrals should certain items be responded to affirmatively. Through prior audits within the MDOC, this auditor found these tracking mechanisms to be adequately detailed and helpful in measuring compliance when measured against computerized assessment records to confirm the veracity of the information within the manually generated spreadsheet.

Compliance will be measured by the facility providing the auditor with a copy of the facility's tracking sheet. The auditor will then select a random sample of those inmates and request applicable computerized risk screening records to verify the accuracy of the tracking log, thus ensuring that both 72-hour and 30-day risk screenings are completed as required in accordance with provisions (a) (b) and (f) of the standard. If compliance is demonstrated during the initial 90-day period, the auditor will be satisfied that the matter has been corrected.

115.42

#### CORRECTIVE ACTION RECOMMENDATIONS:

The Cooper Street Correctional Facility is required to provide evidence of consistent implementation of a 72-hour intake screening process to screen all new receptions and transfers into the facility, as required by standard 115.41 to demonstrate full compliance with 115.42, as any use of screening information must consider the most recent and accurate information to be effective. This screening process shall consist of the use of the initial victim and aggressor screening tools. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or

history of victimization from the initial reception center. The facility is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process. The auditor will also require documentation that the facility reviews its transgender inmates twice per year or provides evidence that transgender inmates transfer prior to their required semi-annual reviews. Compliance will be measured by the facility providing copies of CHJ-339 forms for all transgender inmates received at the facility during the corrective action period. If no transgender inmates are received during this corrective action period, a training memorandum issued to the facility PREA Coordinator will suffice as corrective action.

115.63

**CORRECTIVE ACTION RECOMMENDATIONS:**

The facility will enter a corrective action period for other standards as noted in this report. During that corrective action period, the auditor will require the facility to produce documentation that it indeed notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours.

115.71

**CORRECTIVE ACTION RECOMMENDATIONS:**

To become compliant with this standard, the facility will be required to implement procedures to physically interview pertinent parties to each allegation to augment any written statements obtained during the investigation. Furthermore, it must demonstrate through its investigations that the investigators are appropriately applying the specialized training required by 115.34, specifically as it relates to appropriate standard of evidence and appropriate use of Miranda and Garrity warnings when appropriate.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see interview summaries within each facility investigation. Should the facility not have an investigation during that 90 day period where the facility can demonstrate its commitment to the thorough pursuit of an investigation; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.

115.87-89

**CORRECTIVE ACTION RECOMMENDATIONS:**

The agency will be required to finalize its 2016 annual report, have it signed by the agency head and posted to its website to demonstrate full compliance with this standard. The auditor will verify completion of this task by visiting the agency's public website and confirming the annual report from 2016 is properly posted for public consumption and includes a review by the agency head.

115.22

**POST INTERIM REPORT CORRECTIVE ACTION:**

During the corrective action period, the facility had one allegation of sexual abuse that contained potential criminal behavior. Investigation #23706 alleged that a staff member sexually groped an inmate during a pat search. The investigatory packet contains documentation that the matter was referred to the Michigan State Police (MSP). After the alleged victim was shown a video of the incident and agreed that the search was routine and conducted in accordance with policy; MSP declined to investigate the incident.

Given that the facility was able to provide documented evidence that it referred its potentially criminal allegation to MSP; the auditor now finds compliance with provision (b) of the standard.

115.41

#### POST INTERIM REPORT CORRECTIVE ACTIONS:

The auditor notes that, during the corrective action period, this facility began to serve as a pilot facility within the agency for documenting inmate acceptance of or declining of the offering of medical and mental health referrals required by 115.81 in a notes section for the tool itself, allowing the facility to eliminate a tracking spreadsheet to record this information and to allow the auditor to select random samples from incoming inmate rosters; rather than a manually kept spreadsheet.

On April 5, 2018, the agency PREA Analyst provided this auditor with a print out of all receptions to the facility between the end of the on-site audit in December 2017 through April of 2018. The auditor returned a random sample of 12 inmates on April 30, 2018, covering approximately three samples per month. The facility provided screenshots of the electronic assessment records with the date and time stamps on May 8, 2018.

The auditor reviewed those samples and found that three of 12 random samples had the 72-hour assessment completed one day late. One of the 12 samples demonstrated that the 30-day assessment was late and two of the 12 did not have a 30-day review of the assessment completed. Additional samples were requested from the facility on June 30, 2018.

The facility provided the auditor with a copy of all the facility entries between April 16, 2018 and July 2, 2018 on July 3, 2018. On July 5, 2018, the auditor requested and received the additional sample documentation. Specifically, the auditor requested a total of 10 random samples from the months of April, May and June who were all due for both the 72-hour and 30-day assessments required by the standard. The auditor found that all requested samples were completed within 72-hours, prior to day 30 and no sooner than day 10. Two of the samples random samples contained disclosures of victimization and contained documentation that the appropriate mental health referral documentation was completed for one sample and that a mental health evaluation was declined by the other inmate disclosing victimization.

Given that the facility demonstrated that it has developed the practices to consistently complete its risk assessments and the reviews of those risk assessments in within 72-hours and between days 11 and 30; the auditor now finds compliance with provisions (b) and (f) of the standard.

115.42

#### POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report and as specifically addressed under standard 115.41, the facility complied with the corrective action recommendation to institutionalize the operations of conducting 72-hour and 30-day risk screening assessments on all transfers to the facility within the time periods prescribed by the standards. As described under standard 115.41, the facility provided sufficient documentation that, during the course of the corrective action period, it established the procedures necessary to complete risk screenings in the timeframes established by the standards and could therefore have the information available to effectively utilize risk screening data to inform critical placement and housing decisions with the most recent and accurate assessment information in compliance with the provisions of 115.42.

The auditor notes that the facility itself is not responsible for the complete formal semi-annual reviews of transgender, intersex and gender dysphoric inmates completed on form CHJ-339; rather, this is a central office responsibility completed by the Bureau of Health Care Services and the Deputy Director for Correctional Facilities Administration with input from the facility healthcare provider. The facility staff have ongoing case contacts with transgender and intersex inmates that it completes and provides opportunity for immediate local adjustments of supervision practices.

Following the audit, the facility provided the auditor with electronic medical records from both medical and mental health staff that were utilized by agency staff to complete the formal review of the facility's transgender inmate. Specifically, the transgender individual was seen by the facility's medical provider on November 27, 2017 and the agency review indicated that there were not changes necessary from the initial Gender Dysphoria evaluation in May of 2017. The inmate was released from the facility prior to the next scheduled semi-annual review in May of 2018. Based on confirmation that required reviews of transgender inmates are occurring at least twice per year; the facility now demonstrates compliance with provision (d) of the standard.

115.63

**POST INTERIM REPORT CORRECTIVE ACTION:**

The auditor notes that the facility did not demonstrate a lack of compliance to trigger the need for corrective action for this standard; however, the auditor listed this item as a corrective action item in hopes of developing sample documentation in support of compliance during the monitoring period for standard 115.41. The auditor monitored facility risk screening for a period of 180 days following the audit; however, during that period, the facility did not receive reported allegations of sexual abuse occurring at another facility to report in accordance with the standard.

Given the facility's primary mission as a staging facility for its boot camp program and a facility for short sentenced inmates transferred directly from its Reception and Guidance Center, who do not have the extensive incarceration history consistent with higher custody, longer-term inmates; it is reasonable why such a report may not be evident during the corrective action period. For most inmates admitted to the facility, the majority would only have a brief history of incarceration at one other MDOC facility and perhaps a county facility prior to admission to Cooper Street Correctional Facility. The agency does have sufficient policy provisions in place to ensure other facility notifications take place as required and, through other audits within the agency, this auditor has observed agency practice to fulfill this obligation when necessary. Based on the absence of documentation to demonstrate non-compliance, the auditor determines this standard compliant.

115.71

**POST INTERIM REPORT CORRECTIVE ACTION:**

The auditor reviewed investigation #23706 involving an allegation of a staff member groping an inmate during a pat search. The allegation was made on February 3, 2018 and the investigation was completed promptly by February 14, 2018. The report contained evidence that involved parties were physically interviewed and provided the opportunity to question information pertinent to the allegation. A medical evaluation was completed in response to the allegation and reviewed with the investigation. A criminal referral was made to the Michigan State Police, based on alleged inappropriate contact with the inmate's buttocks. Criminal investigation was initiated; however, was not completed. When the MSP investigator reviewed video evidence with the alleged victim and asked him to walk through the incident; the alleged victim acknowledged the search was conducted properly and did not wish for criminal investigation to

proceed. The resultant administrative investigation, which was subsequently finalized, properly weighed the evidence in making the determination the allegation was unfounded.

The facility demonstrated that it took the appropriate steps to investigation the allegation promptly, thoroughly and weighed the evidence appropriately when determining its conclusion in compliance with provisions (a) and (c) of the standard.

115.87-89

On March 16, 2018, MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, www.michigan.gov/corrections, and this auditor's review, auditor has determined that Cooper Street Correctional Facility is now in compliance with the requirements of these data collection and posting standards.

## 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 03.03.140 and the PREA Manual were updated by the agency in March 2017 to address gaps identified in recent audits and to enhance the overall level of compliance within the Michigan Department of Corrections (MDOC). 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 3.3.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision (a)

Under recent revisions, agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS serves to establish the agency's zero-tolerance policy and outline the agency's approach to implementing the PREA standards. This policy outlines definitions, sets forth the zero-tolerance standard, describes responsibilities of staff, outlines preventative measures, reporting mechanisms, investigation practices, medical and mental health provider responsibilities and access to victim advocacy. Key enhancements within this updated policy, are the implementation of 72-hour intake risk screening for each transfer within the MDOC and the requirement to ensure investigatory interviews are conducted with applicable parties in each investigation.

The MDOC is in the process of establishing initial determinations of compliance at each of its facilities during the second audit cycle. With the knowledge that there are a wide array of policies issued prior to



the effective date of the PREA Standards and the need to cover those areas where previous policy may have been inadequate to meet the PREA standards; the agency created its PREA manual. 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 policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. Under the authority of a Director's Office Memorandum, 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 reissue in April 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; however, it will be addressed in part in this report. According to recent revisions within 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 interview with the PREA Manager, it was explained that the title of PREA Manager, is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Manager, he 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. This auditor 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 Cooper Street Correctional Facility is the Resident Unit Manager (RUM). The position of RUM within the MDOC is an upper-level management position who acts under the authority of the Warden and Deputy Warden to manage the operations of multiple housing units throughout the facility. The RUM at Cooper street manages five housing units in the facility, with oversight authority for the Correctional Officer staff, Prison Counselors (PC) and Assistant Resident Unit Supervisor (ARUS). The auditor notes that the facility PREA Coordinator was recently promoted into his position, approximately 9 months prior to the audit and has made strides during that time to implement the PREA standards at the facility. 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.

Based on a review of the PREA Manual and interviews with the PREA Manager and facility PREA Coordinator, the 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 PAQ, the PREA Manual and interviews with the PREA Manager and Agency PREA Analyst, this auditor determined that neither the agency nor the Cooper Street Correctional Facility currently contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a contract entered into with the Great Lakes Recovery Centers as proof that it requires PREA compliance of its contracted agents. While this contract is not for the housing of inmates and is focused on the provision of reentry services in the areas of employment, vocational services and linkages to community housing resources for social and behavior health services; it contained language to ensure that the contractor would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded for

the confinement of MDOC inmates by any private entity. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its executed contract 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, titled 2017 Staffing plan (compiled October 1, 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.

While the agency no longer participates in the American Correctional Association audit process, it maintains that it conducts its internal audits to those same standards, meeting generally accepted correctional practices. The auditor notes that neither the agency nor the facility are subject to any findings of inadequacy from the Courts or Federal investigative agencies. There are no state or local laws governing staffing. The facility is subject to audit by the state's Auditor General and is subject to internal audits, which were included as part of the staffing plan's formulation documentation. Internal findings of inadequacy were noted in the fire and safety inspections; however, none were relevant to the context of the PREA standards, nor were they significant with respect to manpower resources required under the staffing plan. The population is composed of "general population" (inmates with a designated custody level) and "programming" (inmates required to complete designated programs prior to parole eligibility) populations. All inmates at the facility are considered custody level 1 in the MDOC classification system. All but one of the 11 housing units are identically constructed in the "pole barn" style dormitory housing with two parallel wings, with a total of 10 cubes, each holding 8 men on each of the two wings; holding 160 men in each housing unit.

With respect to the number and placement of supervisory staff, each shift is overseen by one Captain, two Lieutenants and three Sergeants. Shifts run 0700-1500, 1500-2300 and 2300-0700. There is an additional Sergeant assigned on an overlapping shift of 0600-1400 to oversee specialized functions and those prisoners with clearance to work outside the secure perimeter of the facility. In addition to security chain of command, a total of two Resident Unit Managers (RUM) and three Assistant Resident Unit Supervisors (ARUS) serve in a supervisory capacity throughout the facility during traditional day-time programming hours. There are eight Prison Counselors to assist in the oversight of the housing units. Each housing unit has a total of two officers assigned to monitor both wings and the lobby area of the housing unit. Additional staff are assigned to randomly rove throughout the facility and supervise yard activities. The auditors observed two officers stationed on each housing unit as the tour

progressed, along with additionally roving staff outside the housing units, who were observed supervising recreation.

Programming is a key function at Cooper Street, with its mission as a reentry facility. Two officers are allocated to the programming building to provide additional security for those programs directly overseen by MDOC instructors. All programs facilitated by instructors, prison counselors and mental health staff are subject to checks during officer rounds. Moreover, the programming area of the facility has clear lines of visibility, via a window, into each area to ensure maximum accountability with minimum staffing. There were no substantiated reports to sway the staffing plan and the unsubstantiated reports were not influenced by staffing levels.

Interviews with the Warden and PREA Coordinator reveal that no recent modifications were made to the staffing plan. The auditor notes that the facility completed a significant enhancement of its camera system, which provides facility staff with an exceptional support tool to augment existing officer presence. A review of the facility's staffing plan and an interview with 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 1748 inmates and the facility generally operates just shy of capacity.

According to an informal interview with the PREA Manager during the audit tour, 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. Daily shift rosters document facility absences and how posts are filled. During the audit, the auditor observed the use of overtime to ensure posts were filled, interviewing random staff who reported that they were covering shifts vacated by absences. Interviews with the Warden and the auditor's observation and interviews with staff who worked overtime confirm the facility staffing plan is complied with 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 is relatively new to his position (assuming his duties approximately six months prior to this audit); however, reports involvement in the staffing plan process for each facility within the agency. The auditor notes that this is the initial PREA audit for this facility and its formal staffing plan was just formulated in October 2017; however, there were staffing plan reviews conducted on the previous staffing plan in September 2015 and 2016 that the auditor obtained post-audit. There was a review for September 2017; however, it was negated by the formal plan developed in the subsequent month. Evidence of the PREA Manager's review was present for the 2015 and 2016 reviews.

While agency policy specifies that the staffing plan is to be reviewed annually by the facility and the agency PREA Manager, the auditor notes that the Cooper Street Correctional Facility's staffing plan was just developed October 1, 2017 and has not been in existence long enough to have an annual review. Moreover, the facility is in its initial efforts to demonstrate compliance with the PREA standards through and audit; therefore, subsequent annual staffing plan reviews are not yet available. From this auditor's observations during his participations in ten audits throughout the agency, Cooper Street Correctional Facility and the agency as a whole, have taken action to upgrade camera technology 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 electronic round reading device print-outs from the Warden, Deputy Warden and shift Captains 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. Additionally, during the audit tour, the auditor asked to see each camera, excluding perimeter cameras, to verify compliance with cross-gender viewing limitations. During this time, the auditor observed that rounds were taking place throughout the facility by officers in the housing units.

Through interviews with the PREA Coordinator and review of log book activity on the housing units during the audit tour, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Warden complete weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. One of the facility Resident Unit Managers (RUM) 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, such as skipping some units, to ensure rounds are not predictable. A Sergeant was also interviewed for this purpose and confirmed that he makes efforts to ensure his rounds are not conducted in sequence to ensure they 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 and via the use of a tour pipe. 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.*

Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women’s Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made. Additionally, the PREA manual and facility narrative reinforce the agency's assertion that youthful inmates are not housed at Cooper Street Correctional Facility. The agency provided operational procedures from TCF and WHV to demonstrate that said facilities due have procedures in place to manage youthful offenders.

During the audit tour and through interviews with the Warden, PREA Manager and PREA Coordinator, it was observed that the Cooper Street Correctional Facility 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

*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.*

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.

Policy 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. Policy 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's breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched. An interview with the agency PREA Manager confirms that privacy screens are to be used when an opposite gender supervisor must be present during a strip/body cavity search.

The facility identified its intake strip search area as a separate building adjacent to the administration building. This building is relatively small and comparable to the size of a two-car garage. When in operation, this post is manned by a gender specific (male) staff member to conduct strip searches of the arriving male inmates. The building provides privacy from all individuals who are outside the strip search area (a recessed area within a room that is not visible from the entry hallway or staging areas), thus, even if a female staff member entered the area, individuals being strip searched would not be viewed. The auditor also notes that all inmates arriving at Cooper Street Correctional Facility will have processed through the agency's Reception and Guidance Center or will have transferred in from

another MDOC facility, where an inmate's gender or any special privacy considerations for transgender inmates would have been pre-determined.

The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted and the facility's strip search areas have adequate privacy from cross-gender viewing to demonstrate compliance with provision (a) of the standard and clarified the ambiguity in agency policy.

Policy 04.04.110, which was reviewed in determining compliance with provision (b) of the standard, permits searches of female inmates when female staff 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.

Although agency policy 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; the auditor also notes that Cooper Street Correctional Facility does not house female inmates.

Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility tour and interviews with the PREA Manager, PREA Coordinator and Warden, the auditor observed that the facility does not house female inmates. Therefore, the facility demonstrates that it does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with provision (b).

Policy 04.04.110 and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The 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. Search training materials confirm that staff are trained that females are to be pat-searched by female staff only and that if a male staff must do so in an emergency; staff are trained that it must be documented through the submission of a written report to the on-duty administrator.

The facility PREA Coordinator and the PAQ confirmed there were no reported cross gender strip, visual body cavity or pat-searches of female inmates conducted by the facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and the auditor notes that the facility does not house female inmates. Moreover, the auditor's observation of the strip search area confirms that adequate privacy from outside the area viewing exists, allowing this auditor to determine compliance with provision (c) of the standard.

**03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS**, the PREA Manual, Privacy Notice Signs, Knock and Announce and photographs of showering facilities 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, officer desks and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

A total of 41 inmates were formally interviewed during the course of the audit (including specialized populations); however, the random protocol of questions was used for each. The audit team ensured that an inmate from each of the housing unit wings in each housing unit were randomly selected for interview. Of those interviewed twelve affirmatively identified that opposite gender announcements were not made when females staff entered the units. Sixteen affirmatively identified that opposite gender announcements were made consistently. The remainder of the inmates stated that such announcements occurred sometimes or that they could not tell how frequently the announcements were made, with inmates admitting to the fact that they do not routinely listen for these announcements. The auditor attempted to identify a pattern by housing unit and found conflicting inmate reports from inmates within the same housing units. Given the layout of each housing unit and the open bay style of the units, there is considerable opportunity for the routine noise of those living within the unit to overshadow the announcement, especially for those who live at the extreme ends of the housing units. While the facility may be practicing the concept of opposite gender announcements, as all staff confirmed such a practice in interviews and the audit team observed announcements being made during the three days onsite; the inconsistency in the effectiveness of this announcement practice is clearly evident among the inmate population. However, the auditor does note that the only authorized opportunity for cross-gender viewing occurs in the bathroom area, which is located near the entry way, where the practice has the greatest opportunity to fulfill its intent of limiting cross-gender viewing. The facility is literally compliant with provision (d) of the standard with its actions; however, it is recommended that the housing unit's PA system be utilized for greater effectiveness.

During the course of the audit tour, the auditor observed that each housing unit has two communal bathroom facilities (one on each wing), located at the front of each housing unit, in proximity to the officer post/office space and counselor office. This area is designated as the formal changing area for all inmates and if an inmate is to be unclothed (exposing their genitalia), it must be done in this bathroom area. Each toilet has a stall and doors (sometimes in the form of a curtain) to ensure privacy. Showers have curtains that permit the viewing of the head and foot area to ensure that only one inmate is within each shower stall, while amply covering the genital region. An area of potential concern are the urinals located directly opposite the entryway to the bathroom area. While an inmate using a urinal can be observed from behind from the hallway entry points, genitals are not exposed, nor observed if the urinal is being used. Dividers are in place to limit angular viewing from the entryway. This auditor stood in the urinal area in multiple positions in one of the housing unit, while the assistant auditor observed to ensure genitals would not be visible while the urinal was in use. Since the layout of the restroom facilities is similar in the 10 comparable units, this testing was not repeated in each unit.

Formal random interviews and numerous informal interviews during the audit tour with both staff and inmates confirm the auditor's observation that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with provision (d) of the standard.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/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. The auditor notes that during the interim audit period, this policy was amended at the agency level and, effective 06/26/2017, became known as GENDER DYSPHORIA and eliminated references to Gender Identity Disorder (GID). Random and informal interviews during the audit 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. All fifteen randomly interviewed staff could clearly articulate their 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, with a majority noting that this would be a healthcare determination. The only identified transgender inmate housed at the facility was scheduled for formal interview and 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 and a transgender inmate, the

auditor is confident that transgender and intersex inmates are not examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

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 documentation, in the form of 357 staff training records of computer based training record receipts as part of its pre-audit sample training records relative to transgender/intersex searches. Although the total number of staff training records exceeds the total number of staff identified on the PAQ, the auditor noticed that this list also inactive staff who were trained and no longer work at the facility. Random interviews with staff indicate that search training is part of the training academy process and computer based modules are completed annually; however, one staff also mentioned that a Sergeant completed a review training on the housing unit as well. When interviewed, all but two staff affirmatively identified that they would search an inmate either consistent with a female search process or identified the “praying hands” technique. The other two stated that they would call a supervisor and have a female search the transgender/intersex inmate. A review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### 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. Policy 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 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 limited English proficient inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. 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 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 English and Spanish.

Cooper Street Correctional Facility has a significant physically and mentally disabled population (wheelchair bound, mobility impaired, hard-of-hearing, cognitively impaired). During the onsite portion of the audit, the audit team placed extra focus on this disabled population to achieve its required number of specialized interviews, as the facility lacked many other specialized populations due to its mission. Interviews with physically disabled inmates confirm that they were able to understand the educational materials provided by the agency and that they generally felt safe within the facility. Although a hearing-impaired inmate was able to effectively communicate with this auditor without the aid of an interpreter, this inmate reported that the facility assigns an interpreter to assist him when necessary. The inmate also reported that he communicates through a TTY machine at the facility as well. From the auditor's previous experience auditing other facilities in the agency, this auditor notes that the Jackson area is home to multiple correctional facilities, all within an approximate 2-mile radius and sign language interpreters conduct on-site visits to the correctional facilities in the area as necessary. Those inmates who were identified with cognitive impairments also reported that they understood the educational materials that the agency provides. As another step to reach all inmates,

the institution broadcasts the agency's PREA video on channel 99 of the inmate cable system on a repetitive loop so that this information is constantly available.

The auditor does note that the comprehensive educational process is completed at the agency's Reception and Guidance Center (RGC) prior to transfer to Cooper Street Correctional Facility and the agency's reporting methods are universal; thus, the need for additional comprehensive PREA education upon arrival at Cooper Street is minimal.

Posters displaying PREA reporting information were observed to be posted in each housing unit in 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. The 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 invoices from Pallero Translations in September 2017 that this auditor reviewed in determining compliance with provisions (a) and (b) of the standard. The auditor notes that the contract with Pallero translation services requires in-person translation. When the auditor questioned how the facility reacts in crisis situations where an emergency does not permit the coordination of an onsite interpreter; the facility responded that it will use a staff interpreter to gather any necessary preliminary information to effectuate a response. However, if needed, the interpreter can be called in, albeit at a higher emergency rate.

To confirm the facility's ability to provide onsite interpretation services in a crisis situation, an interview was conducted with an LEP (Spanish speaking) inmate and a staff interpreter. This interview revealed that the inmate was provided with his PREA education at RGC, prior to arrival at Cooper Street Correctional Facility and that he did not receive such information at Cooper Street when he arrived in 2016. This interview did reveal that the inmate was provided a specialized interpreter for meetings he had with a medical clinician and when he was being interviewed by the parole board. He also stated that an officer at the facility does assist him by translating written materials to Spanish for him. Based upon the facility's ability to provide routine and crisis interpretation services, the auditor finds compliance with provision (b) of the standard.

Agency policy 03.03.140 and PREA Manual prohibit the use of inmate interpreters and were reviewed in deterring 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. Eleven of fifteen randomly interviewed staff were able to affirmatively 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 and the other four were able to affirm that such a practice does not exist within the facility. Staff consistently related that they would find a staff interpreter to assist in such situations 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*)
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#### Instructions for Overall Compliance Determination Narrative

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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. These application materials are part of its NEOGOV online application materials that are universal throughout the agency. 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.

The facility reports on the PAQ that 24 staff were hired at the facility in the preceding year. An interview with the Human Resource officer confirms that all candidates considered for hire or promotion by the facility are subject to background checks, that not only come in the form of criminal history checks, but also in the review of personnel records and letters to former institutional employers. Any individual convicted or adjudicated of the enumerated behaviors would be rejected as a candidate for employment. The Human Resource representative also stated that individuals who have engaged in the above behavior or who were under investigation for such behaviors would not be considered for promotion.

A review of facility hiring records, agency application materials, interviews with the agency PREA Manager and Human Resource staff confirm that the Cooper Street Correctional Facility is compliance with provision (a) of the standard.

Policy 02.06.111 and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. Policy states that any candidate for a job change or promotion with a history of engaging in misconduct, such as sexual harassment can be blocked by the agency Director. The HR officer explained in an interview that any candidate for a job change or promotion with a history of engaging in sexual harassment would not be hired or promoted.

A review of policy and the interview with Human Resource 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. However, the facility is responsible for review and selections of promotions, transfers of custody staff. 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).

02.06.111 EMPLOYMENT SCREENING 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 Human Resource 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. However, the facility is responsible for review and selections of promotions, transfers of custody staff. Within pre-audit sample documentation, this auditor found evidence in support of this claim via sample documentation of two notices where prospective

candidates were found to have failed the background check and the issuance of background check notification from the agency's central office.

During an interview with Human resource 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 all twenty-four (24) of the reported hires on the PAQ, pre-audit to demonstrate compliance with provision (c). The auditor notes that in two cases, the agency sent letters to the candidate to explain non-prohibited arrests that were detected in the background check. Moreover, in two other cases, the agency sent letters to the candidate to inform them that they failed the background check and were ineligible for hire.

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). An interview with HR staff revealed that background checks for contractors are conducted by regional Department Heads. The facility provided a secondary dissemination log of LEIN check information for contractors and volunteers that listed the date on which individual clearances expired. The facility provided a spreadsheet listing all authorized contractors and volunteers for the facility as sample documentation of background checks for contractors as proof of this provision of the standard. This list included information on 271 individuals who were cleared by background check and authorized to enter the facility as contractors or volunteers at the facility since December 2016 in support of finding compliance for provision (d). Although the list was extensive, no individual's clearance was authorized for greater than one year and most clearances expired after a several day/week periods while the individuals were onsite to perform a specific function. The auditor also observed on the audit tour that the officer at the entryway to the facility was the keeper of this spreadsheet and would review an individual's clearance status prior to admitting the individual into the facility.

According to policy 02.06.111 EMPLOYMENT SCREENING (updated 03/13/2017), the PREA Manual and staff interviews, LEIN checks are completed through the Deputy Warden's office in June of designated years for agency employees. There are two layers of LEIN checks that are completed. There is an annual screening required for all staff that have inmate contact which scans for domestic violence and arrests. Then, as a result of the recent update in policy 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 5 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 and are due again in June of 2020. 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 and the individuals who were past that date were properly marked as expired and highlighted should they attempt to gain entry to the facility.

The facility provided and the auditor reviewed sample 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. An interview with HR staff confirm that any falsification of this information on written applications would be grounds for immediate termination. The facility demonstrates compliance with provision (f) of the standard.

Agency policy 02.06.111 and the PREA Manual, which were reviewed by this auditor, affirmatively states that material omissions regarding such misconduct or the provision of materially false information are

grounds for termination. An interview with HR staff confirms that falsifying this information on written application materials would lead to termination. The agency policy and work rules within the employee handbook sufficiently cover provision (g) of the standard. The facility indicates that there have been no instances where such material omissions have been noted.

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of the standard and were reviewed by this auditor. The facility had no direct examples of the facility responding to a request from an outside agency request for such information on a former employee. As part of its pre-audit documentation, the facility provided three samples of the agency responding to a request 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. Interviews with the agency head's designee and the Warden 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. Interviews 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 warden confirmed that there has been no expansion or modifications to the facility. During the tour, there were no areas of the facility that appear to have undergone significant expansion or modification to substantiate compliance with provision (a) of the standard. The only observed modifications during the tour were the construction of an elevated officer platform/station at the entryway to some of the housing units to increase the officer's visibility to the common area dayrooms and living quarters. While these officer stations were not yet erected in all housing units, the facility planned to add this feature to all units as an enhancement to safety through better lines of sight.

The agency head's designee reported during an interview 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 expanded within the past two years to now include 207 total cameras. The facility's camera system is extraordinarily advanced and incorporates a digital screening technology to digitally block viewing of toileting, showering and 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. 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 training manual and an interview with the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command and Michigan State Police training materials.

During interviews with facility medical staff and investigators, the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to SAFE/SANE examiners at the Henry Ford Allegiance Hospital 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 training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, 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, such as washing, performing bodily functions and changing clothes. Basic Investigator Training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of the standard.

Uniform evidence protocol is covered in Crime Scene Preservation and Basic Investigator's Training. Both training manuals were 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 training manual and an interview with the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command and Michigan State Police training materials, which demonstrates compliance with provision (b) of the standard.

Policy 03.04.100 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. The PAQ indicates that no inmates were sent to the Henry Ford Allegiance Hospital for a forensic examination during the audit period. Through a review of facility investigations, the auditor found no evidence of any allegations requiring forensic examinations during the audit review period. Through an interview of a staff member at the Henry Ford Allegiance Hospital; it was confirmed that inmates at the Cooper Street Correctional Facility are provided with this service via its use of Allegiance Hospital as its outside medical provider. While no formal agreement for SAFE/SANE services is in place, an interview with the Henry Ford Allegiance Hospital confirms that SAFE/SANE staff are employed and available on an "on-call" basis to ensure coverage on all shifts when this service is necessary. The "on-call" response time for the SAFE/SANE examiner is less than one hour from the time of notification.

Through a review of agency policy, documentation of facility communication with the Henry Ford Allegiance Hospital and an interview with a staff person at the Henry Ford Allegiance 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 the

auditor in determining compliance with provision (d). The auditor is also aware that the facility received permission to post notices of the phone number and contact information for RAINN (Rape, Abuse & Incest National Network) to supplement the absence of a formal in-person service delivery mechanism. Additionally, the auditor contacted the Henry Ford Allegiance Hospital, which is used by the Cooper Street Correctional Facility for any forensic examinations. With proper notification, the hospital can provide a victim advocate from Aware Shelter to accompany the victim through the forensic examination process. The facility has not been able to provide proof that it secured an agreement with 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 and that qualified facility staff members have been identified and trained to provide advocacy services in the absence of a formal rape crisis service agreement. 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 Nursing Supervisor as the primary individual who would serve in the capacity of a victim advocate. This Nursing Supervisor was interviewed as the facility's medical representative and confirmed that she was designated as the primary victim advocate and that she completed multiple modules of training to qualify her to perform this service. Her training was verified by pre-audit records of completion.

Two inmates who reported sexual abuse were interviewed and neither of them reported an allegation that would have required a forensic examination, although one was transported to the Henry Ford Allegiance Hospital for the treatment of injuries sustained after a physical altercation that led to the disclosure of previous incidents of sexual abuse. Neither inmate reported that they were provided with victim advocacy services, although each confirmed that they met with a psychologist following their allegations and both declined further services.

Interviews with the PREA Coordinator, PREA Manager, a review of agency correspondence with outside advocacy agencies, documentation of correspondence with the Henry Ford Allegiance Hospital and the facility's documented training of 20 staff members to serve as a qualified agency staff member under this standard, demonstrates that the facility is in compliance with provision (d).

The PREA Manual and Memo with Michigan State Police, which were reviewed by the 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 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 current absence of a rape crisis advocacy agreement or the availability of the rape crisis advocate at the Henry Ford Allegiance Hospital. 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. Specifically, the advocacy training consists of 14 modules addressing Advocacy, Assessing Victims' Needs, Basic Communication Skills, Collaboration, Confidentiality, Conflict Management/Negotiation, Crisis Intervention, Culture, Diversity, Inclusivity, Documentation, Problem Solving, Referrals, Self-Care, Trauma-Informed Care and a specialized module for Incarcerated Victims of Sexual Violence. The facility provided documentation of 20 staff having completed this training. While all medical and mental health staff have been provided the training to serve in this capacity, the facility has designated its Nursing Supervisor as the individual with the primary responsibility of fulfilling the role of an advocate. 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.

Absent a formal agreement with a rape crisis 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 had to exercise 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 the auditor.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. In the event, such services are necessary, the facility uses 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. 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. Specifically, the advocacy training consists of 14 modules addressing Advocacy, Assessing Victims' Needs, Basic Communication Skills, Collaboration, Confidentiality, Conflict Management/Negotiation, Crisis Intervention, Culture, Diversity, Inclusivity, Documentation, Problem Solving, Referrals, Self-Care, Trauma-Informed Care and a specialized module for Incarcerated Victims of Sexual Violence. The facility provided documentation of 20 staff having completed this training. The facility provided documentation of 20 staff having completed this training; however, has designated its Nursing Supervisor as the primary individual responsible for this function, consistent 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

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The auditor reviewed agency policies 03.03.140, 01.01.140 and the PREA Manual when assessing compliance with provision (a) of the standard. While section G of 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 with the agency head's designee confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and agency PREA 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 auditor sampled all investigations onsite and, due to the low number of investigations reported on the PAQ (22); the auditor took over half of those investigations (12) for in-depth analysis. Multiple examples of investigation referrals existed within pre-audit sample documentation and reviewed, to include referrals from written correspondence, verbal reports to staff members, grievance referrals, allegations reported to the Legislative Ombudsman, third-party reporters (one inmate on behalf of another) and incidents reported to other confinement facilities. 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.

Michigan State Police (MSP) investigate criminal allegations involving staff as specified under the reviewed policy, 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. Policy 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. Interviews with facility investigators confirmed they are aware of their obligations to refer allegations of a criminal nature to MSP. During a review of facility investigations, there was missing evidence of referrals to support that the facility refers all potential criminal allegations to MSP. Specifically, MSP referral reports were absent in investigations involving allegations with penetration reported to the facility from other correctional agencies (#19466 and 21269). The auditor did observe MSP referrals in some investigatory files occurring at the facility. It is recommended that a training memorandum be issued to all facility investigators with a signed acknowledgement, informing them of the requirement to refer all potential criminal acts to the MSP and demonstration of practice through reviewed investigations prior to this auditor determining compliance with provision (b) of this standard.

This auditor reviewed and verified that policies 01.01.014 and 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.

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

#### CORRECTIVE ACTION RECOMMENDATION:

The facility will be required to provide proof that it documents all referrals for investigations to the Michigan State Police (MSP) for potentially criminal allegations. It is recommended that a training memorandum be issued to all facility investigators with a signed acknowledgement, informing them of the requirement to refer all potential criminal acts to the MSP and demonstration of practice through reviewed investigations prior to this auditor determining compliance with provision (b) of this standard. All facility investigations occurring during the corrective action period will be reviewed to ensure that all applicable referrals are made to the MSP prior to the completion of administrative investigations to ensure compelled interviews do not compromise potential prosecution.

Compliance will be measured by the auditor observing the agency's MSP referral form in investigatory packets for all allegations involving potentially criminal behavior. It is noted that the auditor will require review of all investigations to determine compliance with 115.71 and this standard will be reviewed in conjunction with that standard.

#### POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility had one allegation of sexual abuse that contained potential criminal behavior. Investigation #23706 alleged that a staff member sexually groped an inmate during a pat search. The investigatory packet contains documentation that the matter was referred to the Michigan State Police (MSP). After the alleged victim was shown a video of the incident and agreed that the search was routine and conducted in accordance with policy; MSP declined to investigate the incident.

Given that the facility was able to provide documented evidence that it referred its potentially criminal allegation to MSP; the auditor now finds compliance with provision (b) of the standard.

## TRAINING AND EDUCATION

## Standard 115.31: Employee training

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

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### 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. Computer based training is provided for existing employees and contractors through two detailed training modules, scheduled to last approximately 1 hour each. This training is also repeated annually as part of the facility's in-service training requirements. Facility training record reports verify that 250 facility staff have completed the annually required training modules to that point. 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).

Based upon the PAQ and the auditor's observations during the tour, Cooper Street Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by

provision (b) of the standard. From a previous audit at another MDOC facility that does house female inmates, the auditor is aware that the agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis; however, it is again noted that female inmates are not housed at the Cooper Street Correctional Facility. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).

Cooper Street Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. 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 250 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.

The training module slides demonstrate that employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehension test comes with electronic verification by employee ID number to signify individual comprehension of the training. Training reports come with an indication of whether or not the staff person passed or failed 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**

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Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers, which was reviewed by the auditor, sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor reviewed a sampling of training records across multiple contractor and volunteer disciplines to determine compliance with provision (a) of the standard. The auditor notes that training records provided pre-audit were dated in 2015. The auditor requested additional records while onsite and received ample records to confirm that the facility conducts ongoing training throughout the year as new volunteers or contractors are brought into the facility. Volunteer training records verify that the facility's Chaplain supervises the training and ensures it is appropriately documented, with training often occurring with one individual at a time at the time of initial visit. Records also reflect training groups are conducted for formalized group volunteer/contractor activities. Contractors and volunteers reported in interviews that they received training that provided them with information about sexual abuse, sexual harassment, signs thereof and individualized reporting options.

Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility medical contractor demonstrated knowledge of facility reporting and first responder procedures. Formal interviews with food service contractors verified that they were provided the employee training module for MDOC employees and, in addition to this training, the contact company developed its own internal form of PREA training that they were required to complete. These individuals were aware of their reporting requirements and structure. A formal interview with a facility volunteer confirmed that the facility's Chaplain provided them individualized instruction, reporting options, information about the zero-tolerance policy and the definitions of sexual abuse, sexual harassment, as well as prohibitions against overfamiliarity with inmates. Informal interviews during the audit tour with contractors in the medical and food service areas demonstrated that contract staff 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 as

part of its pre-audit sample documentation; however, the auditor noticed that all volunteer training records were from 2015. While onsite, this auditor requested additional and more recent records to confirm training of volunteers is an ongoing practice. Those records reveal that volunteers are trained as they are authorized to enter the facility, often taking place with one individual being trained at a time, under the supervision of the facility's Chaplain/volunteer coordinator. Records in excess of the 76 volunteers/contractors were provided; dating back to 2015, with some individuals who are no longer at the facility. Training records 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.*

Policies 03.03.140, 04.01.105, 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 facility PREA Coordinator and random inmates, as well as observations along the audit tour, 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 the auditor, satisfies compliance with this element of provision (a).

Through interviews with the PREA Manager, it was reported that the agency provides comprehensive inmate education at the RGC reception center. All inmates that are received at Cooper Street Correctional Facility will have passed through this facility for classification. Consequently, the RGC reception center is within the immediate conglomerate of MDOC facilities located within an approximate one-mile radius. Inmates who are transferred from that facility to the Cooper Street Correctional Facility, will have received comprehensive education at RGC. During the audit tour, this auditor spoke informally with multiple housing unit counselors. As part of the intake processing, each counselor is required to complete an immediate file review to complete security and programming reviews of the received inmates. Part of the intake processing is to ensure that documentation of the PREA education session is located within the file. If documentation of this education is missing, the inmate is taken to the dayroom area within the housing unit and is shown the agency's PREA video, which constantly plays on channel 99 of the inmate cable system. The counselor then answers any questions of the educated inmate, as well as explains available reporting mechanisms. Some inmates who were educated in this fashion described a similar process during audit interviews. During the audit tour, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner to demonstrate compliance with provision (a) of the standard.

Policies 03.03.140, 04.01.105, 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 interviews with the PREA Manager, the Warden and PREA Coordinator, it was reported that the MDOC has an intake facility, Charles Egeler Reception & Guidance Center (RGC), where intake is completed for prisoners who are assigned to the Cooper Street Correctional Facility.

A total of 41 inmate interviews were conducted with random and targeted inmates during the audit; however, all inmates were administered the random inmate question protocols. All but three inmates confirm that they received PREA education either at Cooper Street Correctional Facility, RGC or at both facilities. Most inmates confirmed that education materials were provided and the PREA video (Taking Action) was shown during the intake process at RGC; however, some did not receive this comprehensive education until the intake procedures at Cooper Street had discovered missing documentation. Interviewed inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. During the audit tour, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner. Inmate training receipts provided by the facility and reviewed by the auditor to demonstrate compliance with provision (b) of the standard.

Through interviews with 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 Cooper Street Correctional Facility. An interview with 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. Although three interviewed inmates reported that they did not receive PREA education materials, a random sampling of inmate training records requested

by the auditor during the audit tour, the pre-audit sample documentation and the interviews of 38 of 41 inmates demonstrates the facility/agency is in substantial compliance with the standard and has procedures in place to ensure corrective action when records do not exist within inmates files, thus satisfying the auditor's concerns that the facility has procedures in place to ensure that all inmates at the Cooper Street Correctional Facility 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. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. The Cooper Street Correctional Facility submitted invoices from Pallero Inc as proof of its provision of interpretative services for disabled or LEP inmates during the intake education process. Additionally, the facility has staff who can act as interpreters as needed. An interview was conducted with a staff Spanish translator and a Spanish speaking inmate to confirm this resources for educational purposes. Cooper Street Correctional Facility has a significant physically and mentally disabled population (wheelchair bound, mobility impaired, hard-of-hearing, cognitively impaired). During the onsite portion of the audit, the audit team placed extra focus on this disabled population to achieve its required number of specialized interviews, as the facility lacked many other specialized populations due to its mission. Aside from one inmate who reported that he received no PREA educational information, all others reported receiving PREA education materials in a format they could adequately comprehend. During the audit tour, the auditor observed that PREA signage was posted in both English and Spanish throughout the facility. In addition to the agency's standardized signage, the facility also generated additional signage to advertise reporting mechanisms, victim resource information and the zero-tolerance policy. 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 library that are available for check-out to the inmate population. Moreover, the facility also advertises the availability of these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. The auditor reviewed these training materials, the library inventory and interpretation invoices to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education via form CAJ-1036. As part of the facility's intake and receptions procedures, each new reception's file is reviewed and it is verified that the inmate has documented receipt of training within the file. As part of its pre-audit documentation, the facility provided completed samples of this education document. The 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, the auditor requested that the counselor pull up transfer movement reports, where sample records were matched against reception records to confirm that the agency and the facility documented timely inmate participation in education sessions, consistent with provision (e) of the standard. During inmate interviews, inmates also report that they were required to sign a paper to confirm they were educated.

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 Cooper Street Correctional Facility, these posters were visible throughout the housing units, common areas of the facility and work locations. In addition to the agency's standardized signage, the facility also generated additional signage to advertise reporting mechanisms, victim resource information and the zero-tolerance policy. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process at the facility 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. Finally, the

facility constantly broadcasts the agency's PREA video on channel 99 of the inmate cable system. Based on the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility, as well as its efforts to ensure PREA information, including its educational video, is constantly available, 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 the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that 25 active staff at the Cooper Street Correctional Facility completed the agency's basic investigator training. In addition to the agency's Basic Investigator Training, training records confirm that 9 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, 9 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. However, an interview with an investigator did not sufficiently support retention of this information. Specifically, the investigator struggled to distinguish between Garrity and Miranda warnings and was unable to clearly articulate what the preponderance of the evidence standard that is supposed to be used in an effort to substantiate investigations. To remedy this deficit and others observed within investigations, the auditor requested that the facility issue a training memorandum to its investigators and have each sign off to verify that they have received formal direction to clarify their understanding of their obligations. Monitoring of the

practical use of this knowledge will be monitored under 115.71 and will not be addressed as a need for corrective action under this provision of 115.34.

The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that 25 active employees have completed the Basic Investigator Training. Training records were provided to confirm that 9 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.*

Agency policies 02.05.100 and 02.05.101 establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curriculum specific to medical and mental health staff that were reviewed by the 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 harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. In response to a previous audit at another MDOC facility that this auditor participated in, 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 the 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.

The facility provided documentation of 31 medical and mental health practitioners completion of the specialized training modules that was reviewed by the auditor. The auditor notes this exceeded the 28 medical and mental health staff reported by the facility; however, noted that the training records included inactive employees and duplicate records for one individual who completed the training multiple times within the same year. 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 curriculum specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. 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. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at reception centers during intake. The auditor notes that the agency policies governing risk screening (03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. These updated policies were effective approximately seven months prior to the first day of the onsite audit. The updates to these policies now require that intake risk screening be completed for all inmates upon transfer to another facility and now comes into compliance with provision (a) of the standard.

Although the changes in agency policy were effective approximately seven months prior to the onsite audit, the staff at Cooper Street Correctional Facility began implementation of risk screening as early as mid-May 2017; however, did not begin to consistently implement risk screenings completely consistent with agency policy until a site visit from the regional PREA Analyst approximately 3 months prior to the audit. During the audit tour, the auditor observed that each housing unit Prison Counselor (PC) or Assistant Resident Unit Supervisor (ARUS) maintained an individualized spreadsheet of inmates on their caseload to track intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. The auditor notes that not all sampled individuals during the audit tour who transferred to the facility earlier in the implementation process were screened or screened timely. Although in its beginning stages, the facility demonstrated its understanding of requirements outlined by standard 115.41 and tracked its completion of those responsibilities.

Formal interviews with three staff responsible for risk screening state in interviews that initial assessments are usually completed on the date of arrival at the facility or if not, within 72-hours. The auditor asked the question of what takes place when either the PC or ARUS may not be available within 72 hours due to an extended weekend and the respondent indicated that there are select shift staff who have been trained to conduct the assessment or another PC or ARUS could be arranged to cover the responsibility. Due to the recent implementation of these required procedures, the need for corrective action to meet the requirements of provision (a) of the standard were communicated to the facility at the exit briefing.

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual state that an intake screening shall be conducted at reception centers during intake. The auditor notes that the agency policies governing risk screening (03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. These updated policies were effective seven months prior to the first day of the onsite audit. 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.

During the audit tour, the auditor observed that each PC or ARUS maintained a housing unit based spreadsheet that tracks a myriad of responsibilities, including PREA risk screening obligations. During the tour, the auditor observed on some counselor's tracking sheets that the facility began tracking risk screening obligations as early as June 2017; however, assessments were not consistently conducted within 72 hours across all units nor in the early portion of the implementation process. In the time period in advance of the audit, the facility demonstrated greater consistency in its operations; however, addition evidence of longer-term compliance is necessary.

Formal interviews with staff responsible for risk screening confirms that initial assessments are usually completed on the date of arrival at the facility or otherwise within 72 hours. Due to the recent implementation

of these required procedures, the need for corrective action to meet the requirements of provision (b) was communicated to the facility at the exit briefing.

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

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Manager, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the Cooper Street Correctional Facility 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 with the agency PREA Manager, the auditor is satisfied that the intake screening instrument meets the requirements of provision (e) of the standard. The PREA Risk Assessment Manual's reference to documented history of sexual abuse, violent convictions and a history of institutional violence (including sexual) demonstrates that the risk factors enumerated under provision (e) of the standard is adequately inclusive of both convictions and known institutional behavior.

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the 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. These reassessment procedures may cause those inmates being reassessed not to recall the assessment process during the random interviews.

Although the changes in agency policy were effective approximately 7 months prior to the onsite audit, the randomly sampled inmate files during the audit tour demonstrated that 30-day reviews of assessments were not consistently completed, nor consistently separated from the initial screening date to be considered meaningfully compliant with the standard. Specifically, until a recent visit by the Regional PREA Analyst, there was confusion among the staff, inasmuch as some individuals performing risk screening were under the assumption that the review could be conducted on the same date as the initial assessment. Formal interviews with individuals responsible for risk screenings confirm that each now understand that reviews of the required risk assessments are completed at least 10 days from the initial assessment and within 30 days of the initial screening process for all new receptions under the revised agency policy.

Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. Staff responsible for risk screening communicate that they are aware of their responsibilities to conduct assessments as needed 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, 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 assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners. During the audit tour and through interviews with the PREA Manager and PREA Coordinator, only those staff with a role in the risk screening process within the facility have access to the electronic screening system. Access to this system is governed by the individual user's log-on information to demonstrate compliance with provision (i) of the standard.

#### CORRECTIVE ACTION RECOMMENDATIONS:

The Cooper Street Correctional Facility is required to continue with its recently implemented 72-hour intake risk screening procedures. During the audit tour, the auditor observed the facility's internal tracking mechanisms, developed by the agency, for ensuring the timeliness of risk screening procedures and applicable referrals should certain items be responded to affirmatively. Through prior audits within the MDOC, this auditor found these tracking mechanisms to be adequately detailed and helpful in measuring compliance when measured against computerized assessment records to confirm the veracity of the information within the manually generated spreadsheet.

Compliance will be measured by the facility providing the auditor with a copy of the facility's tracking sheet. The auditor will then select a random sample of those inmates and request applicable computerized risk screening records to verify the accuracy of the tracking log, thus ensuring that both 72-hour and 30-day risk screenings are completed as required in accordance with provisions (a) (b) and (f) of the standard. If compliance is demonstrated during the initial 90-day period, the auditor will be satisfied that the matter has been corrected.

#### POST INTERIM REPORT CORRECTIVE ACTIONS:

The auditor notes that, during the corrective action period, this facility began to serve as a pilot facility within the agency for documenting inmate acceptance of or declining of the offering of medical and mental health referrals required by 115.81 in a notes section for the tool itself, allowing the facility to eliminate a tracking spreadsheet to record this information and to allow the auditor to select random samples from incoming inmate rosters; rather than a manually kept spreadsheet.

On April 5, 2018, the agency PREA Analyst provided this auditor with a print out of all receptions to the facility between the end of the on-site audit in December 2017 through April of 2018. The auditor returned a random sample of 12 inmates on April 30, 2018, covering approximately three samples per month. The facility provided screenshots of the electronic assessment records with the date and time stamps on May 8, 2018.

The auditor reviewed those samples and found that three of 12 random samples had the 72-hour assessment completed one day late. One of the 12 samples demonstrated that the 30-day assessment was late and two of the 12 did not have a 30-day review of the assessment completed. Additional samples were requested from the facility on June 30, 2018.

The facility provided the auditor with a copy of all the facility entries between April 16, 2018 and July 2, 2018 on July 3, 2018. On July 5, 2018, the auditor requested and received the additional sample documentation. Specifically, the auditor requested a total of 10 random samples from the months of April, May and June who were all due for both the 72-hour and 30-day assessments required by the standard. The auditor found

that all requested samples were completed within 72-hours, prior to day 30 and no sooner than day 10. Two of the samples random samples contained disclosures of victimization and contained documentation that the appropriate mental health referral documentation was completed for one sample and that a mental health evaluation was declined by the other inmate disclosing victimization.

Given that the facility demonstrated that it has developed the practices to consistently complete its risk assessments and the reviews of those risk assessments in within 72-hours and between days 11 and 30; the auditor now finds compliance with provisions (b) and (f) 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.*

The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk which the auditor believed was great tool to demonstrate use of the screening information for housing decisions. Following previous MDOC audits by this auditor, 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 policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of provision (a). It is noted, however, that the Cooper Street Correctional Facility only consistently began completing this required intake screening consistent with agency policy approximately three months prior to the onsite audit. Therefore, consistent institutional practice had not been established by the time of the onsite audit.

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, such as the gate pass assignments at the facility. The auditor is satisfied with the high level of supervision and camera coverage in the housing units, programming, education 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.

05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and a formal interview with the only transgender inmate at the facility provides support to the facility's claim that it makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. Specifically, an interview with a transgender inmate indicated that the facility did ask questions pertaining to their individual safety and developed a plan to have this individual shower at count time where other inmates are precluded from using the restroom facilities. Throughout the audit tour and inmate interviews, it became apparent that the facility makes attempts to keep its population of sexual offenders housed on specific housing units, as this population is typically more vulnerable within an institutional setting. Finally, due to the concentration on disabled inmates to fulfill targeted interview requirements, it became evident that disabled inmates were also kept together on a housing unit to ensure their protection from more able-bodied predatory inmates.

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 “observation cubes” or 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. An interview with the facility PREA Coordinator reveals that he is aware of the need to ensure individualized safety determinations are made for each inmate, not only for housing, but for all assignments for work, education and programming. The facility demonstrates that it has procedures in place to meet the requirements of provision (b) and with consistent application of the requirements of the risk screening procedures within standard 115.41, it will fulfill its obligations with this provision.

At the time of the initial audit, the PREA Manual and policy 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 did not provide a pre-audit sample of the facility’s health care services review of a transgender inmate’s placement on form CHJ-339. However, one was requested post audit for the transgender inmate interviewed at the facility. The 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 for initial placement at a male or female facility when they pass through the MDOC’s Charles Edgar Reception and Guidance Center (RGC), where all inmates complete classification. A formal interview with a transgender inmate confirmed this report, insomuch as she stated that accommodations were made for her prior to arrival at Cooper Street Correctional Facility, consistent with provision (c).

Policy 04.06.184 and the PREA Manual were reviewed by the 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 did not provide pre-audit sample documentation where its transgender inmate was reviewed by mental health practitioners. The auditor requested this documentation post audit and found that the individual was reviewed in May 2017; however, the review that should have occurred for semiannual purposes after that review had not yet occurred. While the PREA Coordinator at the facility reports that transgender inmates are formally reviewed at a minimum of twice per year, practice is not evident in available documentation.

This auditor will require evidence of supporting documentation that there is ongoing assessment of individualized needs of transgender inmates consistent with provision (d) before a finding of compliance is rendered.

The PREA Manual and the recently updated 04.06.184 GENDER DYSPHORIA policy were reviewed by the auditor. Both documents provide for a transgender or intersex inmate’s own views to be considered in the placement and accommodation provision process. Policies indicate that these decisions are made by the Gender Dysphoria Collaborative Review Committee, chaired by the agency’s chief medical and psychiatric directors.

Case management documentation supports the process outlined in policy is executed as described. A formal interview with the facility’s only transgender inmate confirms that the facility asked specific questions regarding safety.

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

Policy 04.06.184 and the PREA Manual, reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. A review of post-audit documentation that the facility provided confirms that the facility permits transgender inmates to shower separately. Specifically, form CHJ-339 for the sample placement reviews both had the checkbox indicating that the inmate required “special provisions” for showering in “relative privacy”. During the audit tour, informal interviews with staff at the facility and a formal interview with the facility PREA Coordinator indicate that transgender inmates can shower during count time when all other inmates are locked in their cells. An interview with the transgender inmate at the facility confirms that they were approved for private showering; demonstrating compliance with provision (f).

Policy 05.01.140 and the PREA Manual, reviewed by the 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 with 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, privacy and medical care to meet their transitional needs.

The PREA Manager stated in an interview 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 Cooper Street Correctional Facility confirmed the facility takes no steps to house LGBT inmates in dedicated units or facilities. An interview with a transgender inmate revealed that they have 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 and the auditor makes the determination that the Cooper Street Correctional Facility is in compliance with this provision of the standard.

#### CORRECTIVE ACTION RECOMMENDATIONS:

The Cooper Street Correctional Facility is required to provide evidence of consistent implementation of a 72-hour intake screening process to screen all new receptions and transfers into the facility, as required by standard 115.41 to demonstrate full compliance with 115.42, as any use of screening information must consider the most recent and accurate information to be effective. This screening process shall consist of the use of the initial victim and aggressor screening tools. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. The facility is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

The auditor will also require documentation that the facility reviews its transgender inmates twice per year or provides evidence that transgender inmates transfer prior to their required semi-annual reviews. Compliance will be measured by the facility providing copies of CHJ-339 forms for all transgender inmates received at the facility during the corrective action period. If no transgender inmates are received during this corrective action period, a training memorandum issued to the facility PREA Coordinator will suffice as corrective action.

#### POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report and as specifically addressed under standard 115.41, the facility complied with the corrective action recommendation to institutionalize the operations of conducting 72-hour and 30-day risk screening assessments on all transfers to the facility within the time periods prescribed by the standards. As described under standard 115.41, the facility provided sufficient documentation that, during the course of the corrective action period, it established the procedures necessary to complete risk screenings in the timeframes established by the standards and could therefore have the information available to effectively utilize risk screening data to inform critical placement and housing decisions with the most recent and accurate assessment information in compliance with the provisions of 115.42.

The auditor notes that the facility itself is not responsible for the complete formal semi-annual reviews of transgender, intersex and gender dysphoric inmates completed on form CHJ-339; rather, this is a central office responsibility completed by the Bureau of Health Care Services and the Deputy Director for Correctional Facilities Administration with input from the facility healthcare provider. The facility staff have ongoing case contacts with transgender and intersex inmates that it completes and provides opportunity for immediate local adjustments of supervision practices.

Following the audit, the facility provided the auditor with electronic medical records from both medical and mental health staff that were utilized by agency staff to complete the formal review of the facility's transgender inmate. Specifically, the transgender individual was seen by the facility's medical provider on November 27, 2017 and the agency review indicated that there were not changes necessary from the initial Gender Dysphoria evaluation in May of 2017. The inmate was released from the facility prior to the next scheduled semi-annual review in May of 2018. Based on confirmation that required reviews of transgender inmates are occurring at least twice per year; the facility now demonstrates compliance with provision (d) 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 and policy 04.05.120 were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.

Due to the facility's security level 1 designation and its mission as a staging facility for reentry or the agency's Special Alternative to Incarceration program, it does not have segregation cells. Through the audit tour, the auditor observed that the facility does not have segregated housing. Due to the cluster of MDOC facilities within the immediate vicinity of the Cooper Street Correctional Facility, any inmates requiring segregation for other purposes, such as disciplinary action, would be transferred to another location where segregation units/cells are available. The facility reports that no inmates have been placed into involuntary segregation for risk of victimization during the audit period, which is consistent with the facility's lack of segregation cells. The Warden stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization. If there were an incident, the aggressor would likely be transferred to one of the neighboring facilities. During the audit tour, the auditor noticed that the facility has multiple housing options where individuals can be separated by housing unit within the facility if necessary. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in involuntary segregated housing consistent with provision (a) of the standard.

Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. During the audit, the auditor observed that the facility does not have a unit or cells to be used to segregate inmates from the general population. Based on policy provisions and 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 that no inmates have been placed into involuntary segregation due to risk of victimization. During the audit tour, the auditor observed that the facility does not have a segregation unit or cells. In an interview with the Warden, he stated that the facility has the option to transfer aggressors to separate vulnerable inmates as an alternative to segregation.

Based on the lack of segregation units or cells at the facility and absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (c) of the standard.

The facility reports through interviews with the Warden and PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization. The auditor observed during the audit tour that the facility does not have a unit or cells for segregation purposes, therefore, there are no records to

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

The facility reports that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (e) of the standard. The auditor observed during the audit tour that the facility does not have segregation units or cells to house inmates in segregation. Due to the absence of specific non-compliance with provision (e) of the standard, the auditor determines compliance.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

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

##### 115.51 (c)

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



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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot-line) and the PREA brochure were reviewed by the 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 hot-line, 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's pre-audit sample documentation included a report via grievance and a report to the Legislative Ombudsman. During a review of facility investigations, the auditor found multiple examples of investigation predication, to include referrals from notes to staff, reports from other facilities, grievance referrals, a third-party report by another inmate, allegations reported to the Legislative Ombudsman and incidents reported verbally to staff members. During formal and informal interviews during the audit tour, staff were able to identify the hot- line, 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. Thirty-seven of forty-one random inmates who were formally interviewed were able to affirmatively identify at least two reporting methods available to them without prompting. Most of the inmates formally 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 hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf.

During the tour, adequate reporting hot-line 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, such as the kite system and grievance process. They were also aware of the hot-line. During the onsite audit, the auditor reviewed facility investigations and noticed that all forms of inmate reporting were evident in the predication to facility investigations to demonstrate compliance with provision (a) of the standard.

Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard. The facility provided sample documentation to verify that a report was received from the Legislative Corrections Ombudsman during the audit period. The auditor also sampled investigations to take post-audit for further review and observed that one of those investigations was predicated upon a report received from the Ombudsman.

The agency uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Some randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism; however, it is clearly noted within the prisoner guidebook that this resource is available. Moreover, the facility provided and the auditor found 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. During the tour, inmates who were informally interviewed were aware of the reporting hot-line 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.

Policy 03.03.140 and the PREA Manual, which were reviewed by the 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 the onsite portion of the audit, facility investigations were reviewed and demonstrated that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties.

Inmates who were formally interviewed as both targeted and random inmates conveyed that staff respond to all forms of allegations. One inmate reported that somebody filed an anonymous allegation against him and he had to go through an investigation over that report. Two inmates who were interviewed because of their reports of sexual abuse both conveyed that staff immediately responded to their allegations, taking first responder actions as each case would have dictated. 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. All forty-one inmates that were formally interviewed were aware of their ability to make reports to staff and most were confident that action would be taken on said reports. Although some randomly interviewed inmates tended to require prompting to affirmatively state their knowledge that family members or other third parties could make reports on their behalf, evidence within investigatory files pertaining to the predication of facility investigations indicates that reports received and forwarded by third parties were acted upon, consistent with provision (c) of the standard.

Policy 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by the auditor. Staff may make a private report to a supervisor, via the hot-line and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and harassment of inmates. While policy and training materials provide multiple options to educate staff on the means for making private reports, most staff reported during formal and informal interviews that they were comfortable making reports directly to through the chain of command and considered their chain of command to sufficient to protect their privacy.

During a review of facility investigations, the auditor noted ample documentation to confirm that staff did act upon reports received from inmates and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report, by skipping the chain of command and identified the hot-line, direct reports to the PREA Coordinator, administrative staff at the facility, or other supervisors as their methods to privately report sexual abuse and 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. According to the PAQ, the facility received one sexual abuse allegation via grievance procedures during the previous year. The auditor's review of pre-audit documentation and facility investigations found there were two investigations predicated upon inmate grievances (#20861 and #21024). However, only one of those investigations (#21024) qualified as sexual abuse.

Updated policy 03.03.140, the PREA Manual and DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which were reviewed by the auditor in determining compliance with provision (b), allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. 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 policy 03.02.130 Prisoner/Parolee Grievances. The auditor notes that policy 03.03.140, the PREA Manual and the Director's Office Memorandum were issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.

Updated policy 03.03.140, the PREA Manual and DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which were reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted directly to the facility PREA Coordinator or the facility Inspector. Updated policy 03.03.140, the PREA Manual and the DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the traditional grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. It is noted that updated policy 03.03.140, the PREA Manual and DOM establishes procedure for sexual abuse grievances that will not follow the traditional grievance process outlined in policy 03.02.130. Grievances may also be submitted in locked boxes throughout the facility. During the onsite audit, the review of investigations revealed that two investigations were initiated by an inmate grievance form and these incidents were not required to be submitted to nor was it answered by the staff member who was subject of the complaint. It is noted that one of the two investigations predicated by inmate grievance was for an allegation of sexual harassment.

Updated policy 03.03.140, the PREA Manual and DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which were reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Manager within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal.

The auditor reviewed investigations onsite and found that one sexual harassment claim was initiated via grievance and one sexual abuse claim was initiated via grievance. In both cases, the alleged victim received a written response to their allegations within 90 days of the initial grievance being received. The sexual abuse claim was fully investigated, and notification was provided to the prisoner within 40 days. The sexual harassment allegation was fully investigated within 60 days. There were no extensions requested or required.

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

Updated policy 03.03.140, the PREA Manual and the DOM, which were reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third-party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on

his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. A review of investigations demonstrated that both investigations predicated upon a grievance were directly filed by the involved individuals. Through review of updated policy 03.03.140, the PREA Manual and the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard if a third-party grievance is filed on behalf of another inmate.

Updated policy 03.03.140, the PREA Manual and the DOM, which were reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. Updated policy 03.03.140, the PREA Manual and the DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA 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. The auditor reviewed facility investigations and found that neither the sexual harassment nor the sexual abuse investigations predicated upon a grievance were classified as an emergency grievance requiring a response as outlined by provision (f) of the standard. Although there is no facility specific sample documentation for the Cooper Street Correctional Facility to verify practice, the auditor is aware, through other audits in the agency, that agency procedures are in place and have been executed to comply with provision (f) of the standard when necessary.

Updated policy 03.03.140, the PREA Manual and the DOM, which were reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden. The auditor reviewed investigations predicated upon a report received via grievance and found no evidence that the facility disciplined an inmate for filing a grievance. Through a sample of investigations predicated by grievance, the facility demonstrates that it disciplines inmates in accordance with the requirements of provision (g) of the standard, if necessary, 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 interviews with the PREA Manager and the facility PREA Coordinator, it was determined by the 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 were



provided and reviewed by the auditor in determining compliance with provision (a). Additionally, the agency was approved by the Rape, Abuse & Incest National Network (RAINN) to provide post its telephone sexual abuse counseling/advocacy services. Postings of the phone number were observed during the audit tour on each housing unit in the area of the facility's PREA posters. The facility has not been able to provide proof that it secured a formal agreement with a local victim advocacy services from an outside agency to provide local services; however, its provision of access to the RAINN hotline provides a level of access as required by provision (a) of the standard.

While no formal local agreement has been reached nor is in place, the facility and the agency maintain a copy of the "An End to Silence" handbook published by the PREA Resource Center. This 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 or the RAINN hotline.

Randomly sampled inmates struggled to affirmatively identify the An End to Silence resource guide within the facility library; however, at this auditor's suggestion during a previous audit within the agency, the facility began advertising the availability of this resource on inmate bulletin boards within the housing units. During the audit tour, this auditor noted that one of these notices were prominently displayed within each housing unit; ensuring that the inmate population is meaningfully informed of the availability of this resource. The specialized inmates who were interviewed due to their reported sexual abuse failed to identify available services, despite advertised postings of the RAINN hotline number and the availability of the An End to Silence resource guide. The facility is determined compliant with the language within provision (a) of the standard by its provision of the An End to Silence resource guide and access to the RAINN hotline number in the absence of a formal agreement with local advocacy services. In an effort to increase awareness of the availability of these services, the auditor recommends posting information about the availability of the RAINN hotline on the inmate television network.

Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook, which were reviewed by the 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 were provided and reviewed by the auditor in determining compliance with provision (c). Additionally, the agency received verbal permission from the Rape, Abuse & Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services; however, no formal agreement is in place. The auditor observed prominent posting of this service via poster in each of the facility's housing units in the area of where its PREA posters are displayed. This information was also posted on housing unit bulletin boards. The facility has not been able to provide proof that it secured a formal agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. In addition to its posting of the RAINN hotline, the facility also provides access to "An End to Silence" for state organizational contact information within the facility library. Agency PREA Analysts state that the agency has not had success forming formal partnerships with rape crisis organizations due to funding streams for these organizations prohibiting work with individuals who may also be perpetrators.

The facility PREA Coordinator, and an interview with a representative from the Henry Ford Allegiance Hospital confirms that a rape crisis advocate is available through the hospital for forensic examinations through the AWARE Shelter service. When a page for the on-call SANE is made, a call for an advocate is

also made for the provision of victim advocacy. Additionally, the facility has trained and qualified facility staff members to provide advocacy services either during forensic exams or investigatory interviews in the absence of a formal rape crisis service agreement with a local advocacy organization. Based upon its documented attempts with the aforementioned agencies and the facility's provision of access to RAINN and the resources within the An End to Silence handbook, the facility is determined compliant with provision (c).

## 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 Director's Office Memorandum 2016-29 (regarding prisoner PREA related grievances), updated policy 03.03.140, the Ombudsman MOU, the Sexual Abuse reporting poster, the online reporting form found on the MDOC's website and investigatory examples that were predicated upon a 3rd party report (Legislative Ombudsman and one inmate reporting on behalf of another); the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. Based on a review of the aforementioned items and the investigations demonstrating practice, 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.*

Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. Local operating procedure 03.03.140 dictates that staff at Cooper Street Correctional Facility are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. A review of facility investigations demonstrates practice that staff took reports of sexual abuse from an inmate to initiate an investigation. 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.

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

Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance. The auditor also wishes to recognize the creative efforts of the agency to ensure that all inmates are aware of the limitations on confidentiality. Specifically, the auditor observed in each medical and mental health clinician office areas that a sign prominently displayed and advertised the limitations of confidentiality for medical and mental health providers consistent with this standard.

Agency policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the 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. Through the auditor's observations during the audit tour, 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 that inmates under the age of 18 are housed at Thumb Correctional Facility (males) or Women's Huron Valley Correctional Facility (females). Mandatory reports are forwarded to the PREA Manager's attention and he is responsible for making the report to the mandated agency.

Through agency policy and interviews with 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 Cooper Street Correctional Facility; however, the agency has experience forwarding such reports to applicable state agencies.

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

Policy 05.01.140, and the PREA Manual, which were reviewed by the 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 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 to determine what measures are required to ensure the safety of each inmate, which could include actions such as moving potential victims closer to the officer's station or transferring potential abusers to one of the other facilities located in the immediate area. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization, indicating that they would isolate the potential victim from the immediate threat, notify a supervisor and look for a housing unit change. The facility does not have a segregation unit; however, if necessary, the inmate could be escorted to the control center area to be removed from a threat if time was necessary for further assessment.

During an in-depth review of sampled investigations, the auditor found evidence that alleged staff perpetrators were moved from alleged victims following sexual harassment allegations occurring on a therapeutic housing unit, alleged victims and suspected perpetrators of sexual abuse and sexual harassment were either transferred between housing units within the facility or to other facilities to ensure adequate protection from or escalation of incidents. Based on interviews and supporting documentation of action take to protect potential sexual abuse victims, the auditor determines compliance with provision (a) of the standard.

## **Standard 115.63: Reporting to other confinement facilities**

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

#### **115.63 (a)**

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

#### **115.63 (b)**

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

#### **115.63 (c)**

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

#### **115.63 (d)**

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

### Auditor Overall Compliance Determination

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

### 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.*

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The recently updated 03.03.140 corrected a previous policy deficit and now specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard. According to pre-audit documentation, the facility claims that they have not received any reports of sexual abuse occurring at other facilities. Given that the facility only consistently began completion of its intake risk screening procedures as specified by 115.41 approximately six months prior to the audit, it stands to reason why additional samples may not exist. The facility will enter a corrective action period for other standards as noted in this report. During that corrective action period, the auditor will require the facility to produce documentation that it indeed notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. According to pre-audit documentation, the facility claims that they have not received any reports of sexual abuse occurring at other facilities. Given that the facility only consistently began completion of its intake risk screening procedures as specified by 115.41 approximately six months prior to the audit, it stands to reason why additional samples may not exist to demonstrate compliance with provision (b) of the standard.

The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. According to pre-audit documentation, the facility claims that they have not received any reports of sexual abuse occurring at other facilities. Given that the facility only consistently began completion of its intake risk screening procedures as specified by 115.41 approximately six months prior to the audit, it stands to reason why additional samples may not exist to demonstrate compliance with provision (c) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. Although the facility reports receiving one allegation from another facility preceding the audit, during a review of investigations, the auditor found evidence of two allegations being forwarded by another facility to Cooper Street Correctional Facility for investigation. The Warden subsequently ordered an investigation for each allegation consistent with provision (d) of the standard.

#### CORRECTIVE ACTION RECOMMENDATIONS:

The facility will enter a corrective action period for other standards as noted in this report. During that corrective action period, the auditor will require the facility to produce documentation that it indeed notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours.

#### POST INTERIM REPORT CORRECTIVE ACTION:

The auditor notes that the facility did not demonstrate a lack of compliance to trigger the need for corrective action for this standard; however, the auditor listed this item as a corrective action item in hopes of developing sample documentation in support of compliance during the monitoring period for standard 115.41. The auditor monitored facility risk screening for a period of 180 days following the audit; however, during that period, the facility did not receive reported allegations of sexual abuse occurring at another facility to report in accordance with the standard.

Given the facility's primary mission as a staging facility for its boot camp program and a facility for short sentenced inmates transferred directly from its Reception and Guidance Center, who do not have the extensive incarceration history consistent with higher custody, longer-term inmates; it is reasonable why such a report may not be evident during the corrective action period. For most inmates admitted to the facility, the majority would only have a brief history of incarceration at one other MDOC facility and perhaps a county facility prior to admission to Cooper Street Correctional Facility. The agency does have sufficient policy provisions in place to ensure other facility notifications take place as required and, through other audits within the agency, this auditor has observed agency practice to fulfill this obligation when necessary. Based on the absence of documentation to demonstrate non-compliance, the auditor determines this standard compliant.

## 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 the 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. On the PAQ, the facility reports that no incidents were reported within a timeframe that would have allowed for the collection of forensic evidence during the audit period. The auditor's onsite review of investigations supports the facility's assertion.

The auditor requested to take twelve facility investigations for in-depth analysis, following the onsite audit. While all allegations within the files involving penetration were reported well after the alleged

incidents, within each of the investigatory files, there was documentation to confirm that all victims were separated from alleged abusers, either through housing unit or facility transfers. The facility is also acknowledged for its similar responses to allegations of sexual harassment where it also demonstrates that it separates alleged inmate harassers or staff harassers through relocation or staff reassignments.

Although the facility had no incidents of sexual abuse reported in a time period where forensic evidence collection procedures would have been necessary, one reviewed investigation demonstrated practice of first responder procedures being employed for a physical assault following an incident of sexual harassment. Specifically, an incident of one inmate exposing himself to another inmate led to a physical altercation, resulting in injuries and outside medical treatment. The facility demonstrated that it separated the participants and it preserved and protected potential evidence until it was collected as potential evidence. While not direct evidence of compliance with the standard, it is collateral proof of how the facility is trained to respond to any potential crime occurring within the institution.

Interviews were conducted with both security and non-security staff using the specialized first responder interview protocol. While neither had to employ such procedures, both individuals clearly articulated their duty to separate involved participants, preserve the scene, ask the victim to take no actions to destroy evidence and alert both shift command, as well as medical/mental health practitioners.

During the audit tour, the auditor informally interviewed staff and questioned them about their first responder responsibilities should an incident of sexual abuse be reported to them. All staff understood their responsibility to ensure safety by separating victims and abusers and the need to preserve and protect 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 Cooper Street Correctional staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary.

The PREA Manual, which was reviewed by the 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 that would have responded to an incident within the timeframes where forensic evidence was able to be collected. Interviews were conducted with both security and non-security staff using the specialized first responder interview protocol. While neither had to employ such procedures, both individuals clearly articulated their duty to separate involved participants, preserve the scene, ask the victim to take no actions to destroy evidence and alert both shift command, as well as medical/mental health practitioners. 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 agency policy 03.03.140. The document titled OP 03.03.140, which was reviewed by the auditor, describes 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 the 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. The 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 with the agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard. Moreover, through a review of facility investigations, the auditor found evidence to support that the facility demonstrates that it exercises its ability to reassign or prohibit contact between staff and alleged victims pending investigation.

The 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.*

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

Unit Supervisor (ARUS) or Prison Counselor (PC) is responsible for monitoring. The aforementioned allow the auditor to determine compliance with provision (a) of the standard.

Through interviews with the agency head's designee, the PREA Manager, the PREA Coordinator and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard.

An interview with the agency head's designee confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Warden, he expressed that the facility separates individuals involved in allegations by housing units or facility transfers and monitors for retaliation. The facility has multiple housing units to separate individuals to either side of the compound. There was evidence within each sampled investigatory file to confirm that individuals were separated by housing unit moves, facility transfers or staff reassignments. The Warden also stated that, should retaliation be noticed, an investigation would ensue and emotional support would be provided. The PREA Coordinator stated that retaliation monitoring takes place for 90 days, unless the allegation is unfounded and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.

The 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 within its investigatory files, following allegations of sexual abuse and sexual harassment.

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

The facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed for documentation of retaliation monitoring. Two of the sexual abuse allegations investigated by the facility were reported by other facilities who were currently housing the inmate; therefore, the Cooper Street Correctional Facility was not responsible for nor was capable of monitoring for retaliation. In a third investigation, the alleged victim was transferred for safety purposes following the allegation and was again, not able to be monitored by the facility. The auditor found evidence of retaliation monitoring in accordance with, and in some instances, beyond the requirements of the standard. Specifically, in addition to documented face to face monitoring of sexual abuse claims, there were instances of documented retaliation monitoring for sexual harassment investigations when warranted due to a substantiated incident or incident leading to evidence of other rules violations. The auditor found documentation of retaliation monitoring in investigation #21024 (sexual abuse), #19373 (sexual harassment), #19365 (sexual harassment-monitoring until transfer) and #19440 (sexual abuse).

Through an in-depth review of twelve sampled investigation files, the auditor found that no files were missing documentation of retaliation monitoring where required by the standard. Based on evidence of substantial compliance, this auditor finds sufficient practice to determine compliance with provision (c) of the standard.

The Warden at the facility stated in an interview that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with provision (d) of the standard.

Investigatory files were reviewed and it was discovered that facility practice includes documented 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. The auditor notes that in one instance, the alleged victim reported to the monitoring PC in one of the documented face-to-face contacts, a potential concern for retaliation related to a misconduct for the inmate not reporting to their work assignment. The monitoring staff took appropriate action to review the claim to ensure it was not retaliatory in nature. In all instances where retaliation monitoring was completed, face-to-face contacts were documented on the MDOC's retaliation monitoring form. An interview with a staff member who conducts retaliation monitoring reveals that this person has monitored individuals via weekly contacts for up to 16 weeks when there was a need to ensure the individual is safe from retaliation.

The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The facility reports that no other individual, aside from the victim/complainant expressed a fear of retaliation or requested monitoring for retaliation. A review of investigatory files did not reveal evidence of any other individual expressing concern for retaliation. The agency head's designee and the Warden both confirm in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations. The auditor relied upon interviews, a review of investigations and policy provisions to determine compliance with provision (e) of the standard.

The PREA Manual specifies, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded. Sampled investigations revealed that retaliation monitoring ceased upon the determination that an allegation was unfounded. 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.*

The auditor reviewed the PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. According to the PAQ, the facility indicates that no inmate victims of sexual abuse have been placed into segregated housing following an allegation. During the audit tour, the auditor observed that the facility does not have a segregation unit or cells. Any individuals requiring segregation must be transferred to another facility. Through a review of investigations, the auditor discovered that no victims were placed into administrative segregation following an allegation of sexual abuse. There was evidence within investigation files that alleged victims and alleged abusers were either transferred to different housing units within the facility or to other facilities to ensure protection following an allegation. In all sampled investigations, protection was ensured through transfers of the alleged victim, alleged abuser or reassignment of staff consistent with the standard.

## 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

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Updated agency policy 03.03.140 and the PREA Manual were reviewed by the 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.

Interviews with facility investigators confirm that investigations are required to be initiated immediately. Reported facility practice is that preliminary actions, such as downloading of video and securing of documentation (i.e. log books, etc.) begin immediately. 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 raised concerns over meeting the thoroughness element of provision (a) in prior audits within the agency through the use of an investigative questionnaire with suspects, victims and witnesses; leading to updated policy 03.03.140, where physical interviews are required with all applicable parties in the investigation. This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigatory interview. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. The lack of an in-person interview with key participants within an investigation diminishes the potential for meaningful testimonial evidence to be obtained through a dynamic dialogue with the investigator that considers tone, body language and allows for instantaneous follow-up questioning on any inconsistencies. Closed ended questions as contained in an investigatory questionnaire do not encourage the discovery of facts relevant to a thorough investigation as required by provision (a) of the standard. The auditor notes that updated policy where in-person interviews are required, was effective April 24, 2017.

This auditor reviewed investigations onsite and took a sample of twelve for in-depth analysis post audit. These investigations covered the range of the audit period. This auditor makes note that eight of those twelve investigations (#21663, 19581, 22053, 19365, 21822, 19373, 19440 and 21024) relied on the use of an investigative questionnaire for staff interviews. The auditor makes the distinction that investigations #19440, 19373, 19365, and 19581 were completed prior to the agency policy's update in April 2017. However, investigations #21663, 22053, 21822 and 21024 were completed after the policy change went into effect, where face-to-face interviews were required.

The auditor remains concerned about the sole reliance on investigative questionnaires with suspects and witnesses after policy changes required in-person interviews. While onsite, the auditor brought this matter to the attention of facility staff and requested that a training memorandum be issued to each investigator at the facility affirming the requirement for in-person interviews with applicable parties, with a signed acknowledgement by the investigator of this requirement. The facility provided 12 copies of this signed acknowledgment request during the interim report period. The auditor does note that the facility routinely reviewed video surveillance, reviewed applicable housing unit log books and sought physical evidence in its pursuit of thoroughness.

While formal interviews with facility investigators confirmed that it is general practice for all parties to be interviewed, it is noted that four non-compliant investigations after the agency policy change indicate this change did not resonate with all facility staff who are authorized and trained to conduct investigations at the facility who do not have the primary function of completing investigations. Based on the use of a previously identified non-compliant investigatory practice following the change in agency policy, the auditor determines that the facility will require corrective action to meet the requirements of provision (a) of the standard.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the 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.

Cooper Street Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has 25 current staff who completed the MDOC's Basic Investigator's Training course. A total of 9 investigators completed the NIC Specialized Investigator's course. The facility designates those 9 who also completed the NIC Specialized Investigator's training as its current list of facility investigators.

Interviews with facility investigators demonstrated knowledge of Miranda warnings; however, one of the investigators could not explain the difference between a Miranda warning and a Garrity warning, citing the length of time since his training. The second investigator could not recall specific training on Miranda and Garrity; however, the auditor is aware the subject is covered in the NIC Specialized Investigator training this individual completed. Both articulated considerations for interviewing sexual abuse victims and evidence collection techniques to preserve forensic evidence. One of the interviewed investigators demonstrated uncertainty regarding his knowledge of the preponderance of the evidence standard and could not clearly articulate what the standard of proof was to substantiate an investigation. Again, while onsite, the auditor brought this matter to the attention of facility staff and requested that a training memorandum be issued to each investigator at the facility affirming that each investigator is provided with the definition of what preponderance of the evidence meant. The facility provided record of 12 individual acknowledgements of this information during the interim report period. The observed deficit in knowledge was promptly addressed to ensure that investigators understood the essentials of the training required under provision (b) of the standard.

The MDOC's basic investigator's training, which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. Agency policy 03.03.140 and the PREA Manual, which were recently updated, outline the agency's goal to comply with the all elements noted in provision (c). As noted under provision (a) of the standard, facility practice and a review of investigations demonstrates that the facility is not in substantial compliance with this provision of the standard. Specifically, the use of the investigative questionnaire for relevant staff interviews in eight of twelve sampled investigations, with four occurring following an agency policy change, indicates a need for additional training for all facility investigators to ensure they are familiar with the updated requirements outlined in policy 03.03.140. This was completed through a signed acknowledgement of a training memorandum issued to all facility investigators on December 6, 2017.

Through a review of investigations, the auditor observed that the facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, blood stained clothing, medical reports, etc. The facility routinely demonstrated that it reviewed video evidence. Moreover, the facility used shift rosters and log books to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct.

Due to the relatively recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor recommended that all authorized investigative staff at the Cooper Street Correctional Facility formally acknowledge their responsibility to conduct interviews with all applicable parties as required by provision (c) of the standard and demonstrate such knowledge through its investigations before there is a finding of compliance with provision (c) of the standard. The auditor notes that the training portion of this requirement was completed during the interim report period.

Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. In a review of investigations, there was no evidence of compelled interviews and multiple investigations were referred to the Michigan State Police (MSP) for appropriate criminal investigation. The auditor notes that none of the substantiated sexual harassment investigations produced a level of evidence to support criminal prosecution. The auditor finds compliance with provision (d).

The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. Interviews with facility investigators confirmed that credibility is based on the facts and details that can corroborate from their statements and available physical evidence. Both 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).

The 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. In those instances where staff actions were relevant to the investigation, they were appropriately examined for impact on the allegation.

A review of facility investigations by the auditor confirms that the facility refers some allegations with potentially criminal behavior to its local MSP outpost; however, it has not occurred in all potentially criminal allegations as noted under 115.22. In all sampled investigations, MSP declined to investigate, based on the available facts. Through previous audits within the agency, the auditor has seen criminal investigative reports generated by the MSP and those reports confirm that the factors specified by provision (g) are evident within the MSP reports.

According to interviews with the PREA Manager, the Michigan State Police conduct criminal investigations and there was a documented request that the agency comply with applicable PREA standards provided to the auditor. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. While the MSP did not investigate any allegations at the facility, the auditor has knowledge of MSP criminal report formatting and contents from other audits within the agency, allowing the auditor to find compliance with provision (g).

Through interviews with the PREA Coordinator, facility investigators and a review of investigations, this auditor confirms that there were no substantiated allegations that appeared to be of a criminal nature. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that Cooper Street Correctional Facility has sufficient procedures in place to refer allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

The PREA Manual, which was reviewed by the 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 5 years in compliance with provision (i) of the standard.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. A review of facility investigations produced no evidence that investigations were terminated due to the departure of a victim or an abuser.

The auditor is not required to audit provision (k).

Interviews with the Warden, PREA Coordinator, PREA Manager and investigators support the fact that facility staff are required to comply with outside investigators. The facility Inspector is the responsible party for ensuring coordination with the MSP. There were no facility investigations conducted by MSP; however, interviews with investigators and policy provisions demonstrate that there are sufficient procedures in place when necessary for this auditor to find compliance with provision (l).

## CORRECTIVE ACTION RECOMMENDATIONS:

To become compliant with this standard, the facility will be required to implement procedures to physically interview pertinent parties to each allegation to augment any written statements obtained during the investigation. Furthermore, it must demonstrate through its investigations that the investigators are appropriately applying the specialized training required by 115.34, specifically as it relates to appropriate standard of evidence and appropriate use of Miranda and Garrity warnings when appropriate.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see interview summaries within each facility investigation. Should the facility not have an investigation during that 90-day period where the facility can demonstrate its commitment to the thorough pursuit of an investigation; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.

## POST INTERIM REPORT CORRECTIVE ACTION:

The auditor reviewed investigation #23706 involving an allegation of a staff member groping an inmate during a pat search. The allegation was made on February 3, 2018 and the investigation was completed promptly by February 14, 2018. The report contained evidence that involved parties were physically interviewed and provided the opportunity to question information pertinent to the allegation. A medical evaluation was completed in response to the allegation and reviewed with the investigation. A criminal referral was made to the Michigan State Police, based on alleged inappropriate contact with the inmate's buttocks. Criminal investigation was initiated; however, was not completed. When the MSP investigator reviewed video evidence with the alleged victim and asked him to walk through the incident; the alleged victim acknowledged the search was conducted properly and did not wish for criminal investigation to proceed. The resultant administrative investigation, which was subsequently finalized, properly weighed the evidence in making the determination the allegation was unfounded.

The facility demonstrated that it took the appropriate steps to investigation the allegation promptly, thoroughly and weighed the evidence appropriately when determining its conclusion in compliance with provisions (a) and (c) of the standard.

## 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 the auditor in determining compliance, specify that the agency's standard of proof is to be the preponderance of the evidence. Although one investigator struggled to define what the preponderance of the evidence standard entailed, investigatory practice and the review process within the facility assured that the appropriate standard was applied. Through a review of investigations, there were substantiated incidents of sexual harassment where the standard appears to have been sufficiently applied to find compliance. There were no unsubstantiated or unfounded investigations where there appeared to be evidence in support of a substantiated finding.

## 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.*

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Prior to the audit, Cooper Street Correctional facility provided sample documentation of inmate notifications to demonstrate compliance with provision (a) of the standard. During the onsite portion of the audit, the auditor reviewed facility investigations and found evidence that the facility was in substantial compliance with its requirement to provide victims of sexual abuse notification of investigatory outcomes. The auditor notes that the facility attempts to notify inmates of results when they are housed at other correctional facilities within and external to the agency. The auditor also found evidence that the facility exceeds the standard by providing written notification to alleged victims of sexual harassment, allowing the auditor to determine compliance with provision (a) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The Warden and facility investigators indicate that the Inspectors are the liaison with MSP and remain up-to-date on an investigation's status. MSP did not investigate any allegations at Cooper Street Correctional Facility to provide documented evidence of compliance; however, policy provision and interviews support that there are sufficient procedures in place to provide an investigatory finding to the alleged victim consistent with provision (b) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. As a result of previous audits within the agency; its policy was recently updated to become compliant with provision (c) of this standard. Specifically, agency policy was amended and now requires that notification of the factors enumerated in provision (c) of the standard are now provided for Substantiated/Sufficient Evidence and insufficient evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner. The facility had one incident of sexual harassment where the alleged staff members were moved from the inmate's unit pending the investigation and notification consistent with this standard was not present within the file; however, such notification is not required by the standard. There were no allegations of sexual abuse at the facility where the four enumerated elements of the standard occurred to verify compliance; however, there are adequate policy provision in place to demonstrate compliance when applicable.

The PREA Manual, which was reviewed by the 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 facility no had such instances, thus, no facility specific examples in support of this standard were observed. There are adequate policy provisions in place to demonstrate compliance when applicable.

A review of facility investigations yielded ample documentation of its notification of investigatory results. Within all sampled investigations, a completed CAJ-1021 notification form was located as proof of inmate notification and attempted notification when alleged victims were not in the MDOC's custody, 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.*

Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.

The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.

The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. While the PAQ indicates there were three staff from the facility who violated sexual abuse and sexual harassment policies, this auditor only found evidence of one allegation, involving three staff accused of sexual harassment. Through the course of that investigation, only one was found to have engaged in sexual harassment. 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. The auditor notes that one investigation substantiated an allegation of sexual harassment against one of three accused staff members; however, that substantiated staff member retired three days after the investigation's conclusion and prior to imposition of discipline. The auditor does note, that a PREA allegation, which was unsubstantiated, did uncover other violations of policy committed by the alleged staff member. Discipline was applied consistent with the standard for those unrelated policy violations. Based on policy provisions, the auditor determines compliance with provision (c).

Through the auditor's review of the PREA Manual, policy provisions exist to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with provision (d) of the standard. A review of the facility's investigations revealed no substantiated allegations of sexual abuse or sexual harassment against a staff member that were consistent with criminal behavior. The substantiated staff sexual harassment allegation at the facility involved gestures and comments of a non-criminal nature, which would have not presumably led to termination if not for their retirement. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, the auditor determines compliance with provision (d).

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### 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.*

Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. The Warden states in an interview that any contractor or volunteer who is accused of sexual abuse or sexual harassment would be barred from the facility pending the outcome of the investigation. There were no reported incidents involving contractors or volunteers reported on the PAQ or evident within reviewed investigations. Based upon policy provisions, the 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. He further commented that any contractual staff would then be placed on a “do not hire” list, maintained by the agency. There were no substantiated allegations of sexual abuse or sexual harassment involving contractors or volunteers upon which to gauge facility practice. Based upon policy provisions and the Warden’s interview, the 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.*

The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. At the time of the audit, there were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. There were substantiated incidents of sexual harassment during the audit period that were addressed through transfers of the harasser. Based upon policy requirements of a formal hearing process prior to the imposition of discipline for substantiated incidents of sexual abuse, the auditor determines compliance with provision (a).

The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard. 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 discipline, inmates may have their custody levels raised (which would lead to transfer) or may be transferred to another location. There were substantiated incidents of sexual harassment during the audit period that were addressed through transfers of the harasser and not addressed through formal disciplinary procedures. There were no substantiated allegations of sexual abuse upon which the 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, the auditor determines compliance with provision (b).

The auditor reviewed agency policy 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 and there are alternative programming options for these inmates. There were substantiated incidents of sexual harassment during the audit period that were addressed through transfers of the harasser. There were no substantiated allegations of sexual abuse upon which the 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, the auditor determines compliance with provision (c).

The 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 determine any relevant treatment need and this would likely be a condition of parole. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed agency policies 03.03.140, 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. The facility had no examples of an inmate being disciplined for sexual contact with staff. A review of facility investigations supports this assertion. Based on policy provision, the auditor finds that procedures have been established that are compliant with provision (e) of the standard.

The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven. In sampled investigations, there was no evidence of discipline issued to inmates making allegations that could not be proven, allowing the auditor to find compliance with provision (f).

Through a review of the PREA Manual, the Prisoner Guidebook and interviews with the PREA Manager and PREA Coordinator, the auditor was informed that the agency prohibits sexual activity between all inmates. The PREA Manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105; however, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing. The facility reported no incidents where consensual sexual activity was addressed through disciplinary procedures. Moreover, a review of facility investigations did not reveal that any incidents of consensual sexual activity were investigated under PREA procedures for sexual abuse or sexual harassment. Based upon interviews, policy directives and a review of investigations, the 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.*

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Due to recent updates of policy, 03.04.140 and the PREA Manual, which were effective 04/27/2017, the MDOC has recently established intake risk screening procedures across the agency. Although Cooper Street Correctional Facility did not consistently implement its risk screening procedures consistent with all enumerated requirements under 115.41; it did begin tracking its PREA referrals to mental health staff based on risk screening victimization disclosures on its mental health log in mid-May 2017. As a result, there was substantial evidence of compliance of referrals being made and individuals being seen for such reports at the time of the onsite audit.

The facility provided the auditor with the facility's mental health care log, which documents the date of referral, and the date of the referral receipt. The date of service is documented secondary mental health contact notes. The auditor matched sample secondary mental health contact note service delivery dates against the date of referral documented on the log to verify that mental health service was provided within 14 days as required by provision (a) of the standard. Furthermore, the pairing also supports the veracity of the log, allowing the auditor to rely upon it as evidence of compliance that individuals who reported sexual victimization through risk screening were indeed seen by mental health professionals at the facility.

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard, combine to form the agency'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 offered its mental health log and secondary contact notes as proof of compliance. The auditor was able to verify the veracity of this log through pairing of service contact notes and referral dates on the log. The auditor notes that the Cooper Street Correctional Facility specializes in the treatment of sexual offenders and has in excess of two full housing units of individuals who require sexual offender programming. Each of these individuals are required to see psychology providers and are documented on the mental health referral log as being required to complete the Michigan Sex Offender Program (MSOP). Again, evidence of substantial compliance of mental health contacts with previous perpetrators of sexual abuse is evident on the mental health logs to determine compliance with provision (b) of the standard.

Cooper Street Correctional Facility operates under the definition of a prison; therefore, compliance for provision (c) is measured under provision (a).

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff and staff who conduct risk screening, 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.

The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility 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. The auditor also commends the facility for its efforts to ensure inmates are aware of the limitations on confidentiality. Specifically, the agency produced posters that explicitly explain the limitations of confidentiality, which were observed to be prominently displayed in each medical and mental health provider area of the Cooper Street Correctional Facility.

## **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.*

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within a day 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. If there were the need for emergency medical treatment beyond the facility's capability, such as a forensic examination, the individual would be transferred to the Henry Ford Allegiance Hospital for community care. The auditor does note that within one sampled PREA investigation reported after a response to a physical altercation, the alleged victim was transported to the Henry Ford Allegiance Hospital for medical treatment of the physical injuries sustained in the altercation; demonstrating that the facility is willing to provided care according to need and the clinical judgement of practitioners.

Through previous audits throughout other facilities within the agency, the auditor is aware of agency efforts to train the agency's PREA Coordinators and revise its policies to consistently comply with the requirements of standards 115.81-83. Efforts to effectuate such change began in late November 2016; however, it was evident that the Cooper Street Correctional Facility was more acutely aware of this obligation prior to such agency level interventions and was regularly referring alleged victims of sexual abuse and sexual harassment for appropriate medical and mental health evaluations as early as December 2016, as evidenced by medical or mental health documentation within sampled investigations.

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. Specific evidence relied upon to determine compliance was found in the applicable mental health or medical referrals located within sampled investigations.

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

The PREA Manual, which was reviewed by the auditor, contains 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 the auditor to determine compliance with provision (b) of the standard. The auditor notes that the medical supervisor advised that the facility does not have 24/7 medical coverage. Specifically, there is not medical coverage between 2100 and 0500 hours. In the event of a medical need during that time, the prisoner would be transported to one of the neighboring facilities with overnight medical staff for assessment.

The PREA Manual and agency PREA brochure were reviewed by the 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. The facility had no allegations involving individuals housed at the facility where sexual contact was alleged where STI testing would be appropriate. Its sexual abuse allegations involving penetration were referred from other facilities housing those inmates. An interview with the medical supervisor verifies that testing and immunization for STIs are provided when clinically indicated for victims of sexual abuse.

Based on the review of investigations, policy provisions, interviews with medical providers and the absence of incidents where STI testing would have been required in the response protocol, the auditor is satisfied that the Cooper Street Correctional Facility has sufficient procedures in place to ensure compliance with provision (c) of the standard.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Interviews with the facility medical and mental health providers confirm that services are free of charge. Interviews with individuals who reported sexual abuse confirmed they were not charged for ensuing services from medical and mental health providers. Based on policy provisions and interviews, the auditor determines compliance with provision (d) of the standard.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

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

Through previous audits throughout other facilities within the agency, the auditor is aware of agency efforts to train the agency's PREA Coordinators and revise its policies to consistently comply with the requirements of standards 115.81-83. Efforts to effectuate such change began in late November 2016 and it was evident that the Cooper Street Correctional Facility responded agency level interventions by regularly referring alleged victims of sexual abuse for appropriate medical and mental health evaluations. The auditor sampled both sexual abuse and sexual harassment investigations beginning in December of 2016 and found a referral to medical or mental health staff in each file involving sexual abuse alleged where the individual was still housed at the Cooper Street Correctional Facility. The auditor also found evidence of medical and mental health referrals for allegations of sexual harassment.

Through a review of randomly sampled facility investigations, evidence in favor of determining compliance with provision (a) were found.

The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for services the patient is willing to accept would occur following an allegation.

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.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner. All practitioners are licensed in accordance with community standards and therefore required to provide services according to those standards to maintain licensure.

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 likely exceeds community levels of care due to the immediate availability that is often not found within the community, allowing the auditor to determine compliance with provision (c) of the standard.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and

access to all lawful pregnancy related services. Through the audit tour, the auditor observed that the Cooper Street Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. Through the audit tour, the auditor observed that the Cooper Street Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. Through a review of facility investigations, the auditor found the facility had no allegations of sexual abuse where bodily fluids were exchanged, or sexual penetration occurred to clinically indicate STI testing.

While the agency has procedures in place for intake and annual STI screenings that serve as a supplemental means to capture this information; it is recommended that it be documented on its applicable forms (CAJ-1024) that a request was made for such testing to demonstrate proof of its compliance. Based on the absence of facility specific evidence of non-compliance, the auditor determines the facility is compliant with provision (f) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. Inmates who reported sexual abuse at the facility confirmed they were not financially charged for medical or mental health services rendered as a result of their allegations. Based on policy provisions, the auditor determines compliance with provision (g) of the standard.

The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. As of the time of the audit, there are no known instances at Cooper Street Correctional Facility where an inmate was found or known to have engaged in sexual abuse of another inmate. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

## 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.*

The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ- 1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. This review form includes a checklist of the five provisions which require consideration in the review process, along with a section for recommendations and approval by the PREA Coordinator, Warden and Central Office staff when recommendations require additional approval. The incident review consists of a review of the entire investigatory packet provided to the auditor. In a review of investigations at the Cooper Street Correctional Facility determined to be unsubstantiated, a sexual abuse incident review was completed in all sampled investigative files, to demonstrate substantial compliance with provision (a) of the standard.

Through the auditor's review of relevant investigations, the auditor did observe that incident reviews occurred within the 30-day period required by the standard in all but one of the incident reviews. Upon further review of the CAJ-1025 form, the auditor noticed that the facility incorrectly identified the investigation completion date for case #21269 as 06/29/2017; however, the investigatory report is not dated as being completed until August 9, 2017, which would place the review date of 08/29/2017 within the required timeframe. Review of facility incident review checklists demonstrate substantial compliance with provision (b) of the standard.

In sampled incident reviews, the auditor notes that the facility did involve upper-level managers, generally including a combination of the facility PREA Coordinator, psychologists, nurses, the facility Inspector and a Resident Unit Manager (RUM). The Warden also participates as necessary. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners, the PREA Coordinator and investigators. The Warden stated that reviews are scheduled monthly and the composition of the team is generally predicated upon the nature of the allegation. The incident review form is ultimately forwarded to his attention. Any approved recommendations by the committee would be considered by him. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.

Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Interviews with the Warden and facility PREA Coordinator confirms that Cooper Street Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Warden stated that any recommendation would forwarded to his attention to be considered for implementation. Based on interviews, observations within reviews and policy, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. The nature of the allegations reviewed at the facility did not lead to any substantive recommendations for improvement by the facility; however, one review involving an older allegation reported to have occurred at the facility was addressed through the addition of cameras to housing units since the time of the alleged incident. Based on policy provision, example documentation and an interview with the Warden, the auditor determines compliance with provision (e) of the standard.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### 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 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 Manager, 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. Statistical information on the agency's website only exists for 2014 and 2015 at the time of this audit. While this auditor was provided screen shots of the agency's 2016 report during a previous audit, it has not yet been published to the website; therefore, it will require posting in order to find full compliance with this provision 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 (c) of the standard. At the time of this audit, the agency now has its 2016 SSV reports posted on its website. The data collected allowed for the answering of all questions required by the Department of Justice's surveys consistent with provision (c) of the standard.

As noted within the agency audit, the agency's investigation database (AIM) is utilized to collect data. Additionally, the agency PREA Manager and regional PREA Analyst receives a courtesy copy of all facility based sexual abuse incident review packets 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 under provision (b) of the standard the agency's annual PREA report for 2016 has not yet been finalized nor posted to the agency's website. Based upon the lack of completion of this report prior to June 30th, the agency is not currently in compliance with provision (f). The agency will be required to finalize its 2016 annual report, have it signed by the agency head and posted to its website to demonstrate full compliance with this standard.

#### **CORRECTIVE ACTION RECOMMENDATIONS.**

The agency will be required to finalize its 2016 annual report, have it signed by the agency head and posted to its website to demonstrate full compliance with this standard. The auditor will verify

completion of this task by visiting the agency's public website and confirming the annual report from 2016 is properly posted for public consumption and includes a review by the agency head.

**POST INTERIM REPORT CORRECTIVE ACTIONS:**

On March 16, 2018, MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), and this auditor's review, auditor has determined that Cooper Street Correctional Facility is now in compliance with the requirements of these data collection and posting standards.

## **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

*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 is not compliant with provisions (a-d) of the standard at this time, based on the incomplete 2016 annual report, which has not been finalized nor posted to the agency's website.

#### CORRECTIVE ACTION RECOMMENDATIONS.

The agency will be required to finalize its 2016 annual report, have it signed by the agency head and posted to its website to demonstrate full compliance with this standard. The auditor will verify completion of this task by visiting the agency's public website and confirming the annual report from 2016 is properly posted for public consumption and includes a review by the agency head.

#### POST INTERIM REPORT CORRECTIVE ACTIONS:

On March 16, 2018, MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), and this auditor's review, auditor has determined that Cooper Street Correctional Facility is now in compliance with the requirements of these data collection and posting standards.

## 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

*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.*

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. The auditor notes that since the agency audit, the SSV

forms from 2016 are now available on the public website; however, the 2016 annual report is not. In order to be fully compliant with this standard, the agency's 2016 annual report will require completion.

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; however, the 2016 report is not currently available for verification purposes.

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 four most recent years since the MDOC committed to PREA compliance and its annual statistical reports from 2014 and 2015; however, the report from 2016 has not yet been completed nor posted to the website, leading to a finding of non-compliance with provision (d).

#### CORRECTIVE ACTION RECOMMENDATIONS.

The agency will be required to finalize its 2016 annual report, have it signed by the agency head and posted to its website to demonstrate full compliance with this standard. The auditor will verify completion of this task by visiting the agency's public website and confirming the annual report from 2016 is properly posted for public consumption and includes a review by the agency head.

#### POST INTERIM REPORT CORRECTIVE ACTIONS:

On March 16, 2018, MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), and this auditor's review, auditor has determined that Cooper Street Correctional Facility is now in compliance with the requirements of these data collection and posting standards.

## 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*)

#### 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 auditor was able to tour all areas of the facility, correspond with inmate and interview inmates privately. The 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. The audit is performed under a consortium, where the auditing agency conducts all audits within the audited agency. Therefore, a third of its only type of facilities (prisons) have been audited.

## 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

*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 auditor visited the agency website and observed final reports completed by this auditor and other consortium auditors during the second audit cycle. 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.

David G. Radziewicz

08/10/2018

**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.