

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

☐ Interim ☒ Final

Date of Report October 11, 2019

Auditor Information

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Email: abaez-spra@pa.gov

Company Name: Pennsylvania Department of Corrections

Mailing Address: 1920 Technology Parkway

City, State, Zip: Mechanicsburg, PA, 17050

Telephone: 570.546.3171

Date of Facility Visit: July 09-11, 2019

Agency Information

Name of Agency:

Michigan Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Michigan

Physical Address: 206 E. Michigan Avenue

City, State, Zip: Lansing, Michigan 48933

Mailing Address: Grandview Plaza, 206 E. Michigan Ave.

City, State, Zip: Lansing, Michigan 48933

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

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

Agency Chief Executive Officer

Name: Heidi Washington

Email: WashingtonM6@michigan.gov

Telephone: 517.335.1426

Agency-Wide PREA Coordinator

Name: Charles Carlson

Email: Carlsonc2@Michigan.gov

Telephone: 517.230.1464

PREA Coordinator Reports to:

Julie Hamp

Number of Compliance Managers who report to the PREA Coordinator

32

Facility Information

Name of Facility: Saginaw Correctional Facility (SRF)

Physical Address: 9625 Pierce Road

City, State, Zip: Freeland MI 48623

Mailing Address (if different from above):
Same as listed above

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

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: PD 01.01.100 Mission- Same as Agency Mission Statement

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: Self-audits, Regional audits, and Central Office audits conducted. Facility uses the ACA Standards as an auditing resource but does not move toward ACA Accreditation.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

2016 Regional Audit was conducted by our regional administrators

2017 Self Audit was completed internally

2018 Central Office Audit was conducted by MDOC Auditors

2019 We are currently working on a self-audit

Warden/Jail Administrator/Sheriff/Director

Name: Tom O'Bell Winn

Email: WinnO@michigan.gov

Telephone: 989.695.9880

Facility PREA Compliance Manager

Name: Roland Price

Email: Pricer@michigan.gov

Telephone: 989.695.9880

Facility Health Service Administrator ☐ N/A

Name: Susan McCauley

Email: McCauleyS@michigan.gov

Telephone: 989.695.9880

Facility Characteristics

Designated Facility Capacity:	1488	
Current Population of Facility:	1454	
Average daily population for the past 12 months:	1203	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 Years and Older	
Average length of stay or time under supervision:	1 year 5 month 12 days	
Facility security levels/inmate custody levels:	Level I though Level IV	
Number of inmates admitted to facility during the past 12 months:	1141	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1998	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1998	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A </div>	
Number of staff currently employed by the facility who may have contact with inmates:	294	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	38	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6	

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	158
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	18
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	8
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	22
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	22	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

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.

An onsite Prison Rape Elimination Act (PREA) Standards audit, of the Saginaw Correctional Facility (SRF), was conducted from July 09 to July 11, 2019, pursuant to the Audit Consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections (MDOC), 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, DOJ Certified PREA Auditor Angel Baez-Sprague, in the role of Lead Auditor, conducted this audit with the assistance of Auditor Matthew Burns. Mr. Burns is a certified PREA Auditor for Juvenile standards and is acting as a PREA assistant to this Auditor in his current employment. He has conducted over 25 Juvenile PREA Audits and currently has 7 months experience inspecting Adult Facilities, providing recommendation for corrective action, is a member of his local Sexual Abuse Incident Review team, and is working on his gaining additional experience to move toward PREA Adult Certification.

The Auditors would like to thank Saginaw Correctional Facility Prison staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests for information made by the auditor both during the site visit and pre/post audit.

Prior to the audit, an agreement to utilize a zip drive to transmit volume data and paper reporting for the interim and final reports. The Agency PREA Central Analyst provided relevant policy, procedure, and audit documentation for review in advance through a flash drive. A review of pre-audit documentation took place in advance of the audit and supplemental document request were made pre-onsite, onsite, and during the post-onsite audit period.

Auditor Baez-Sprague, emailed the required Auditor Posting to MDOC PREA Analyst Mitchell on May 28, 2019 with instruction for the Notice to be Posted in compliance with the PREA Auditor Handbook Page 30 Chapter 15: Phase One: Pre-Onsite Audit. Announced in the email was the minimal expectation that the notices be posted in; In all Housing units where inmates can access the information. In all L5 Housing units in a manner that inmates can have access to the information (inmate channel or other means that they can see them). In all inmate common areas, education areas, programming areas, and activities locations. In Administrative buildings, including staff locations. At all major ingress's to the facility, and finally in all building where staff and inmates have access (including work locations outside of fence whether inmates access or not).

On May 28, 2019, MDOC PREA Analyst Mitchell emailed Saginaw Correctional Facility PREA Coordinator Rohland Price with instructions that all inmates in Segregation housing units be given a copy of the notifications. On June 04, 2019, MDOC Analyst Mitchell provided email confirmation, accompanied by photographs that showed the notifications were posted in English and Spanish throughout the facility. During the onsite audit tour July 9, 2019, it was noted that posting were located throughout the facility in the areas designated by the PREA Auditor Handbook and Lead Auditor email Direction. Additionally, inmates that were in Temporary Segregation were given the notice and had them posted directly in their shower areas to increase their access to the information.

Pre and Post-Onsite Audit work was conducted, too include documentation review, data gathering, cross comparison of data with interview findings, intermittent contact with the facility for information/clarification, and written analysis of the data with findings for each standard. The standards were distributed in the following manner for Audit review. Auditor Burns was responsible for Standards 115.14, 115.15, 115.18, 115.22, 115.35,

115.41, 115.42, 115.43, 115.63, and 115.68. Lead Auditor Baez-Sprague reviewed all other standards and additionally reviewed Auditors Burns findings for his respective assigned Standards.

An entrance meeting was conducted on the afternoon of July 09, 2019, beginning at approximately 0830hrs. Present at the entrance meeting were; SRF Warden, Assistant Deputy Warden, PREA Manager (Agency Head Designee in Standards), PREA Central Analyst (PREA Coordinator in Standards), PREA Coordinator (PCM in Standards), Assistant PREA Coordinator (PCM in Standards), Health Unit Manager, Mental Health Unit Chief, and other invited Management level staff at Saginaw Correctional Facility.

After the entrance meeting the auditors requested to review all camera prior to commencing the tour of the facility. PREA Analyst Mitchell, Inspector Price, Inspector Morgan, and Sergeant Fern were present in the Control Center for the review of the camera system. During the onsite audit the daily counts were 1449 on Day 1, 1452 on both Day 2 and Day 3.

The facility has 287 cameras throughout the facility and perimeter, 7 Housing units, School, Healthcare, Warehouse, and Administration Building. The Camera system included 360 degree capabilities (fishbowl), PTZ capabilities, and video was stored on a Digital Video Recording system. The digital videos are retained, for 30 days unless downloaded to the digital vault. Auditors had the female control officer toggle through various location. This auditor noted that there was no cross-gender viewing occurring as locations with showers, and toilet, viewing had adequate digital blocking to ensure that inmates could utilize the facilities without being viewed by staff of the opposite gender.

The Lead Auditor received two letters from inmates at Saginaw Correctional Facility. Inmate information contained in letter #1, was currently housed at the facility during the onsite audit. Inmate identified in letter #2, reported an allegation of Sexual Abuse that occurred at another location. The information contained in each respective letter was reviewed and the findings listed below.

Inmate in letter #1 identify himself as member of the “Speakers Bureau a Justice Detention International.” The letter has no allegation of Sexual Abuse, nor Sexual Harassment but complained (feigning to be a civilian representative of the organization) that he was repeatedly falsely accused of PREA allegations. The envelope had a hand written attempt to modify the marking (that identify it as inmate mail). The inmate did put a number and name on the letter. This inmate identified by number and name is no longer housed at Saginaw Correctional Facility. I requested any allegations in the past 12 months the inmate named would have filed and noted that there were no PREA allegations lodged by the identified inmate in the AIMS system. I am satisfied that the likely anonymous letter was authored by an inmate utilizing another inmates name to feign that a Justice Detention International staff member was attempting to report a misuse of the PREA standards. No further action is required.

Inmate in letter #2 indicated that the inmate wanted to report a Sexual Abuse allegation regarding Regional Guidance Center. The inmate details a medical exam that he felt violated him and wanted it investigated as Sexual Abuse. This writer contacted Regional Guidance Center to report the allegation. Saginaw Correctional Facility provided documentation that the Inmate was being monitored for Retaliation and that he had been referred to Medical/Mental Health services post report at Regional Guidance Center. No further action is required.

Facility Review:

Due to the layout of the facility, the tour teams were split up into two groups. 25 building, outside grounds, and the inmate recreation yard were toured on July 9, 2019. Touring occurred immediately after the CCTV review on was completed in the early afternoon the same date. The Lead Auditor specifically went to all areas where strip searches occurred at the facility. Auditors were afforded uninhibited access throughout the tour and afforded adequate privacy when querying the inmates and staff in the areas.

Auditor Baez-Sprague was accompanied by PREA Coordinator (Compliance Manager by standard) Price and PREA Analyst Mitchell. This auditor toured the following areas; Administration, Building, School building,

Control Center with CCTV, 900 Unit, 800 Unit, 600 Unit, and 200 Unit (specifically to see the Strip area). Additionally, the auditor toured outside buildings 400 Unit, Warehouse, and Maintenance.

Auditor Burns was accompanied by Assistant PREA Coordinator (Compliance Manager by standards) Morgan and Sergeant Fern. Auditor Burns toured 200 Unit (contained the intake/strip area, Temporary Segregation – 22 cells), Hearing Examiner, Health Care, Medical Records office, Medication Distribution room), Kitchen/Inmate Dining Area (also in building 200), storage sheds outside of the kitchen, 700 unit, 1200 unit, 500 unit, and the Yard.

Interviews Conducted

SRF Staff- total 31 Individuals-12 Random Staff- 19 other areas of varying responsibilities

Agency Head or Designee- 1

Warden or Designee- 1

Administrative (Human Resources) - 1

PREA Compliance Manager- 1

PREA Coordinator- 1

Intake Staff-1

Security Staff and Non-Security Staff who have acted as first responders- 2

Designated Staff Member Charged with Monitoring Retaliation- 1

Incident Review Team- 1

Intermediate-or High-Level Facility Staff- 1

Investigative Staff- 1

Random Staff Sample- 12

Staff who perform Screening for Risk of Victimization and Abusiveness- 2

Staff who supervise inmates in Segregated Housing- 1

Volunteers and Contractors who may have contact with inmates- 1 volunteer and 1 contractor

Medical Staff- 1

Mental Health Staff- 1

Staff interview were conducted on all 3 days of the onsite audit. A total of 31 individual staff members were interviewed (including random and specialized staff) with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized staff, with the exception of the interviews related to educational staff who work with youthful inmates and line staff who supervise youthful inmates as youthful inmates are not housed at this facility Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews.

Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards.

Inmate Interviews- a total of 40 Individual Inmates were interviewed - 21 Random Inmate were interviewed and 19 Targeted Inmate (22 were attempted and 3 inmates refused)

Inmates who disclosed Sexual Victimization during Risk Screening- 1

Transgender- 3

Intersex Inmates; Gay, Lesbian, and Bisexual Inmates- 3

Inmates who reported Sexual Abuse- 1

Disabled- 6

Limited English Proficient Inmates- 5

Random Sample of Inmates- 21

The auditor notes that 43 interviews were attempted, but 3 declined. The categories selection that declined were Random Inmates, Inmates that Disclosed Sexual Abuse on the Risk assessment, and Inmates that Reported Sexual abuse. There was no indication that their declination of interview was due to any systematic issues at the facility; rather it appeared to be due to an innate annoyance with the process, or an unwritten inmate code of not speaking with authority.

Inmate interviews were conducted on day 2 and 3 of the Audit. SRF staff supplied a list of all offenders in the facility on day 1. A random sample of inmates were selected from these lists by scanning the documents and indiscriminately selected several inmates from each housing unit. A total of 40 inmates were interviewed with at least one inmate interviewed from each housing unit and interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews related to youthful inmates (youthful inmates are not housed at this facility).

When the audit was completed, the auditors conducted an exit briefing on July 11, 2019. Present at the closeout were all of the identified staff in the entrance meeting and additionally the Warden included other Management level staff at Saginaw Correctional Facility to be present. The auditor commended the facility and Administration on the exemplary work they were doing. Auditor Baez-Sprague and Burns specifically noted the level of professionalism, and expertise, that the recently appointed PREA Coordinators displayed during the onsite tour. The lead auditor explained that further documentation would need to be reviewed and any addition requests for information would be coordinated through the agency PREA Analyst and onsite PREA Coordinators.

Policy, Contract, and Formal Memorandum Review:

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

Michigan Department of Corrections

2015 Crime Scene Management and Preservation

An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse 3rd Edition, PREA Resource Center September 2014

Annual PREA Statistics Reports 2016 & 2017

Annual Staffing Plan 2019- Saginaw Correctional Facility with 22 Attachments

Annual Staffing Plan Review CAJ-1027

Civil Service 214 State of Michigan Civil Service Commission PREA Manager Position Description

Collective Bargaining Agreement- Administrative Support Unit and Human Services Unit, UAW Local 6000

Collective Bargaining Agreement- Michigan Counsel 25 AFSME AFL-CIO

Collective Bargaining Agreement- Labor and Trades and Safety and Regulatory Units- Michigan State Employees Association

Collective Bargaining Agreement- Scientific and Engineering Bargaining Unit- SEIU Local 517M

Collective Bargaining Agreement- Technical Bargaining Unit- SEIU Local 517M

Collective Bargaining Agreement- Security Unit Agreement SEIU 526M, CTW

Corrections Officer Recruitment Supplemental Questionnaire

Corrections Supervisor Application Questions

Director's Office Memorandum 2016-29 PREA Grievance Process

Director's Office Memorandum 2017-12 Prison Rape Elimination Act (PREA), effective date 1/1/2017

Director's Office Memorandum 2017-16 Prisoner Mail

Director's Office Memorandum Victims' Advocates dated November 28, 2016

Director's Office Memorandum Language Services dated July 20, 2019

Director's Office Memorandum PREA Education Video dated June 4, 2019

Employee Handbook, Department of Corrections

Facility Schematic

Legislative Corrections Ombudsman and Department of Corrections MOU finalized December 2014

Language Services Memorandum issued by Deputy Director Correctional Facilities Administration

MDOC Prison Rape Elimination Manual, dated April 24, 2017- Supersedes all policies and procedures

MDOC and Saginaw Correctional Facility Organizational Chart

MDOC Website: https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html

Michigan State Police and Department of Corrections MOU dated September 30, 2015

Operating Procedure- 03.03.140 Prohibited Sexual Conduct Involving Prisoners

Operating Procedure- 03.04.100 Health Services

Policy Directive- 01.01.140 Internal Affairs

Policy Directive- 02.01.140 Human Resource Files

Policy Directive- 02.03.100 Employee Discipline with Attachment A

Policy Directive- 02.05.100 New Employee Training Program

Policy Directive- 02.05.101 In-Service Training

Policy Directive- 02.06.111 Employment Screening

Policy Directive- 03.02.105 Volunteer Services and Programs

Policy Directive- 03.03.105 Prisoner Discipline with Attachment A and D

Policy Directive- 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners

Policy Directive- 03.04.100 Health Services

Policy Directive- 03.04.125 Medical Emergencies

Policy Directive- 04.01.105 Reception Facilities Services

Policy Directive- 04.01.140 Prisoner Orientation

Policy Directive- 04.04.100 Custody, Security and Safety Systems

Policy Directive- 04.04.110 Search and Arrest in Correctional Facilities

Policy Directive- 04.05.120 Segregation Standards- with Variance CAJ-296

Policy Directive- 04.06.180 Mental Health Services

Policy Directive- 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria

Policy Directive- 05.01.140 Prisoner Placement and Transfer

Policy Directive- 05.03.118 Prisoner Mail

Policy Directive- 03.03.130 Prisoner Telephone Use and Attachment B

Policy Directive- 06.03.104 Residential Reentry Program Facilities

PREA Manager Memorandum 115.71 (h) dated July 21, 2016

Physical Plant Division, Project Review and Approval CAH-135- Samples

Prisoner Education Verification CAJ-1036- Samples

Prisoner Guidebook CSJ-166 English and Spanish

Prisoner Grievance Forms CAJ-1038 A and Appeal CAJ-1038 B

Request for Investigations forms (CAR-986)

Risk Assessment Worksheet (PREA) CAJ-1023

SRF 03.03.140B Prohibited Sexual Conduct Involving Prisoners

SRF 04.04.110A Search & Arrest of Prisoners

SRF Memo dated June 1, 2019, Approved PREA Investigators

SRF Memo dated June 10, 2019- Medical Examinations SAFE/SANE

SRF Memorandum dated June 1, 2019- Approved Victim Advocates

SRF Orientation Handout updated 1/29/2019

SRF Memorandum PREA Risk Assessments, dated July 11, 2019

SRF Staffing Plan, updated 9/2018- with attachment *2019 Michigan Department of Corrections Performance Audit for Correctional Facilities Administration 4th Year Performance Audit.*

SRF Supervisory Round Sample: by date, time, officer, and location ranging from 7/2018 to 12/2018

Survey of Sexual Victimization, 2014 State Prison System Summary Form SSV-1

Survey of Sexual Victimization, 2015, 2016, & 2017 State Prison System Summary Form SSV-2

The aforementioned documents were reviewed in conjunction with documents requested during tour, interviews conducted during the onsite Audit, and sample documents provided on the pre-loaded flash-drive in order to determine compliance with the Standards.

Corrective Action Period:

The agency appears to contract with other entities for the confinement of its inmates; The agency indicated that they had received an opinion from PREA Resource Center that the current Ingham and Clinton County contracts did not apply to this 115.12. PA DOC PREA Coordinator contest this and sought clarification from PREA Resource Center and DOJ.

On August 8, 2019 there was a phone conference held with the PREA Resource Center, MDOC PREA Manager Carlson, PREA Analyst Mitchell, PA DOC PREA Coordinator Radziewicz, varying members of Consortium, Auditor Burns, and Lead Auditor Baez-Sprague. At contention was the interpretation of Michigan's State Contracts in regards to holding inmates predisposition of parole ruling to release or return to DOC custody as it applies to Standard 115.12 and subsequently both 115.87, and 115.89.

It was not clear if the contract that exist between MDOC with Ingham and Clinton County Jails for the housing of parole violators under the auspice of the intensive detention program, must be monitored in compliance with this standard. The meeting did not produce a decisive answer.

This is an Agency Compliance Issue and this auditor is awaiting the official response from The PREA Resource Center and Department of Justice.

As of October 11, 2019, the Agency has submitted an acceptable plan to mitigate 115.12, 115.87, and 115.89. See corrective action notation, and mitigations, are outlined in the aforementioned sections of this report.

Facility Characteristics

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

The Michigan Department of Corrections operates the Saginaw Correctional Facility (SRF) located in Freeland, Michigan.

The Saginaw Correctional Facility is located in Tittabawassee Township, Saginaw County, Michigan and covers 142 acres. This facility opened in 1993. Facility grounds are neatly maintained and consist of an Administration Building, Food Service, Program Building, seven housing units, and Maintenance Building.

Programming consists of Academic Programming, Special Education, General Education Development, Adult Basic Education and Vocational Education. The facility also offers Life-Role Competency Programs. Religious and library (Law and General) services are provided by institution staff and community volunteers. On-site routine medical services are provided along with dental care. Serious medical issues are treated at local hospital or MDOC's Duane L. Waters Health Care in Jackson. .

The facility perimeter of the prison is enclosed by a double, 12-foot fence, topped with razor-ribbon. An electric detection system has been placed on both the inner and outer fences. In 1996, a third fence, with its own electric detection system, was installed. There are a variety of cameras strategically placed around the facility which allow 24-hour remote observation and videotaping. Two gun towers were added in 1997. A perimeter vehicle with armed personnel is on patrol 24 hours a day. The facility is in the process of adding additional cameras to enhance their efforts.

During Operational hours, MDOC treatment, instructors, medical, non-security, and supervisors oversee the School, Administrative Buildings, Food Service, Recreation Shack, Greenhouse Storage Building, and (5) Maintenance Buildings. Custody staff are assigned to/or make security rounds in all areas.

(8) Housing Unit/Healthcare

400 Unit 1-120 double bunked- Level I- Gate Pass/Prison Build
700 Unit 1-240 double bunked- Level II- Paws for Cause
800 Unit 1-240 double bunked- Level II- Veteran's Unit/Stiggy Dogs
900 Unit 1-240 double bunked- Level II- Paws for Cause
500 Unit 1-192 double bunked- Level IV- General Population
600 Unit 1-240 double bunked- Level IV- 2 OBS Cells/General Population
1200 Unit 1-192 double bunked- Level IV- General Population
200 Unit 1-22 single bunked- Temporary Segregation- 2 OBS Cells

Housing Unit Supervisors and Staff

2 Resident Unit Manager (RUM): 1 RUM covers Units 500, 600, 1200, and 200.

1 RUM covers Units 400, 700, 800, and 900.

3 Assistant Resident Unit Supervisors (ARUS): 1 ARUS covers Unit 400. 2

ARUS' cover Units 700, 800, 900, 500, and 600.

7 Prison Counselors (PC) cover all units.

Facility-wide Supervisors by shift

6-2 Shift- 1 Captain, 2 Lieutenants, 6 Sergeants (1 assigned to Arsenal)

2-10 Shift- 1 Captain, 2 Lieutenants, 5 Sergeants

10-6 Shift- 1 Captain, 2 Lieutenants, 3 Sergeants

Perimeter

The Level II/IV perimeter is protected with razor-ribbon wire, electronic detection systems, and two gun towers. Two chain link fences, razor-ribbon and electronic detection system surround the Level 1 perimeter. There are 287 cameras deployed throughout the facility and the perimeter has microwave sensors in addition to the physical barriers.

Programming and Education

The facility offers Adult Basic Education and General Education Development through completion. Other programs include: GED/Special Education, Employment Readiness, Pre-Release planning, Building Trades, Food Tech, Chair Program, Dog Programs, Career Technical Counseling, Substance Abuse Treatment (Phase 1/2/3), Alcoholics Anonymous, Violence Prevention Programming, Thinking for a Change, Veteran's Programs, Restoring Broken Walls, Keryx, Delta College Program, Work Assignments, and Religious services. Community volunteers expand many programs resources through participation.

Medical

Prisoners are provided routine medical, mental health, and dental care onsite. Emergencies are referred to the local regional hospital, Saginaw St. Mary's Hospital. All other major medical concerns are dealt with at the Michigan Department of Corrections Duane L. Waters Health Care Facility and mental health emergencies are dealt with at Woodland Center Correctional Facility.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.11, 115.33

Standards Met

Number of Standards Met: 45

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.34, 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, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

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.

- (a)** Director's Office Memorandum 2017-2 requires all Michigan Department of Corrections facilities to comply with the Prison Elimination Act (PREA).

Agency policy 03.03.140 Prohibited Sexual Conduct Involving Prisoners, and the MDOC PREA Manual outline the agency approach to implementing the zero tolerance policy. SRF 03.03.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The State of Michigan Department of Corrections Employee Handbook (published 2014) outlined prohibited acts and the Policy Directive PD 02.03.100 outlines appropriate employee discipline for rule violations in regards to overfamiliarity, sexual conduct with offenders, and sexual harassment of offenders. An expected outcome of "Discharge," was established for staff who engage in sexual conduct with offenders. The auditor reviewed these documents in their entirety to determine compliance with provision. Each policy provides clear and concise directions to staff regarding Zero-Tolerance.

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

- (b)** Michigan Department of Corrections (MDOC) employs a fulltime Statewide PREA Manager in the Office of Legal Affairs Division who directly reports to the State Office Administrator. Subsequently, the State Office Administrator reports to the Senior Deputy Director. The Statewide PREA Manager is Charles Carlson. Provision (b) was additionally audited at the agency level; however, it will be addressed in part in this report. According to the PREA Manual, the position of PREA Manager 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 conducted with PREA Manager Charles Carlson, 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, and PREA Analyst, that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The facility PREA Coordinator (Standards Compliance Manager role) is charged with ensuring the security of Saginaw Correctional Facility.

Through a document review and interviews with the PREA Manager, and PREA Analyst (Central Region), the positions provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards.

- (c)** MDOC designates a PREA Analysts in each Area (Northern, Central, & Southern). A designated PREA Coordinator at each facility. The Central Area PREA Analyst is Mary Mitchell and the PREA Coordinator at Saginaw Correctional Facility is Inspector Roland Price.

During the targeted interviews with the PREA Coordinator Price (Compliance Manager by standards) it was determined that he has sufficient time and authority to coordinate the facilities efforts to comply with the PREA Standards. He indicated that his role is supported by the appointment of an Assistant PREA

Coordinator (Compliance Manager by standards). Asst. PREA Coordinator Morgan (Compliance Manager by standards) is an intricate part of the daily monitoring and investigative process. Auditor Baez-Sprague and Burns dually noted the exemplary knowledge and commitment that PREA Coordinator Price (Compliance Manager by standards) and Assistant PREA Coordinator Morgan (Compliance Manager by standards) displayed during all aspects of the audit. During the interview process of all individuals involved with the efforts to comply, monitor, and investigate PREA it was very clear that PREA Analyst Mitchell is continuously, and immediately, available to Saginaw Correctional facility.

The position of PREA Manager 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. The PREA Analyst serves the role as the Regional PREA Coordinator, reporting directly to the PREA Manager, during the interview Analyst Mitchell reported that she has sufficient time and authority to implement the agency's efforts to comply with the PREA standards. The PREA Manager, and Analyst, remained on-site during the audit site visit to assist with any agency related matters.

The three Regional PREA Analysts approach increases the amount of time, attention, and support individual facilities receive from the Agency. Additionally, the appointment of an Assistant PREA Coordinator (Compliance Manager by standards) to the role of the PREA Coordinator (Compliance Manager by standards) at the facility level increases the overall facility response and monitoring. The combination of the additional supports for each position **exceeds the standard** by providing for increase monitoring, and support, at both the Agency, and Facility levels.

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.

- (a)** Procurement, Monitoring and Compliance Division issued a Memo dated February 6, 2017 reflecting: Regulation 115.12(b) states, "Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards".

The Agency does have a contract to house their inmates, between County of Lake and the Department of Corrections. Contract, Section 2- STATEMENT OF WORK, 26. Directs contractor to abide by State Policy 03.03.140 "Prohibited Sexual Conduct Involving Prisoners." This location is Audited and managed by MDOC onsite.

Additionally, MDOC Request for Proposal (RFP) for services section 3.8.B. outlines the requirement for bidders to comply with the Prison Elimination Act (PREA) of 2003. This RFP includes explanations of what is required to be in compliance.

Although policy is clearly in place the practical application is in question as it pertains to Ingham County Contract and Clinton County Contract regarding the temporary holding of state Parolees pending disposition.

The agency appears to contract with other entities for the confinement of its inmates; The agency indicated that they had received an opinion from PREA Resource Center that the current Ingham and Clinton County contracts did not apply to this 115.12. PA DOC PREA Coordinator contested this and sought clarification from PREA Resource Center and DOJ.

On August 8, 2019 there was a phone conference held with the PREA Resource Center, MDOC PREA Manager Carlson, PREA Analyst Mitchell, PA DOC PREA Coordinator Radziewicz, varying members of Consortium, Auditor Burns, and Lead Auditor Baez-Sprague. At contention was the interpretation of Michigan's State Contracts in regards to holding inmates predisposition of parole ruling to release or return to DOC custody as it applies to Standard 115.12 and subsequently both 115.87, and 115.89.

It was not clear if the contract that exist between MDOC with Ingham and Clinton County Jails for the housing of parole violators under the auspice of the intensive detention program, must be monitored in compliance with this standard. The meeting did not produce a decisive answer.

This is an Agency Compliance Issue and this auditor is awaiting the official response from The PREA Resource Center and Department of Justice.

- (b)** The aforementioned Contract, Section 8- PERFORMANCE REVIEWS and Section 9- CANCELLATION outlines contract monitoring and cancellation for Material Breach by the Contractor.

Following the issuance of the interim report, members of the auditing consortium were able to meet, review all information/documentation provided, and developed the following synopsis regarding PREA Audits of MDOC facilities during the 3rd year of the 2nd PREA Audit cycle:

Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the agency nor the facility currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA Manual demonstrate the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails

for the housing of parole violators under the auspice of the Intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its “inmates”. Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC “inmate.” The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance. As of the date of this interim report, the audit team has not received such written direction provided to the agency.

The audit team researched the agency’s description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no “non-residential time”, and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered “inmates” who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.

A response to the auditor helpline request was received June 4, 2019. The guidance was that “the fact that people confined in Community Confinement Facilities are referred to as ‘residents’ does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say ‘inmate’.” This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was requested. As of the date of this interim report, the agency has not responded to this request for a phone conference to resolve the issue.

When evaluating compliance with the provisions enumerated within the standard. The audit teams find compliance with provision (a) of the standard. Specifically, the agency has included in its contracts that the facilities adopt and comply with the PREA standards. However, the agency has no established contract monitoring system to ensure the contracted agencies are compliant with the PREA standards as required under provision (b) of the standard.

Although the contract has language for the PREA standards as a requirement; neither contracted facility has any publicly posted evidence of PREA compliance (i.e. an audit report or policies pertaining to PREA), with one facility’s website simply stating they will strive to be PREA compliant. Considering that said contracts were entered into as of October 1, 2017 and remain in effect through September 30, 2019; each contracted facility has had ample time to establish PREA policies pursuant to its contract obligations and to generate sufficient evidence of compliance through an audit, with MDOC oversight and contract monitoring as required by the standard.

Due to the absence of contract monitoring and an established documented procedure to ensure the contracted entities are adhering to the PREA standards; the audit team finds that the agency has not met its obligations under provision (b) of the standard to effectively monitor its contracted agencies nor compelled compliance with the PREA standards.

Corrective Action Recommendation:

The MDOC will be required to establish a formal and documented means of ensuring the agency’s contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

Post Interim Report Corrective Action:

On July 18, 2019, a request for a phone conference and potential dates of availability was sent to the MDOC PREA Coordinator and Analysts and the discussion was ultimately scheduled for August 8, 2019.

During the phone conference, the audit team, MDOC PREA staff, and a representative of the PRC discussed the viewpoints of the audit team and the agency. Due to continued disagreement between the agency and the audit team over the applicability of the standard to MDOC prison audits; the PRC representative agreed to draft a summary of the conversation for review by the agency PREA Coordinator and the audit teams for submission to the PREA Management Office (PMO) for interpretive guidance. Between August 9, 2019 and August 13, 2019, the drafts circulated between the audit team and MDOC, before submission to the PMO.

On August 23, 2019, the PRC provided the PMO's interpretive guidance on the applicability of 115.12 to the two identified agency contracts. The following guidance was issued:

Based on the information provided and in light of current guidance, it appears that the FAQ that MIDOC relies on for its argument does not apply to this situation. The FAQ envisions temporary transfer/housing situations that arise with facilities that are **not already contracted** and based on reasons outside the control of the agency. The circumstances described seem to indicate that the IDRP is a detention facility used by the MIDOC to hold inmates who have been adjudicated as parole violators until they are released or transferred to a DOC facility. In other words, it appears that this involves a standard contract to hold to MIDOC inmates and therefore MIDOC needs to ensure that the IDRP complies with the standards. It doesn't matter that they are there temporarily—the vast majority of inmates are only held temporarily, but they are still entitled to the protections offered by the Standards, and so the requirements of 115.12 apply.

On August 26, 2019, the MDOC again asserted its reservations with the interpretive guidance and requested the original direction from the DOJ staff for their use and support moving forward within the agency.

On September 3, 2019, the audit team requested a phone conference to discuss potential resolution to 115.12. The audit team advised the agency of approximate dates when corrective action periods could be anticipated to expire and stressed the urgency of formulating a plan, even if the MDOC continued to pursue its objection to the applicability of the standard. A phone conference was ultimately scheduled for September 23, 2019.

During the phone conference, the audit team, the MDOC PREA staff, and MDOC contract monitoring staff discussed the steps necessary to demonstrate evidence of contract monitoring. Through the discussion, the audit team learned that the contracts are legislatively earmarked and would be renewing automatically October 1, 2019. The audit team discussed the August 2, 2019 FAQ, which updated the previous February 19, 2014 FAQ, to require that any entity under contract for 3 years or more must be audited as PREA compliant by August 20, 2022. Within the FAQs, even though the contracted entity need not be required to be immediately compliant, the contracting agency is required to document its monitoring of the contracted entity's progress towards compliance.

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be

consulted by the agency's contract monitors to assess whether the contracted entity's evidence of compliance was consistent with the PREA standards.

The audit team and the MDOC mutually agreed that the provision of the corrective action plan to the contracted entities, and an acknowledgement of the obligations of the corrective action plan requirement by the contracted entities would suffice as evidence that the MDOC has engaged in contract monitoring as required by provision (b) of the standard. The MDOC's enforcement of the contractual corrective action plan is deemed to be most appropriately assessed during future third cycle audits to ensure the MDOC has continued with those obligations initiated through the second cycle audits where the issue was first identified.

On September 24, 2019, the MDOC provided the audit team with the contractual corrective action plans developed for each of the contracted entities and provided email correspondence verifying that each had been formally sent to each of the contracted facilities. The corrective action plans included the following milestones:

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
 - b. 115.13 Supervision and monitoring.
 - c. 115.15 Limits to cross-gender viewing and searches.
 - d. 115.22 Policies to ensure referrals of allegations for investigations.
 - e. 115.61 Staff and agency reporting duties.
 - f. 115.67 Agency protection against retaliation.
2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.31 Employee training.
 - b. 115.32 Volunteer and contractor training.
 - c. 115.33 Inmate education.
 - d. 115.34 Specialized training: Investigations.
 - e. 115.35 Specialized training: Medical and mental health care
3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.41 Screening for risk of victimization and abusiveness.
 - b. 115.42 Use of risk of victimization and abusiveness
4. You must have a certified PREA audit completed on your organization no later than 8/19/2022, and once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.
 - a. 115.93 Audits of standards
 - b. 115.401-115.405 Auditing and Corrective Action

The contracted entities were given until October 8, 2019 to respond to the corrective action plan.

The audit team was provided with the contracted entity response on October 8, 2019. Both contracted entities agreed to abide by the corrective action plan and agreed to the deadlines the MDOC imposed via the contract corrective action plan. The audit team finds this formal demand for compliance by the MDOC and acknowledgement of the need for corrective action by the contracted entities to satisfy provision (b)'s requirements for the agency to monitor and enforce compliance with PREA provisions of its contracts.

Standard 115.13: Supervision and monitoring

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.

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

The facility provided a 2018 and 2019 Annual Staffing that showed that all 11 areas in the Standards were taken into consideration.

The staffing plan indicated that the following:

The Staffing plan (including policy and procedures) adheres to Generally Accepted Detention and Correctional Practices.

The staffing plan was submitted with attachment: *Saginaw Correctional Facility 2019 Michigan Department of Corrections Performance Audit for Correctional Facilities Administration 4th Year Performance Audit.*

There were no Judicial Finding if Inadequacy noted in the plan.

The staff plan notes, and a documentation review of the 2015 PREA Audit Report, did not show any finding of Inadequacy from Federal Investigative Agencies. There was a notation from the 2015 report that stated:

"Also during the tour it was noticed that some areas have cameras (in-cell) and are being monitored by opposite gender. When it was discussed with the Warden and PREA Manager I was told that those positions are bid positions and controlled by the Union Agreement. There was nothing they could do about removing those staff."

On May 30, 2019 Auditor Baez-Sprague emailed PREA Analyst Mary Mitchell regarding this practice, and subsequent rationale's, clear contradiction to the PREA Standard § **115.15 Limits to cross-gender viewing and searches**. She emailed back and affirmed that this practice was previously corrected.

During the onsite Audit (July 9-11, 2019) the auditors vetted this assertion by reviewing CCTV and examining processes during facility tour. Finally, inmate and staff interviews supported that cross-gender viewing was not occurring.

All components of the facility physical plan (including "blind spots" or areas where staff or inmates may be isolated). There are 19 buildings that Prisoners have access to inside and outside the perimeter too include the Administration building.

During Operational hours, MDOC treatment, instructors, medical, non-security, and supervisors oversee the School, Administrative Buildings, Food Service, Recreation Shack, Greenhouse Storage Building, and (5) Maintenance Buildings. Custody staff are assigned to/or make security rounds in all areas.

(8) Housing Unit/Healthcare

400 Unit 1-120 double bunked- Level I- Gate Pass/Prison Build

700 Unit 1-240 double bunked- Level II- Paws for Cause

800 Unit 1-240 double bunked- Level II- Veteran's Unit/Stiggy Dogs

900 Unit 1-240 double bunked- Level II- Paws for Cause

500 Unit 1-192 double bunked- Level IV- General Population

600 Unit 1-240 double bunked- Level IV- 2 OBS Cells/General Population

1200 Unit 1-192 double bunked- Level IV- General Population

200 Unit 1-22 single bunked- Temporary Segregation- 2 OBS Cells

Housing Unit Supervisors and Staff

2 Resident Unit Manager (RUM): 1 RUM covers Units 500, 600, 1200, and 200.

1 RUM covers Units 400, 700, 800, and 900.

3 Assistant Resident Unit Supervisors (ARUS): 1 ARUS covers Unit 400. 2

ARUS' cover Units 700, 800, 900, 500, and 600.

7 Prison Counselors (PC) cover all units.

Facility-wide Supervisors by shift
6-2 Shift- 1 Captain, 2 Lieutenants, 6 Sergeants (1 assigned to Arsenal)
2-10 Shift- 1 Captain, 2 Lieutenants, 5 Sergeants
10-6 Shift- 1 Captain, 2 Lieutenants, 3 Sergeants

Blinds spots areas considered with mitigation to deter sexual harassment/abuse in the staffing plan included: offices, coolers, and commissary must have their doors locked at all times unless supervised by a staff member. The areas are also be viewed on video surveillance. Areas such as coolers, freezers, and commissary rooms have video surveillance contained within them. Staff levels, and/or rounds are increased in the areas as well.

Staff plan dated 9/2018 notes that, “...*there does not appear to be a connection between the cases reviewed and a need for modification/adjustments to the current staffing plan.*”

During the tour, the auditors did not identify any areas that were not in compliance with the staffing plan.

In addition, it was noted that several areas were posted with **inmate-staff ratio notices** where camera coverage was not present.

Postings stated:

ISOLATED AREA:

*At least two staff members and one inmate
or two inmates and one staff member
Required past this point (No one on one
Allowed)*

and

NO PRISONER ACCESS

“**ISOLATED AREA**” signs were located in Maintenance areas and Lofts outside of camera coverage. In areas where inmates were not permitted “**NO PRISONER ACCESS**” signs were posted.

Based on Michigan Department of Corrections policy and procedures, staff would be subject to disciplinary action if reported, or subsequent camera coverage caught them violating this direction.

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

The Facility reported that at no time during the past 12 months has there been any deviations to the Staffing Plan. All staffing level minimums per areas in the Staffing plan are manned utilizing voluntary, and mandatory, overtime. During staff shortages, created by emergent situations (emergency transport), subsequent recreation locations (Yard), are completely shut down to the inmates and the staff are redeployed to maintain minimal staffing plan ratios.

Interviews with PREA Coordinator Price (Compliance Manager by standards) and Warden Winn, coupled with documentation review, determined that the minimal staffing ratios in the Staffing Plan are strictly adhered to utilizing the aforementioned practices.

- (c) The PREA Manual indicates that an annual review must be conducted annually and that the Warden/Administrator and PREA Coordinator shall assess, determine and document whether adjustments are needed to: The staffing plan established pursuant to this section; (2) The facility’s deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

A copy of the June 2019 Staffing plan review CAJ 1027 was supplied to the auditor, with confirmation that the PREA Manager had reviewed. Additionally, the 2018 PREA Annual Staffing Plan was supplied.

- (d) The PREA Manual directs Wardens, Deputy Wardens, Inspectors, Captains, Lieutenants to conduct and document rounds for PREA audit purposes, in addition to rounds conducted per PD 04.04.100 “Custody, Security, and Safety Systems.”

SRF Supervisory round sample documentation was provided, and reviewed, during the Pre-Audit phase. The documents show that the aforementioned Intermediate- or Higher Level supervisors conduct rounds on all shifts. Staff included on the documents were the Warden, Deputy Wardens, Assistant Deputy Wardens, Captains, Lieutenants, and Sergeants.

During interviews with the Warden, PREA Coordinator (Compliance Manager by standards), and Intermediate –or Higher-Level facility staff, indicated that unannounced rounds were conducted on all shifts, documented, and that it was prohibited for staff to alert other staff.

SRF provided Guard 1 Printouts that showed that routine tours of the facility were occurring on all shifts. Each individual involved with unannounced rounds has a button on their key chain that specifically identifies their name. The reader is activated to their button prior to conducting the round and memorializes the round in the electronic tracking system.

The PREA Manual prohibits staff from alerting other staff members when supervisory rounds are occurring unless such announcement is related to the legitimate operational function of the facility.

Based on Michigan Department of Corrections policy and procedures, staff would be subject to disciplinary action if they were caught violating this direction.

During interviews with the Warden, PREA Coordinator (Compliance Manager by standards), and Intermediate –or Higher-Level facility staff members (that conducted PREA tours) it was noted that all interviewed articulated ways in which they conducted rounds that were random, absent notice to the staff, and sporadic enough to eliminate patterns that could be anticipated by staff.

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.

a) – (c) The PREA Manual states, “For MDOC prisons, male prisoners under the age of 18 who are sentenced as adults will be housed at the Thumb Correctional Facility (TCF) for access to age-appropriate housing and programming. Female prisoners under the age of 18 who are sentenced as adults will be housed at the Women’s Huron Valley Correctional Facility (WHV) for access to age-appropriate housing and programming.

A youthful prisoner shall not be placed in a housing unit in which the youthful prisoner will have sight, sound or physical contact with any adult prisoner (aged 18 or older) through use of a shared dayroom or other common space, shower area or sleeping quarters.

In areas outside of housing units, youthful prisoners shall either:

- (1) Remain sight, sound and physically separated from adult prisoners, or
- (2) Remain under direct staff supervision as defined in this manual.

Youthful prisoners shall be given the same opportunity as other prisoners to participate in academic, vocational, therapeutic and recreational programming.”

MDOC Policy Directive 05.01.140 – Prisoner Placement and Transfer states, “All prisoners who are under 18 years of age shall be housed in specialized areas at TCF or WHV. Prisoners requiring residential psychiatric or medical care who are approved for placement in an RTP, or who are approved for alternate placement by an agency Deputy Director or designee, may be placed elsewhere. If housed at any location other than TCF or WHV, the youthful prisoner shall be housed with as much sight, sound and physical contact separation from adult prisoners as possible in accordance with the Prison Rape Elimination Act (PREA) Manual.”

During the tour of the facility, through interviews with the Administration Team, staff members, prisoners, the agency PREA Coordinator, and the facility PREA Compliance Manager, it was determined that SRF does not house youthful offenders and is 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.

- (a)** MDOC Policy Directive 04.04.110 – Search and Arrest in Correctional Facilities and the PREA Manual establish procedures to limit cross-gender viewing, strip search, and body cavity searches.

MDOC Policy 04.04.110 states, “A strip search shall be performed only by employees of the same sex as the prisoner being searched. A strip search shall be performed only in the presence of employees of the same sex as the prisoner being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor's presence is required by policy and a supervisor of the same sex as the prisoner being searched is not readily available.

SRF provided *The Code of Criminal Procedure (Excerpt) Act 175 of 1927, 764.2b Cavity Search* that showed that Michigan law mandates that body cavity searches must be conducted by licensed medical professionals.

MDOC Policy 04.04.100 and the PREA Manual were reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross gender strip searches or visual body cavity searches were conducted during the previous 12 months. In addition, the Warden issued a memo (dated May 16, 2019) that reaffirmed there has been no cross gender strip searches or visual body cavity searches conducted during the past 12 months at SRF that did not involve exigent circumstances or were performed by non-medical staff members.

During the tour and CCTV review, it was confirmed that digital blocking technology is used for video surveillance of strip searches when cross-gender video viewing is necessary.

Random prisoner interviews indicated that prisoners did not note any instances where they were aware that they were strip searched in full view of female staff members. This would support the documentation provided, that cross-gender strip or body cavity searches are not occurring with cross-gender non-medical staff members present.

- (b)** MDOC Policy Directive 04.04.110 – Search and Arrest in Correctional Facility and the PREA Manual outline search procedures and prohibitions.

Policy 04.04.110 states, “Department employees have authority to conduct a pat-down or clothed body search of a prisoner at any time. For male prisoners, these searches need not be conducted by a staff member of the same sex as the prisoner being searched. Pat-down and clothed body searches of female prisoners shall be conducted only by female staff except 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. Staff shall determine whether a pat-down or clothed body search is more appropriate in each situation, depending on the circumstances necessitating the search.” It is also noted male staff may visually inspect the mouth, ears, and nasal cavity of a female prisoner.

SRF does not accept female prisoners. During the tour of the facility, there were no female prisoners observed at SRF.

- (c)** Policy 04.04.110 and the PREA Manual states 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. Policy 04.04.110 recommends that an additional staff be present during the course of such a search and that a staff member must be of the same gender as the person receiving the visual body cavity search. The training module “Personal Searches: The Application of Search Procedures for Employees, Prisoners, General Identity Disordered Prisoners and the Public” was also reviewed and notes the expectations of pat-searches and visual body cavity searches.
- (d)** The PREA Manual mandates that each “Warden shall ensure the facility’s physical plant layout enables prisoners to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing the prisoners’ breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks.”

The PREA Manual also requires that cross-gender staff announce their presence when entering the opposite gender housing areas. There are “Knock and Announce” signage posted at the entrance of each housing unit. These signs state “Staff of the opposite gender must knock on the most interior door of this building and announce ‘male/female in the area’ (as appropriate) in a loud clear voice prior to entering the housing unit”. In addition, there are privacy notices posted at the entrance to each housing unit which state, “A female staff person may be in the unit/area at any given time. Prisoners are responsible for their own privacy and maintaining proper clothing attire at all times.” Random staff and prisoner interviews confirmed that opposite gender staff were announcing their presence when entering housing areas on a regular basis.

Interviews with staff members and prisoners confirmed cross gender viewing is not occurring and prisoners are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Shower curtains allow for privacy in the bathroom/shower areas in the housing units bathrooms. During a review of the video surveillance system, digital blocking allowed prisoners to shower and use the toilet in the observation cells without being viewed by staff of the opposite gender. In addition, both prisoners and staff reported that opposite gender staff announce their presence in the housing units by speaking/yelling “female on the unit” in a voice loud enough to be heard by prisoners in the housing unit.

It was noted by administrative staff during the initial tour of the facility on July 9, 2019, that a privacy door (half door) to the stall of a toilet in the large yard was removed due to a work order being submitted to have this privacy door replaced. During the on-site portion of the audit, this work order was completed

and a privacy door (half door) was placed on the stall containing the toilet which allowed for privacy and did not allow cross gender viewing. This was confirmed by both auditors during a walk through of the facility on July 11, 2019.

- (e) The PREA Manual states, “Except as outlined in PD 04.06.184 “Gender Identity Disorder in Prisoners,” Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner’s genital status. If unknown, it may be determined during conversation with the prisoner, by reviewing medical records or, if necessary as part of a broader medical examination conducted in private by a medical practitioner.”

MDOC Policy Directive 04.06.184 – Gender Dysphoria states, “Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner’s genital status. If unknown, it may be determined during conversation with the prisoner, by reviewing medical records or, if necessary as part of a broader medical examination conducted in private by a medical practitioner.”

Interviews with staff members confirmed they were aware they are not to physically examine a prisoner for the sole purpose of determining the prisoner’s genital status. Staff were also aware if the genital status of a prisoner was unknown, a broader examination would be conducted by a medical staff.

Three transgender prisoners were interviewed and denied being examined or strip searched for the sole purpose of determining genital status.

- (f) In-Service Training Modules- Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners and the Computer Based Training Custody and Security in Corrections Part 2- Searches cover this standard. Exerts submitted have tutorials and picture examples of proper pat search procedures to include the “praying hands technique” and searching the groin area.

Staff members training records for the aforementioned trainings were reviewed to confirm compliance. The records indicated that staff were trained on how to properly conduct cross-gender, transgender, and intersex inmates in a least intrusive manner possible, consistent with security needs. Interviews with staff members also confirmed they receive the noted trainings on an annual basis.

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.

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

Director's Office Memorandum PREA Video dated June 4, 2019 directs: *The PREA "Taking Action" Video is shown on the SRF's facility Channel on the 1st Wednesday of each month.* This video has subtitles and audio.

Director's Office Memorandum Language Services dated July 20, 2019 directs: All Wardens to retain services of a vendor that will provide language summarizations and translation services for correspondences written in a foreign languages. This Memorandum specifically delineates PREA materials need to be translated. Saginaw Correctional Facility provided documentation for Global Language Solutions On-Site Sign Language Interpreter Request form with 24-hour emergency hotline access.

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

Saginaw Correctional Facility provided documents to include: Prisoner Guidebook in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and an Interpreter Request form for Global Language Solutions sign language services.

The auditors, selected inmates for Targeted interviews in a random manner by selecting inmate's who appeared to have disability/ESL during the tour and by selecting randomly from disability/ESL roster provided by the facility. Inmates presented with varying disabilities and barriers (cognitive issue, severe brain trauma, hard of hearing/deaf, blind, and English as a second language).

During the interviews with Disabled and Limited English Proficient Inmates, it was noted that all interviewees articulated that they received the material in a format that they could understand. It was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the staff. Inmates described some of the accommodations, to include; listening to the PREA Video, reading the subtitles on the PREA Video, being read/explained the materials, access to braille versions of PREA pamphlets, the use of a "monocular" by a mostly blind inmate, and language translations that were comprehensively written in their native language.

- (b) Saginaw Correctional Facility provided documents to include: Prisoner Guidebook in Spanish, Bi-Lingual informed consent posters, Photos of Privacy Notice signs in Spanish, Orientation packets in Spanish, Tri-

fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and an Interpreter Request form for Global Language Solutions sign language services.

During Interviews with Limited English Proficient Inmates, it is noted that interviewees felt that they received the material in a format that they could understand. Materials are available in Spanish and interpreters' services were available.

Staff interviews indicated that staff were generally aware that inmate translators were not permitted to be used for Sexual Abuse or Sexual Harassment allegations, interviews, or questioning except in exigent circumstances. Staff also were aware that there were staff interpreters that worked at the facility and a Language line available for instances where staff interpreters were not available. Investigators indicated that they would utilize the Language line interpreters for investigations in lieu of staff interpreters.

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

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

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

There were no inmate interpreters, inmate readers, or other types of inmate assistants used, or found necessary, at Saginaw Correctional Facility during the audit.

Random and Targeted Inmate Interviews did not produce any inmates that required interpretation to effectively communicate with the Auditing Team.

During Interviews with Limited English Proficient Inmates, it is noted that interviewees felt that they received the material in a format that they could understand. Materials are available in Spanish and interpreters' services were available.

Staff interviews indicated that staff were generally aware that inmate translators were not permitted to be used for Sexual Abuse or Sexual Harassment allegations, interviews, or questioning except in exigent circumstances. Staff also were aware that there were staff interpreters that worked at the facility and a Language line available for instances where staff interpreters were not available. Investigators indicated that they would utilize the Language line interpreters for investigations in lieu of staff interpreters.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(a) The PREA Manual- Promoting Current Employees- Hiring New Employees states:

Before hiring new employees who may have contact with prisoners, the Department shall:

- (1) Perform a criminal background records check regarding criminal convictions; and
- (2) Consistent with federal, state, and local law, make its best efforts to conduct a background investigation regarding discipline and employer substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Department shall not knowingly hire anyone who may have contact with prisoners and:

This manual is drafted pursuant to the Federal Prison Rape Elimination Act (PREA) Standards effective August 20, 2013. Page 19 of 34

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging in, attempting to engage in, or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in (2).

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

Agency policy 02.06.11 EMPLOYMENT SCREENING and an application for employment were reviewed. Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process.

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

Incidents of sexual harassment shall be considered in determining whether to hire anyone to work for the MDOC.

Saginaw Correctional Facility a copy of the Corrections Supervisor Application Questions. Questions 12-17 specifically address PREA Standard 115.17 (b).

- (c)** 02.06.111 EMPLOYMENT SCREENING and the PREA Manual *establish procedures for hiring. A review of policy and the interview with Human Resource staff confirms that the individual facilities are not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff.*

Saginaw Correctional Facility supplied examples of Background Check forms, LEIN criminal background check CAJ193, and Vendor/Contractor LEIN request CAJ1037. Examples contained information regarding criminal background checks, questions about previous discipline from other employers, and copies of the MDOC Facility Database. The database includes Vendors, Contractors, Volunteers, and Student Interns.

Saginaw Correctional Facility reported that no individuals that started working, volunteering, or contracting in the past 12 months had worked at previous facilities where they may have had contact with inmates. Saginaw provided sample documentation from 2016 and 2017, where previous employers were contacted. The written request for information had specific question regarding the prospective employees work history as it relates to the presence/non-presence of substantiated Sexual Abuse and Sexual Harassment. This documentation shows that the standards core tenants are met for 115.17 (c) and (d).

- (d)** See letter (c)

- (e)** The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the

facility. According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual *and staff interviews, 5-year LEIN checks are completed by the records supervisor in June of designated years for each individual facility where the contractor or employee is located. Documentation was received from two facilities to verify this practice.*

- (f) The PREA Manual states: *The Department shall ask all applicants who may have contact with prisoners directly about previous misconduct as described above in written applications and/or interviews for hiring.*

Saginaw Correctional Facility supplied a copy of the Corrections Officer Recruitment Supplemental Questionnaire. Questions 9-13 specifically addresses PREA standard 115.17 (f).

- (g) Saginaw Correctional Facility Prison supplied a copy of the Corrections Officer Recruitment Supplemental Questionnaire question 18 and Corrections Shift Supervisor Recruitment Supplemental Questionnaire question 19 which respectively addresses PREA standard 115.17 (g) by stating “*Any material misrepresentation or deliberate omission of a fact in their application may be justification for refusal of, or if employed, termination from employment.*” PD 02.06.111 Employment Screening General Information J and the Employee Handbook rule 47, reiterates this in policy and procedure. MDOC Memorandum dated April 2, 2018 from Human Resources Office indicates that there “*...has not been a non-occurrence for this audit time frame.*”

Omissions regarding the reporting of such misconduct, or the provision of false information, are grounds for discharge in accordance with the Employee Handbook.

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

The Saginaw Administrator, over Human Resource, was interviewed and affirmed that all subsections of this Standard are being strictly adhered to.

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.

- (a) The PREA Manual states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered." An interview with the Warden confirmed there was not any substantial expansion or modifications to SRF during the past 12 months.
- (b) The PREA Manual states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered."

Through interviews with the agency PREA Coordinator and facility PREA Compliance Manager, it was noted that the Facility Physical Plant Supervisor and the PREA Manager would discuss any projects at the facility to ensure compliance with the PREA standards. In addition, a Project Review and Approval form (CAH-135) is completed for each project at the facility. This form also requires approval/signatures from the Facility Physical Plant Supervisor to the Warden. It is also noted on the form if PREA consideration was taking into account during the approval process.

During the past 12 months, there have been seven video surveillance cameras installed at SRF to improve surveillance and improve supervision. The locations of these video surveillance cameras are as follows: Green house, 800 garden (facing perimeter), 300 garden (facing perimeter), 300 classroom, 200 pharmacy room, 400 classroom, and the Outside visiting yard.

In addition, all front entrance doors were replaced in all housing units and buildings. The new doors contain larger windows than the previous doors that allow for increased supervision. This project was completed in April 2019.

All of the above-mentioned upgrades were completed with the vision of further protecting prisoners from sexual abuse.

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.

- (a) MDOC curriculum is 2015 Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials.

Michigan State Police and Department of Corrections MOU dated September 30, 2015 states: The Department of Michigan State Police (MSP) is a state agency responsible for investigating criminal allegations of sexual abuse in Michigan Department of Corrections (MDOC) prisons.

Interview with SRF Inspectors and PREA Coordinator (Compliance Manager by standard) indicated that their investigation was limited to Administrative investigations. Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation.

- (b) Saginaw Correctional Facility provided documentation that investigative staff receive training in 110-Michigan Commission on Law Enforcement Standards--Basic Training Curriculum which includes material reference and sources from: The U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations,

Adults/Adolescents,” Michigan Department of Corrections Sexual Violence Response and Investigation Guide 2015 Rev., and Crime Scene Management and Preservation 2015. Additionally, investigative staff completed the NIC PREA Investigator training.

- (c) MDOC PREA Manual and Policy Directive 03.04.100 Health Services section UU. both call for Forensic Examination be conduct by SAFE/SANE nurse examiners if abuse occurred in 96 hours or less, or where forensic evidence may be present. If SAFE/SANE nurse examiner is not available the examination can be performed by another qualified medical practitioner and documentation will be maintained of the Departments efforts to secure a SAFE/SANE examination. The manual and policy both require that the exam shall be without financial cost to the prisoner.

SRF Memo, dated June 10, 2019, states that Saginaw Correctional Facility does not conduct Sexual Assault forensic examinations. All victims requiring such exams will be sent to Ascension St. Mary’s Hospital. A current MOU Exists for these services at Ascension St. Mary’s.

During the onsite audit, it was noted that SAFE and SANE hospital location was in the process of being changed to a new location to Mid-Michigan Hospital in the coming months.

- (d) The PREA Manual and PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Victim Advocates MMM. The Department shall attempt to make available a victim advocate from the rape crisis centers, which are not part of the criminal justice system, that provide counseling and confidentiality to prisoner victims.

SRF 03.03.140 Prohibited Sexual Conduct Involving Prisoners states; at the request of the prisoner victim, makes arrangements for a victim advocate to accompany the prisoner during any examination or interview regarding the incident.

Director’s Office Memorandum Victims’ Advocates dated November 28, 2016 directs that Advocates will be provided either by Local Rape Crisis Centers, Hospital where treatment occurs, trained Facility Medical/Mental Health staff, or by trained staff who have volunteered to be victims’ advocates.

Saginaw Correctional Facility provided sample referral documentation for inmates that had alleged Sexual Abuse.

Saginaw Correctional Facility provided a list of Staff Victims’ Advocate who received 14 hours of training from the Office of Victims of Crime, Training and Technical Assistance Center (OVCTTAC) with an additional 60 minutes of Specific Consideration for Providing victims Services Course: Incarcerated Victims of Sexual Violence.

The facility has provided adequate documentation in regards attempting to establish a relationship with Justice Detention International, a national Rape Crisis organization. Michigan Department of Corrections and Justice Detention International have a MOU, dated 4/11/2018, which establishes a formal relationship to provide “...a statewide crisis sexual abuse support line for survivors of sexual abuse and sexual harassment housed within Michigan state corrections facilities.”

Additionally, the MOU under #2. *JDI will be responsible for the following: D. JDI will engage the Michigan Coalition to End Domestic and Sexual Violence and Local rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring the referrals made to MDOC prisoners are as effective as possible.*

- (e) MDOC PREA manual and Policy Directive 03.03.140 provides that as requested by the victims a qualified medical or mental health staff member can accompany and support the victim through the forensic medical exam and investigatory interviews when a Rape-crisis/Community-based advocate is not available.

Saginaw Correctional Facility provided example of inmate receiving Mental Health referral to trained advocates when there has been a sexual abuse allegation.

- (f) Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a)-(e) of this section.
- (g) Michigan State Police letter dated September 30, 2015 acknowledging sections a-f apply to their agency.
- (h) Saginaw Correctional Facility has a pool of staff member that have been approved and trained in Victims Advocate Training to ensure that inmates have access to trained Advocates.

Memo dated November 28, 2016 addressed to all Wardens, directing that administrators reach out to Local Rape Crisis Centers for support. Additionally, requiring all staff to complete the Office of Victims of Crime, Training and Technical Assistance Center Core Competencies and Skills Courses (13 Sections) and Incarcerated Victims of Sexual Violence training (60 minute course).

SRF Memorandum dated June 1, 2019 from Warden Winn affirms that listed staff have been “...*screened for appropriateness and have completed the necessary Victims Advocate Training.*” The memo list 20 staff members in varying positions too include; Supervisors, Mental Health workers, Nurses, Management, Sergeants, a Contracted Physician’s Assistant, and a Contracted Medical Doctor.

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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- (a) MDOC Policy Directive 01.01.140 – Internal Affairs states, “The Manager of the Internal Affairs Division shall review all cases, including the Prison Rape Elimination Act (PREA) and discriminatory harassment related cases. The Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of the Internal Affairs Division which are referred to the Michigan State Police or a local law enforcement agency for criminal investigation.”

MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoners directs that allegations of sexual abuse against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.

The PREA Manual states, “All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on-prisoner sexual harassment allegations as described in the definitions of this manual, whether reported verbally, in writing, anonymously or from third parties shall be entered into the Department’s computerized investigation database and investigated.”

After reviewing these policies and interviews with the Warden, PREA Coordinator, and Investigator it was confirmed that a referral process is in place to both notify and receive sexual abuse allegations. SRF provided all 23 investigation files for review. During the onsite portion of the audit, all 23 of these files were reviewed by both auditors. These files displayed multiple methods of reporting including grievances, verbal reports to staff, written reports, and observations of staff during security rounds. There were no investigations referred to the Michigan State Police for criminal investigation.

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

The PREA Manual states, “When receiving an allegation of sexual abuse or sexual harassment, 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).”

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

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

MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoner is published and outlines MDOC and Law Enforcement requirements.

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

A letter from the Michigan State Police (dated September 30, 2015) acknowledging compliance with section (a-f) of 115.21 was reviewed by this auditor.

(c) Auditor is not required to audit this provision.

(d) Auditor is not required to audit this provision.

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.

- (a) The PREA Manual Training Section- Employee: *All Department employees who may have contact with prisoners shall receive PREA training developed by the Training Division that includes at a minimum the following information: (the areas outlined address a 1-10 of this section).*

Saginaw Correctional Facility provided screenshots of all of the PREA Training Module 1 and 2. Review of the information showed that the training addresses all 10 sections required by the standards.

Saginaw Correctional Facility provided sample documents that showed that new staff participated in and completed course title (45118) Sexual Abuse and Sexual Harassment in Corrections.

- (b) The PREA Manual Training Section- Employee: *Training shall address gender-specific issues of prisoners housed with the MDOC. The employee shall receive additional training if the employee is reassigned from a facility that houses only male prisoners to a facility housing only female prisoners, or vice versa.*

The core training materials are written toward male perspective, but Saginaw Correctional Facility provided multiple Handouts that showed the Michigan Department of Corrections has Female gender specific materials for their female prisons.

During the documentation review, and the Specialized Staff interview with the Assistant Deputy Warden McClean, who is responsible for Administrative (human resources) Staff members, there were no examples of staff transferring to Saginaw Correctional Facility from female facilities. Policy does address the training requirement if a transfer would occur.

- (c) The PREA Manual Training Section- Employee- *The Department shall provide each employee with refresher training every two years to ensure that all employees know the Department's policies and procedures. In years in which an employee does not receive refresher training, the Department will provide refresher information on current sexual abuse and sexual harassment policies.*

MDOC has an annual In-service Training Module (2hrs) that is part of their annual In-service Training plan. The last two numbers of the Course title designates year the training was completed.

Saginaw Correctional Facility provided a Course History Report that showed that staff had participated in and completed course title (45116, 45117, and 45118) **Sexual Abuse and Sexual Harassment in Corrections.**

- (d) The PREA Manual Training Section-Employee- *The Department shall document through an employee signature or electronic verification that employees receive and understood the training.*

There is a knowledge test, and electronic signature, at the end of the **Sexual Abuse and Sexual Harassment in Corrections** module.

Saginaw Correctional Facility provided a Course History Report that showed that staff had participated in and completed course title (45116, 45117, and 45118) Sexual Abuse and Sexual Harassment in Corrections.

Random Staff Interview with 12 SRF staff members indicated that staff had received the training, understood the training, and were implementing the education learned. Staff were able to articulate how their responsibility prevent, detect, report and respond to sexual abuse and harassment.

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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- (a)** The PREA Manual Training Section- Volunteer and Contractor- *The Department shall ensure that all volunteers, contractors and their staff who have contact with prisoners have been trained regarding their responsibilities/obligations under the Department's policies and procedures.*

Policy Directive- 03.02.105 Volunteer Services and Programs, General Information-

E. Overfamiliarity with prisoners is prohibited. Any volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with prisoners and shall be reported to law enforcement. The Michigan Department of Corrections (MDOC) will report such conduct to any relevant licensing bodies as deemed appropriate and as required by statute. If a prisoner reports an incident or sexual assault, abuse, or harassment to a volunteer, the volunteer must immediately report the allegation to MDOC staff. A volunteer must comply with the Prison Rape Elimination Act (PREA).

Q. The CFA Special Activities Coordinator shall develop and maintain a pamphlet providing general information regarding volunteer service and the requirement of this policy.

R. Before providing volunteer services, each approved volunteer shall be provided a copy of the pamphlet developed by the CFA Special Activities Coordinator and shall complete an orientation

program developed by the Volunteer Program Coordinator. The orientation program shall be appropriate to the nature of the service provided. Upon completion of the orientation program, the volunteer shall be required to complete and acknowledging that s/he completed volunteer orientation, that s/he agrees to comply with applicable policies and procedures, and that s/he will not disclose to offenders or member of the public and confidential information to the volunteer may have access in providing the volunteer services.

S. Volunteers and contractors, who have contact with inmates, shall be trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, The facility shall maintain documentation confirming that the volunteers and contractors understand the training they have received.

PROGRAM A Correctional Facilities Administration (CFA) Security Regulations August 2014 contains a section titled on Page 30: Prisoner Contract- Sexual Abuse, Sexual Harassment, Overfamiliarity and Unauthorized Contact. Dated July 2018, and in addition to outlining requirements in the packet, the facility provided a 2-hour PowerPoint training that outlines the PREA requirement stated in the PROGRAM A packet.

SRF provided sample documentation proving that all Volunteers and Contractors received PROGRAM A training. The documentation included signatures affirming they understood the training provided.

Targeted Volunteer and Contractor interviews showed that all interviewed indicated that they had received training and retained a solid grasp of the information. They understood Zero Tolerance, they could describe the type of information that was presented in the training, and they could provide details on how they should appropriately respond to allegations they may receive

- (b)** *The PREA Manual Training Section- Volunteer and Contractor- 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 prisoners. All volunteers and contractors who have contact with prisoners shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.*

SRF provided sample documentation proving that all Volunteers and Contractors received PROGRAM A training. The documentation included signatures affirming they understood the training provided. From those lists, one Volunteer and one Contractor was randomly selected from each group. The auditors found that the training does meet the standard and adequately reinforce the agency's zero-tolerance policy while affirming the response/reporting requirements.

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.

- (a) Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditors, 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. Prisoner's receive inmate education within 7 days of reception to the Reception Facilities. Through interviews with facility intake staff, the PREA Coordinator (Compliance Manager by standards), and random inmates the 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.
- (b) Saginaw Correctional Facility provided a tracker form showing they reviewed that inmates received PREA education during reception. They provided signed sample Orientation forms demonstrating that inmates acknowledged receiving the training. Additionally, the facility provided signed sample documents and Prisoner Education Verification form CAJ 1036.

Random Inmate and Staff interviews indicated that inmates were provided PREA materials within 24hrs of reception and trained regularly within 30 days of reception to the Michigan Department of Corrections.

- (c) Random Inmate and Staff interviews indicated that inmates were provided PREA materials within 24 24hrs of reception, or the next day at the latest, to Saginaw Correctional Facility.
- (d) Saginaw Correctional Facility provided documents to include: Prisoner Guidebook in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and an Interpreter Request form for Global Language Solutions sign language services.

During Interviews with the PREA Coordinator (Compliance Manager by Standards), Intake staff, and Random staff all indicated that when an offender is identified as having an impairment that would limit their ability to access the information they would use multiple options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, reading materials to offenders via the Language Interpreter Services, providing them translated materials, or materials in Brail.

During the interviews with Disabled and Limited English Proficient Inmates, it was noted that all interviewees articulated that they received the material in a format that they could understand. It was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the staff. Inmates described some of the accommodations, to include; listening to

the PREA Video, reading the subtitles on the PREA Video, being read/explained the materials, access to braille versions of PREA pamphlets, the use of a “monocular” by a mostly blind inmate, and language translations that were comprehensively written in their native language.

- (e) Saginaw Correctional Facility provided sample documentation demonstrating that inmates received training and it was documented on form CAJ 1036.
- (f) Saginaw Correctional Facility provided examples of postings, memo’s, brochures, and the “An End to Silence Inmates Handbook 3rd Edition.”

Additionally, during the tour this Auditor observed PREA Posters with Sexual abuse hotline numbers for Inmates and Non-Inmates. These posters were in both English and Spanish throughout the facility and housing units.

Finally, in order to maximize the exposure of PREA Reporting information, and available access to Victims Advocacy, Michigan Department of Corrections has implemented a system whereas the information is provided to every inmate upon logging in to their individual J Pay accounts.

Random and Targeted inmate interviews showed that this practice magnified the access. and directly contributed it an increase of knowledge regarding PREA reporting, rights, and access to outside Victims Services. Based on the response from the inmate interviews it is apparent that this practice **exceeds standards** and increases overall inmate education at the facilities.

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.

- (a)** The PREA Manual Training Section- Specialized Training-Investigator: *In addition to the general PREA training provided to all employees, Department investigators are required to receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings.*

Saginaw Correctional Facility provided documentation that showed that their Investigators were trained in both Basic Investigators Training and NIC PREA Investigator Training. Additionally, interviews with local Investigators supported that they had received training and were knowledgeable in conducting investigations.

SRF Memo dated June 1, 2019, Approved PREA Investigators, named 22 investigators permitted to conduct PREA Abuse Investigations. There were individuals trained on each shift to conduct investigations.

- (b)** The PREA Manual Training Section- Specialized Training-Investigator: *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.*

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

The MDOC protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene

Interview with the PREA Coordinator (Compliance Manager by standards) and other Investigators indicated that they were trained and that the investigation was limited to Administrative investigations.

(c) SRF provided training roster with completion dates for their investigators.

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

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.

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

The agency has developed a training curricula specific to medical and mental health staff: PREA Health Care Staff Module and PREA Qualified Mental Health Training Module. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment.

SRF provided documentation that Medical and Mental Health Staff have received training Health Care-PREA and Mental Health Services- PREA. There were 3 new hires in between July 2018 and July 2019 that were appropriately trained.

Targeted Medical and Mental health interview indicated that staff received and retained training related to Sexual Abuse and Sexual Harassment detection, preservation of evidence, and how to respond to allegations.

- (b) Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required.
- (c) Targeted Medical and Mental health interview indicated that staff received and retained training related to Sexual Abuse and Sexual Harassment detection, preservation of evidence, and how to respond to allegations.
- (d) The agency has developed a training curricula specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. Contractors must complete the traditional module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.

SRF provided sample documentation proving that all Volunteers and Contractors received PROGRAM A training. The documentation included signatures affirming they understood the training provided. From those lists, one Volunteer and one Contractor was randomly selected from each group. The auditors found

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

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- (a) MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Contact Involving Prisoners, and the PREA Manual state, “All prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners.”
- (b) MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Contact Involving Prisoners, and the PREA Manual (dated April 24, 2017) states, “Staff designated by the warden shall complete both PREA Risk Assessments if any of the following occur:

(1) Within 72 hours of the prisoner's arrival at a correctional facility, including intake.”

Auditor conducted interviews with inmates and Prison Counselors whom all indicated that they were conducting and receiving as Risk Assessment when they arrived. OMNI-based documentation (Risk Assessment Screening Logs) was reviewed and showed that inmates received assessment within 72 hours of arrival. This documentation contained the inmate's arrival date and the date the initial Risk Assessment was completed.

- (c) The PREA Manual indicates the OMNI-based risk assessment tools is used to determine a prisoner's risk.

The PREA Risk Assessment Worksheet CAJ-1023 meets objective criteria. 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.

- (d) Based on a review of the PREA Manual and the PREA Risk Assessment Manual, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in this provision of the standard. While

the tool does not affirmatively address criteria 10, neither the agency nor SRF 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 this provision.

- (e) The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews states, “the assessment shall be completed using information contained in the prisoner’s file, electronic databases available to staff, and/or in discussion with the prisoner.”

After reviewing the Assessment tool and interviewing staff (Prison Counselors) that conduct the initial screening, the process and tool do consider the criteria set in this standard.

- (f) The PREA Manual states, “In addition to the PREA Risk Assessments required above, staff designated by the Warden shall complete a PREA-Risk Assessment Review-Prison if any of the following occur:

- (1) Within 30 calendar days of a prisoner’s arrival at a correctional facility, including intake.”

Auditor conducted interviews with inmates and Prison Counselors whom all indicated that they were conducting and receiving as Risk Assessment when they arrived. OMNI-based documentation (Risk Assessment Screening Logs) was reviewed and showed that inmates received assessment within 30 days after arrival.

A memo from the Warden (dated July 23, 2019) notes all prisoners must be verbally reassessed within 30 days of arrival. This reassessment must be completed at least two weeks between the completion of the 72 hour assessment and 30 day review.

During the course of conducting interviews with Prison Counselors and prisoners, it was confirmed that prisoners were receiving face-to-face risk assessments. However, there appeared to be some disconnect in regards to the subjective questions (listed below) and whether the prisoners truly understood that it required an affirmed, negative, or null response. In order to confirm the prisoners truly understood the subject questions, SRF had every prisoner reassessed. Each prisoner initialed each question, signed, and dated a form documenting they were verbally asked the following subject questions:

1. Have you ever been in jail before?
2. Have I been the victim of sexual abuse?
3. Have I been a perpetrator of sexual abuse?
4. Do I consider myself to be in danger of sexual abuse here?
5. Am I Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Heterosexual?
6. Do I have a history of facility consensual sexual activity?

This auditor was notified by SRF administrative staff on July 19, 2019, that each prisoner was reassessed verbally and signed and dated a form documenting they were reassessed verbally and asked the above-noted questions. This auditor then requested and received a prisoner roster for July 19, 2019, and randomly selected three prisoners from each living unit (21 total prisoners) to confirm the prisoners were verbally reassessed. This auditor received all 21 of the selected inmates signed and dated acknowledgement forms later in the day on July 19, 2019. All of the inmates requested had initialed, signed, and dated a form noting they were verbally reassessed and met the requirements of this provision.

- (g) MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoners and the PREA Manual state, “Staff designated by the warden shall complete both PREA Risk Assessments (PREA: Victim Risk Assessment – Prison and PREA: Aggressor Risk Assessment – Prison) if warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may increase the prisoner’s risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners.”

A memo from the Warden (dated July 23, 2019) notes all prisoners must be verbally reassessed within 30 days of arrival. This reassessment must be completed at least two weeks between the completion of the 72 hour assessment and 30 day review.

Interviews with the facility PREA Compliance Manager, Prison Counselors, and prisoners confirmed prisoners are reassessed due to any of the above-noted scenarios listed in MDOC PD 03.03.140 and the PREA Manual. In addition, a review of the PREA assessment log/database confirmed reassessments are being completed at least 2 weeks between the 72 hour assessment and 30 day review.

- (h) The PREA Manual 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.”

It was confirmed during interviews with Administrative staff, Prison Counselors who conduct the initial assessment and re-assessment within 30 days, and prisoners that no prisoner was punished for refusing to answer any questions related to this provision.

- (i) MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoners states, “Reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process and from reports of conduct prohibited by this policy and any resulting investigations. Persons interviewed as part of an investigation shall be specifically warned not to discuss the investigation with others. Staff that intentionally compromise this confidentiality shall be subject to discipline in accordance with MDOC PD 02.03.100 – Employee Discipline. Prisoners in a CFA facility who intentionally compromise this confidentiality shall be subject to discipline in accordance with MDOC PD 03.03.105 – Prisoner Discipline. This does not preclude staff from discussing such matters with their attorneys or in accordance with this or any other policy directive, Civil Service Commission rules and regulations, or applicable collective bargaining unit agreements. This also does not preclude prisoners from discussing such matters with their attorneys, to seek treatment, or to ensure their own safety. The PREA Manager shall share with the facility head and his/her supervisors, as appropriate, allegations of conduct prohibited by this policy, which are received directly by the PREA Section.”

In addition, the PREA Manual states, “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.”

Policy requires that the risk assessment be conducted using Offender Management Network Information (OMNI). OMNI is secured via a user profile rights system. During an interview with the facility PREA Compliance Manager, he was able to open the OMNI database on his PC; however, he is not able to enter data. He also pointed out all staff members at the facility do not have access to the prisoner’s risk assessment. This auditor asked another staff to open the OMNI database on his PC and he was denied access because he is not a member of the prisoner’s treatment team. It was explained to this auditor, that all Corrections Officers are also denied access and the only staff members who have access to a prisoner’s risk assessment are the staff who enter the data (Prisoner Counselors) and members of a specific prisoner’s treatment team. The login ID is unique to the staff member and their position within the agency.

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.

- (a) MDOC 05.01.140 – Prison Placement Policy Directive states, “The PREA Risk Assessments Worksheet (CAJ-1023) shall be considered when making housing, bed, work, education and program assignments at that facility. Risk assessment scores affecting bed assignments shall follow the procedures outlined in the PREA Manual.”

The PREA Manual states, “In addition to other classification considerations, facility staff shall use information from the risk assessment to inform housing, bed, work, education and program assignments with the goal of keeping prisoners at high risk of being sexually victimized separate from prisoners at high risk of being sexually abusive.”

SRF provided documentation (Count Boards from the Control Center) where they use markings from the risk assessments to ensure prisoners are housed appropriately. A potential high-risk victim is marked “V” and a potential high-risk abuser is marked “A” on the Count Boards. A review of Count Board provided to this auditor noted each prisoner’s room assessment with their risk assessment determination. There were no prisoners determined to be potential victims housed with potential victims.

During the course of conducting interviews with Prison Counselors and prisoners, it was confirmed that prisoners were receiving face-to-face risk assessments. However, there appeared to be some disconnect in

regards to the subjective questions (listed below) and whether the prisoners truly understood that it required an affirmed, negative, or null response. In order to confirm the prisoners truly understood the subject questions, SRF had every prisoner reassessed. Each prisoner initialed each question, signed, and dated a form documenting they were verbally asked the following subject questions:

1. Have you ever been in jail before?
2. Have I been the victim of sexual abuse?
3. Have I been a perpetrator of sexual abuse?
4. Do I consider myself to be in danger of sexual abuse here?
5. Am I Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Heterosexual?
6. Do I have a history of facility consensual sexual activity?

This auditor was notified by SRF administrative staff on July 19, 2019, that each prisoner was reassessed verbally and signed and dated a form documenting they were reassessed verbally and asked the above-noted questions. This auditor then requested and received a prisoner roster for July 19, 2019, and randomly selected three prisoners from each living unit (21 total prisoners) to confirm the prisoners were verbally reassessed. This auditor received all 21 of the selected inmates signed and dated acknowledgement forms later in the day on July 19, 2019. All of the inmates requested had initialed, signed, and dated a form noting they were verbally reassessed and met the requirements of this provision.

- (b)** MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoners and MDOC Policy Directive 05.01.140 – Prisoner Placement and Transfer state, “The results of the risk assessment shall be considered when making housing, bed, work, education, and program assignments.”

In addition, the PREA Manual states, “These decisions shall include individualized determinations addressing how to ensure the safety of each prisoner. Risk assessment scores will affect bed assignments as follows:

- (V) or (PV) shall be placed in the same cell, pod or room with a (V), (PV) or (NS).
- (A) or (PA) shall be placed in the same cell, pod or room with an (A), (PA) or (NS).
- (NS) may be placed in the same cell, pod or room with any score.”

SRF provided documentation (Count Boards from the Control Center) where they use markings from the risk assessments to ensure prisoners are housed appropriately. A potential high-risk victim is marked “V” and a potential high-risk abuser is marked “A” on the Count Boards. A review of Count Board provided to this auditor noted each prisoner’s room assessment with their risk assessment determination. There were no prisoners determined to be potential victims housed with potential victims. In addition, randomly selected prisoners work assignments were also reviewed and confirmed that the prisoners determined to be potential high-abusers were not working with potential high-risk victims.

Interviews with prisoners, staff, and Prison Counselors also confirmed the risk assessments are used when determining appropriate housing and work assignments for each prisoner. The Prison Counselor Counselors and facility PREA Compliance Manager were able to described to this auditor how each the risk assessments results are used to determine housing and work assignments and were able to review the Count Boards with this auditor. All of the Count Boards reviewed had appropriate housing assignments determined by the risk assessments.

- (c)** MDOC Policy Directive 04.06.184 – Gender Dysphoria states, “When making housing and programming assignments, the GDCRC and facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner’s health and safety and any management or security concerns.”

The PREA Manual states, “In deciding whether to assign a transgender, intersex or GD prisoner to a facility for male or female prisoners, and in making other housing and programming assignments, facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner’s health and safety and whether the placement would present management or security problems to the MDOC. This placement is determined pursuant to MDOC PD 04.06.184 – Gender Identity Disorder s (GID)/Gender Dysphoria.”

The facility PREA Compliance Manager stated transgender prisoners at SRF are reviewed twice a year by medical staff. Medical records for identified transgender prisoners were forwarded to this auditor for review and confirmed they are being reviewed twice a year to review any threats to the prisoner's safety. The facility PREA Compliance Manager also noted any decision to place a transgender prisoner at a facility that is consistent with gender identification is approved at the agency level.

- (d) The PREA Manual states, "At MDOC prisons, placement and programming assignments for each identified transgender, intersex or GD prisoner shall be reassessed by health care or mental health care staff at least twice each year to review any threats to safety of the prisoner."

The facility PREA Compliance Manager stated transgender prisoners at SRF are reviewed twice a year by medical staff. Medical records for identified transgender prisoners were forwarded to this auditor for review and confirmed they are being reviewed twice a year to review any threats to the prisoner's safety.

Three transgender prisoners at this facility were interviewed. Two of the prisoners stated they were reassessed by medical staff at least twice a year. One of the transgender prisoners interviewed stated she did not identify to SRF administrative officials as transgender. Medical records for transgender prisoners were forwarded to this auditor and were reviewed to confirm transgender prisoners are being reassessed at least twice a year to review any threats to their safety. One of the prisoners stated she has asked to be transferred to a female prison but that her case was currently in the Court system.

- (e) MDOC Policy Directive 04.06.184 – Gender Dysphoria and the PREA Manual state, "A transgender, intersex or GD prisoner's own views with respect to his or her own safety shall be given serious consideration in placement decisions."

The facility PREA Compliance Manager stated that each transgender, intersex, or gender dysphoria prisoner's own views in regards to his or her own safety are given serious consideration in housing/placement decisions. Interviews with transgender prisoners also confirmed this statement as they feel their safety was being taken into consideration when making housing decisions.

- (f) The PREA Manual states, "Transgender, intersex and GD prisoners shall be given the opportunity to shower separately from other prisoners."

Interviews with staff and transgender prisoners confirmed they are permitted to shower separately from other prisoners in their living units.

- (g) MDOC Policy Directive 05.01.140 – Prisoner Placement and Transfer states, "Information about a prisoner's sexual orientation that is unrelated to the prisoner's behavior shall not be used by staff for any purpose, including placement and transfer decisions."

The PREA Manual states, "Prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order."

A total of six LGBTI prisoners were interviewed during the on-site portion of this audit (three prisoners who identified as gay and three prisoners who identified as transgender). All of the prisoners interviewed stated they are placed in General Population and have never been placed in housing units/wings solely on the basis of their sexual orientation.

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.

- (a)** MDOC Policy Directive 04.05.120 – Segregation Standards states, “Temporary segregation is used when it is necessary to remove a prisoner from general population pending a hearing for a major/Class I misconduct violation, classification to administrative segregation, pending an investigation of a prisoner’s need for protection, or transfer.”

The PREA Manual states, “Prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 – Segregation Standards for a time period not to ordinarily exceed 30 calendar days.”

A memo from the facility PREA Compliance Manager (dated June 10, 2019) noted SRF did not place any prisoner in protective housing due to being at high risk for sexual victimization during the past 12 months. In addition, SRF will not use protective housing as a protective measure for a victim at high risk of sexual victimization unless requested by the inmate.

This was confirmed during interviews with the agency PREA Coordinator and facility PREA Compliance Manager.

- (b)** MDOC Policy Directive 04.05.120 – Segregation Standards notes all prisoners will have the following: Healthcare access, medical device access, state issued clothing, meals served same as general population, shower/shave 3 times per week, haircare services commensurate with general population, mail privileges, visits, access to legal property, law library, writing materials, telephone privileges, reading material, out of cell time, notary public services, store ordering, religious items, recreational programming, educational programming, and limited personal property.

Restricted items are also listed in MDOC PD 04.05.120

SRF Post Orders outline the same access as listed above.

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

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

This was confirmed during interviews with the Warden, agency PREA Coordinator, and facility PREA Compliance. In addition, the agency PREA Coordinator stated in a memo, dated June 10, 2019, that no prisoner at SRF has been involuntarily placed in protective segregation during the past 12 months.

- (c)** MDOC Policy Directive 04.05.120 – Segregation Standards states, “Wardens shall ensure that prisoners are not confined in temporary segregation for more than seven business days.” A variance to MDOC 04.05.120 (signed on October 12, 2015) notes that if a prisoner is the subject of a PREA investigation, that prisoner may be held in temporary segregation for more than seven business days. In such cases, the investigation shall be completed as soon as possible.

The PREA Manual states, “If no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 – Segregation Standards for a time period not to ordinarily exceed 30 calendar days.”

- (d)** MDOC Policy Directive 04.05.120 – Segregation Standards states, “A prisoner's placement in temporary segregation, including the reason for such placement, shall be documented in writing and approved by the Warden or designee within 72 hours after the prisoner's placement in temporary segregation.”

In addition, the PREA Manual states, “If a temporary segregation assignment is made pursuant to this section and PD 04.05.120, the facility shall clearly document:

- (1) The basis for the facility's concern for the prisoner's safety; and
- (2) The reason why no less restrictive means of separation can be arranged”

A memo from the facility PREA Compliance Manager (dated June 10, 2019) noted SRF did not place any prisoner in protective housing due to separation from likely abusers for a longer than 30 days during the past 12 months. This was also confirmed during interviews with the Warden and facility PREA Compliance Manager.

- (e)** MDOC Policy Directive 04.05.120 – Segregation Standards states, “Housing unit team members and SCC shall regularly review the behavioral adjustment of each prisoner classified to administrative segregation, including prisoners classified to administrative who are serving a detention sanction for misconduct. The reviews shall be conducted at least weekly, at intervals of no more than seven calendar days, during the first two months in segregation and at least every 30 calendar days thereafter until the prisoner is reclassified to general population status. SCC reviews shall include a personal interview with the prisoner; at least one interview each month shall be conducted out-of-cell unless the prisoner chooses not to participate in the review. If the prisoner chooses not to participate, the highest ranking SCC member shall personally visit the prisoner to encourage his/her participation.”

The PREA Manual states, “Every 30 calendar days, the facility shall afford the prisoner a review to determine whether there is a continuing need for separation from the general population.”

A memo from the facility PREA Compliance Manager (dated June 10, 2019) notes SRF did not place any prisoner in protective housing due to separation from likely abusers for a longer than 30 days during the past 12 months.

This was confirmed during an interview with the facility PREA Compliance Manager.

In addition, interviews with random prisoners, agency PREA Coordinator, facility PREA Compliance Manager, Warden, and Inspectors, confirmed no prisoners have involuntarily been placed in protective in segregation for safety issues related to PREA.

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*)



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.

- (a)** 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. 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.

- (b)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: *W. Prisoners may report allegations of conduct prohibited by this policy, including threats of such conduct and retaliation for reporting such conduct, ...through the Legislative Corrections Ombudsman.*

The PREA Manual- Reporting and Recording Sexual Abuse and Sexual Harassment Allegations: Prisoners may report sexual abuse or sexual harassment to the Michigan Legislative Corrections Ombudsman's Office. Upon receipt of a complaint, the Ombudsman's Office shall immediately forward the complaint in writing to the Department PREA Manager on the Prison Rape Elimination Act (PREA): Sexual Abuse/Harassment Referral form. The prisoner may remain anonymous upon request. The Department PREA Manager shall ensure that an investigation into the allegation, if not already completed, is initiated.

Saginaw Correctional Facility provided a copy of the MOU between MDOC and The Legislative Corrections Ombudsman signed in 12/2014.

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

Interviews with Random Staff and Inmates indicated that staff would accept complaints verbally, in writing, anonymously, and from third parties.

Random Inmate Interviews concluded that inmates were given information on how to report and were provide a phone number with a PIN to report anonymously. Many Inmates indicated that if they wanted to report anonymously they could tell their families to call the facility.

- (d)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Reporting Prohibited Conduct: *V. Staff shall immediately report any knowledge, suspicion or information regarding allegations of conduct prohibited by this policy to appropriate supervisory staff. Reports shall be taken regardless of when the incident was alleged to have occurred. Reports may be made privately to appropriate supervisory staff, through the MDOC Sexual Abuse Hotline, by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website or by contacting the Department's Internal Affairs Division.*

The PREA Manual- Reporting and Recording Sexual Abuse and Sexual Harassment Allegations- Staff Reporting: In accordance with PD 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the Department Employee Handbook, staff are required to immediately report any knowledge, suspicion or

information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints. ... These reports may be made privately to the appropriate supervisory staff or through the MDOC Sexual Abuse Hotline or by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website.

The MDOC Sexual Abuse Hotline and website Complaint form are available to staff, the public and third party complainants.

Random Staff interviews indicated that staff were aware that they could utilize the same avenues as inmates and additionally could contact their internal affairs office, or report privately to the PREA Coordinator.

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*)

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

PD 03.03.140B- Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners and SRF- OP 03.03.140B- PREA Grievances, C. (GG.) *A prisoner may file a PREA grievance at any time by submitting a completed PREA Prisoner Grievance Form (Step I) (CAJ-1038A) to the Inspector (PREA Coordinator). Prisoners are not required to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.*

CAJ-1038A and CAJ-1038B Prisoner Rape Elimination Act (PREA) Prisoner Grievance Form (STEP 1 and 2 respectively) was supplied as a sample form documents. With instructions: This form is only to be used to file a grievance alleging sexual abuse. The PREA Grievance process is a two- step process including the PREA Prisoner Grievance (Step I) and the PREA Prisoner Grievance Appeal (Step II). The Step II decision constitutes the agency's final determination.

- (b) DIRECTOR'S OFFICE MEMORANDUM (DOM) 2016 – 29, dated April 27, 2016, which was 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 the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.

PD 03.03.140B- Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners (GG) and SRF- OP 03.03.140B- PREA Grievances (C) *A prisoner may file a PREA grievance at any time by submitting a completed PREA Prisoner Grievance Form (Step I) (CAJ-1038A) to the Inspector (PREA Coordinator). Prisoners are not required to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.*

- (c) DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. The DOM supersedes these documents and establishes procedure until said policies can be revised or updated to reflect standard requirements.

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

- (d) DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was 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.

All Grievances filed at Saginaw Correctional Facility within the set time limits. No Extensions were required.

Interviews with administration, staff, and inmates coupled with the review of the previous 12 months of PREA grievances did not show that there were any extensions required nor approved.

- (e) The DOM, which was 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.

PD 03.03.140B- Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners (MM) and SRF- OP 03.03.140B- PREA Grievances (H) *Third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, shall be permitted to assist prisoners in filing PREA grievances related to sexual abuse, and shall be permitted to file such grievances on the prisoner's behalf.*

Interviews with administration, staff, and inmates coupled with the review of the previous 12 months of PREA grievances did not show that there were any third party grievances filed.

- (f) On the PAQ, the facility claims that no emergency grievances have been filed by an inmate during the audit review period. The DOM, which was reviewed by the auditor in determining compliance with

provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA 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.

Interviews with administration, staff, and inmates coupled with the review of the previous 12 months of PREA grievances did show that the facility was in compliance with this section of the standards.

- (g) On the PAQ, the facility claims that no discipline was imposed against inmates for filing grievances in bad faith. The DOM, which was 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.

Documentation provided, Pre-Audit Questionnaire data, Random Staff, Random Inmate, and PREA Coordinator (Compliance Manager by standard) interviews did not disclose that there were any PREA related grievances filed within the past 12 months that resulted in discipline.

This auditor is satisfied that the Statewide PREA Policy and Procedures are being adhered to at Saginaw Correctional Facility.

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.

- (a) Saginaw Correctional Facility provided examples of postings, memo's, brochures, and the "An End to Silence Inmates Handbook 3rd Edition." This handbook provides the address for Michigan Coalition to End Domestic and Sexual Violence.

MDOC has also began working with Justice Detention International (JDI) in April 2018 to provide access to counseling services via telephone conference. This cooperation replaces the former RAINN MOU that existed for the similar services.

Throughout the tour, it was noted that there were JDI "An Inside Line" posters with information and a contact number (both in English and Spanish) located in housing units, common areas, and Education Building.

A JDI MOU dated April of 2018 was provided outlining the cooperation between JDI and MDOC with the "... goal of building the capacity of Michigan service providers and ensuring that referrals mad to MDOC prisoner are effective as possible."

The JDI information is also displayed during login to the J-Pay system, to increase exposure of the information to the inmates.

Additionally, during the tour this Auditor observed PREA Posters with Sexual abuse hotline numbers for Inmates and Non-Inmates. These posters were in both English and Spanish throughout the facility and housing units.

Finally, the library has copies of the brochures and materials in English and Spanish for the inmates to access.

SRF does not detain any inmate solely for civil immigration purposes.

- (b) PD 05.03.118 Prisoner Mail outlines the extent to which incoming and outgoing mail is monitored by the facility.

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

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

Michigan Department of Corrections Prisoner Guidebook- Telephone Use: *Prisoner telephone call may be listened to and recorded in accordance with the requirements of Policy Directive 05.03.130 "Prisoner Telephone Use."* During Random Inmate interviews, it was noted that inmates were well aware of the monitoring that occurred during phone calls. Inmates stated that when you make a call, there is a message that states the phone call is being monitored and recorded.

- (c) Memo dated November 28, 2016 addressed to all Wardens, directing that administrators reach out to Local Rape Crisis Centers for support. Additionally, requiring all staff to complete the Office of Victims of Crime, Training and Technical Assistance Center Core Competencies and Skills Courses (13 Sections) and Incarcerated Victims of Sexual Violence training (60 minute course).

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Victim Advocates MMM. *The Department shall attempt to make available a victim advocate from the rape crisis centers, which are not part of the criminal justice system, that provide counseling and confidentiality to prisoner victims.*

SRF provided a list of Staff Victims' Advocate who received 14 hours of training from the Office of Victims of Crime, Training and Technical Assistance Center (OVCTTAC) with an additional 60- minutes of Specific Consideration for Providing victims Services Course: Incarcerated Victims of Sexual Violence.

The facility has provided adequate documentation in regards attempting to establish a relationship with the local Rape Crisis Center. Funding source issues, in regards to the Rape Crisis Centers, create a barrier to establishing a relationship with the prison. To mitigate this struggle and ensure inmates can speak with trained Rape Crisis Professionals, Michigan Department of Corrections has an MOU with the Justice Detention International where-as #2. *JDI will be responsible for the following: D. JDI will engage the Michigan Coalition to End Domestic and Sexual Violence and Local rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring the referrals made to MDOC prisoners are as effective as possible.*

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

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- (a) Through a review of Director's Office Memorandum 2016-29 (regarding prisoner PREA related grievances), the Ombudsman MOU, the Sexual Abuse reporting poster, and the online reporting form; 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. Interviews with administration, staff, and inmates coupled with the review of the previous 12 months of PREA grievances and 23 investigations did not show that there were any third party reports filed.

Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Reporting Prohibited Conduct letters T., and V. though CC. outline requirements for all staff to immediately report knowledge, suspicion, or information regarding sexual abuse or harassment. Additionally, there are provision against retaliation and how to report retaliation.

The PREA Manual- Staff Reporting: *In accordance with PD 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the Department Employee Handbook, staff are required to immediately report*

any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints.

State of Michigan, The Department of Corrections Employee Handbook outlines employee reporting requirements.

Random Interview with Staff and Administration indicated that staff were aware that they must report any level of suspicion, or information, regarding sexual abuse or harassment of offenders.

- (b)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Confidentiality of Reports and Investigations: *U. Reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process and from reports of conduct prohibited by this policy and any resulting investigations. Persons interviewed as part of an investigation shall be specifically warned not to discuss the investigation with others. Staff that intentionally compromise this confidentiality shall be subject to discipline in accordance with PD 02.03.100 "Employee Discipline," prisoners in a CFA facility who intentionally compromise this confidentiality shall be subject to discipline in accordance with PD 03.03.105 "Prisoner Discipline." This does not preclude staff from discussing such matters with their attorneys or in accordance with this or any other policy directive, Civil Service Commission rules and regulations, or applicable collective bargaining unit agreements. This also does not preclude prisoners from discussing such matters with their attorneys, to seek treatment, or to ensure their own safety. The PREA Manager shall share with the facility head and his/her supervisors, as appropriate, allegations of conduct prohibited by this policy which are received directly by the PREA Section.*

The PREA Manual- Staff Reporting: *Information related to a sexual abuse allegations shall not be revealed to anyone other than to the extent necessary for treatment, investigation or other security and management decisions.*

Random interviews with Staff and Administration indicated that all were aware of the sensitivity of sexual abuse/harassment information and requirements to maintain confidentiality regarding reports/information received.

During the interviews several staff members articulated that they placed the information in the log book to pass on to the next shift. I asked what details they put in the log and they said it was only that a PREA allegation had occurred on the shift; they all indicated that no specifics were noted in the logbook. I inquired about this practice if the detail and names of parties were present, as I believed it could be a possible violation of this section of the standard. Administration provided sample documentation, by way of copied pages from the logs where PREA allegations had occurred. I confirmed that the practice was limited to the memorialization of an event on their shift and did not provide any confidential information in the notations. The documents with the staff interviews prove that this practice does not violate confidentiality.

- (c)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: *BB. Employees who are Health Care and Mental Health practitioners are required to report allegations of sexual abuse that occurred in an institutional setting, whether or not the institution is part of the department. The practitioner shall inform the prisoner of the practitioner's duty to report and that confidentiality is limited.*

Interview with the medical contract employee indicated that she was aware of that she had a requirement to report and would advise the offender of this requirement.

Additionally, medical only request permission from the inmate to report, if the allegation did not occur in a confined setting based on the standards definitions.

- (d) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: *CC. The facility shall report any allegations of alleged victims under the age of 18 or who are considered a vulnerable adult under a state or local vulnerable persons statute to the PREA Manager. After the PREA Manager receives the reported allegations, s/he will forward the allegations to the appropriate agencies.*

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

During the audit tour, and through interviews with the Staff, Administration, and PREA Coordinator, it was observed that Saginaw Correctional Facility does not house youthful offenders and is therefore compliant with provision of the standard.

Additionally, SRF only receives inmates from Reception Facilities, and not from the community. This supports that at no time will the facility ever have a youthful inmate in their custody for any period.

- (e) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Investigation of Allegations of Prohibited Conduct requires the facility to report any allegations of sexual abuse, harassment, including third party and anonymous reports to investigators.

The PREA Manual- Staff Reporting: *In accordance with PD 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the Department Employee Handbook, staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints.*

Sample Request for Investigations forms (CAR-986) were supplied, and reviewed. Review of these Samples with the review of Investigation files, showed that allegations of Sexual Harassment and Sexual Abuse were forwarded for investigation and subsequently investigated.

Interviews with Random Staff, Administration, Inspectors, and review of available documentation showed that the facility does accept all allegations and report all reports of Sexual Harassment and Sexual abuse, including third party reporting.

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.

MDOC Prison Rape Elimination Act Manual (PREA Manual) April 2017 states: PROTECTIVE CUSTODY: *When a prisoner is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by ensuring no contact between the alleged abuser and the alleged victim.*

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- PREA Risk Assessment: *EE. Whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders. Staff shall make every effort to avoid transferring prisoners if the prisoner is the subject/victim of a pending investigation in order to conduct thorough face-to-face interviews. All actions taken to protect the prisoner, including rationale for a transfer and the amount of time between the report and when action was taken must be documented.*

Random Interviews with Staff, Inmates, and Administration indicated that immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. A review of the investigation coupled with the interviews of the aforementioned, showed that there has been no instances where inmates have involuntarily needed to be placed in Protective Custody in order to protect them from imminent harm during this audit period. Inmate alleged abusers could be relocated on other housing units and staffing assignments changes would be considered to avoid involuntary Protective Custody.

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.

- (a) The PREA Manual states, "If a prisoner alleges that s/he was sexually abused while confined at a different facility, including, but not limited to county jails, another state or federal prison, or substance abuse program facility, staff shall forward the allegation to the Warden or Administrator at the prisoner's current facility. Whether or not the prisoner indicates the allegation was investigated, the Warden or Administrator shall provide email notification immediately, but no later than 72 hours, to the Warden or Administrator of the other location where the incident was alleged to have occurred with a courtesy copy to the Department PREA Manager."
- (b) MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoners states "If the allegations pertain to conduct at another facility (including county jails, another state prison, federal prison or substance abuse program facility), the Warden shall provide email notification within 72 hours."
- (c) As noted above, the MDOC Policy Directive 03.03.140 and the PREA Manual require notification to another facility within 72 hours of receiving a report of sexual abuse alleged to have occurred there.
- (d) MDOC Policy Directive 03.03.140 – PREA and Prohibited Sexual Conduct Involving Prisoners and the PREA Manual state, "When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation."

In addition, the PREA Manual also states, "For allegations of abuse within the Department, the receiving Warden or Administrator shall verify whether the allegation had been previously investigated. If not, ensures that the allegation is entered in the appropriate MDOC computerized database as outlined above and investigated."

There were no allegations of sexual abuse or sexual harassment reported by a prisoner that occurred at another facility during the past 12 months. Therefore, there was no documentation to review. During an interview with the Warden, it was confirmed he understood the reporting requirements and timeframes; and stated he would immediately notify the facility where the alleged allegation took place. This notification would be made via telephone and documented in an email. In addition, the Warden stated he would also ensure the allegation is forwarded to the appropriate parties for investigation.

In regards to receiving an allegation of sexual abuse or sexual harassment from another facility that occurred at SRF, the Warden stated he would ensure the allegation is forwarded to the appropriate parties for investigation upon receiving the allegation.

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.

- (a) to (b)** The PREA Manual- Response to Reported/Detected Sexual Abuse- First Responder Duties:
Upon learning of an allegation that a prisoner was sexually abused, the first staff member to respond shall be required to take action as follows:

Non-custody staff shall immediately notify his/her chain of command for a referral to the Inspector. The non-custody staff member shall also request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence.

Custody staff shall:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable;

(3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

PD 03.04.125 Medical Emergencies outlined facility's response to any Medical Emergency at an MDOC facility

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

Random Staff interviews and Targeted Staff Interview with Staff who have acted as first responders indicated that staff were aware of their responsibility regarding their response. A review of the investigation supported that staff acted appropriately when responding to allegation of Sexual Abuse by taking the appropriate steps to separate the alleged victim from alleged abuser, preserve the crime scene, protect evidence, and report to security (if non-security staff member).

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

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- (a)** The facility abides by all tenets of the PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual-Facility Plan: which requires that *"This manual shall be considered the Department's institutional plan to coordinate actions taken in response to an allegations of sexual abuse.*

Additionally, Saginaw Correctional Facility has local policy SRF-OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners that outlines specific requirements at their respective facility.

Interviews with Random Staff, Inmates, and Administration indicated that the facility is abiding by the policies and procedure outlined in the aforementioned paragraph.

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

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- (a) to (b)** The MDOC's PREA Manual's language mirrors the language of the standard. A review of the seven collective bargaining agreements entered into on behalf of the agency since the effective date of the PREA standards, includes agreements with the Michigan State 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. All agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.

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 inmates 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.

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

PREA Manual- Protection from Retaliation: Policy Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" requires that all prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation for reporting or participating in the investigation.

Upon receipt of a sexual abuse allegation, staff shall initiate 90 calendar day retaliation monitoring using the appropriate form. If the investigation determines that the allegation is No Evidence/Unfounded, the retaliation monitoring shall discontinue. The form shall be maintained for the PREA Audit.

Sample documentation show that the PREA Coordinator (Compliance Manager by standards) assigns a non-involved specific staff member to monitor the alleged victim for retaliation.

(b) The PREA Manual- Protection from Retaliation:

Staff members who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations may also contact the State Employee Service Program for emotional support services. Staff may also submit a complaint/grievance.

Prisoners who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations shall also be provided emotional support services as outlined in the Confidential Support Services section of this manual.

Sample AIM incident summaries were supplied by SRF to show measure that were taken to protect inmates from retaliation and from the alleged abuser. Inmate Housing units were reassigned and staff was specifically assigned to monitor the alleged victims for evidence of retaliation by staff or inmates.

(c) The PREA Manual- Protection from Retaliation: *Upon receipt of a sexual abuse allegation, staff shall initiate 90 calendar day retaliation monitoring using the appropriate form. If the investigation determines that the allegation is No Evidence/Unfounded, the retaliation monitoring shall discontinue. The form shall be maintained for the PREA Audit.*

The Department shall monitor for changes that may suggest possible retaliation by prisoners or staff, regardless if the prisoner is transferred, as follows:

- **Staff who report sexual abuse** – 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.

- **Prisoners who report sexual abuse or have been an alleged victim of a report of sexual abuse** – Supervisory staff shall monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks.

The Department shall act promptly to remedy any retaliation and continue such monitoring beyond 90 calendar days if the initial monitoring indicates a need.

Retaliation can be reported as outlined in the Reporting and Recording Sexual Abuse and Sexual Harassment Allegations section of this manual.

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.

All monitoring shall be documented on the PREA Retaliation Monitoring form. Staff shall document if the retaliation monitoring discontinued based on a No Evidence/Unfounded finding.

Sample of PREA Sexual Abuse Retaliation Monitoring forms (CAJ-1022) were supplied that showed that retaliation monitoring occurred for both staff and inmates in line with policy and procedures.

Additionally, interview with staff that conduct Retaliation monitoring supported that the comprehensive review was conducted for each week of monitoring, or until the allegation was unfounded. Staff conferred that evidence of retaliation would be reported for an investigation.

(d) The PREA Manual: Prisoners who report sexual abuse or have been an alleged victim of a report of sexual abuse –*Supervisory staff shall monitor for disciplinary sanctions, housing/programming changes and also conduct periodic status checks.*

Sample of PREA Sexual Abuse Retaliation Monitoring forms (CAJ-1022) were supplied to the auditors. These forms outlined that weekly the following factors would be reviewed and face-to-face interviews would be conducted. Minimum the following are affirmed with a check box and comments if appropriate: Review of disciplinary reports, review housing changes, review program changes, review performance evaluations, review staff reassignments, and face-to-face contact occurred.

- (e) The PREA Manual- Protection from Retaliation: *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.*

Sample of PREA Sexual Abuse Retaliation Monitoring forms (CAJ-1022) were supplied to the auditors. These forms outlined that weekly the following factors would be reviewed and face-to-face interviews would be conducted. Minimum the following are affirmed with a check box and comments if appropriate: Review of disciplinary reports, review housing changes, review program changes, review performance evaluations, review staff reassignments, and face-to-face contact occurred. This form is used for staff, 3rd party reporters, and alleged victims.

- (f) The PREA Manual- Protection from Retaliation: *If the investigation determines that the allegation is No Evidence/Unfounded, the retaliation monitoring shall discontinue.*

Random Staff, Random Inmate, PREA Coordinator, Inspectors, and Administration interviews affirmed that inmates and staff are aware of the right to be free of retaliation. A review of documentation provided shows that inmates are monitored for retaliation for a period of 90 days, longer than 90 days if evidence proves necessary, or concluding when an allegation is determined to be unfounded.

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.

- (a) The PREA Manual states, "Prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary

segregation in accordance with PD 04.05.120 – Segregation Standards for a time period not to ordinarily exceed 30 calendar days.”

MDOC Policy Directive 04.05.120 – Segregation Standards states, “Temporary segregation is used when it is necessary to remove a prisoner from general population pending a hearing for a major/Class I misconduct violation, classification to administrative segregation, pending an investigation of a prisoner’s need for protection, or transfer.”

MDOC Policy Directive 05.05.120 – Segregation Standards notes all prisoners will have the following: Health Care access, medical device access, stated issued clothing, meals served same as general population, shower/shave 3 times per week, haircare services commensurate with general population, mail privileges, visits, access to legal property, law library, writing materials, telephone privileges, reading materials, out of cell time, notary public services, store ordering, religious items, recreational programming, education programming, and limited personal property.

In addition, the PREA Manual states, “Prisoners placed in temporary segregation for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility shall document:

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

Restricted items are also listed in MDOC PD 04.05.120

SRF Post Orders outline the same access as listed above.

A memo from the facility PREA Compliance Manager noted SRF did not place any prisoner in protective housing due to being at high risk for sexual victimization during the past 12 months. SRF will not use protective housing as a protective measure for a victim at high risk of sexual victimization unless requested by the inmate. This was confirmed during interviews with the Warden, facility PREA Compliance Manager, Inspectors, and a final review of all 23 Facility investigations that were completed during the past 12 months.

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

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

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

The MDOC Sexual Abuse Hotline and website Complaint form are available to staff, the public and third party complainants.

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

Lead Auditor Baez-Sprague and Auditor Burns reviewed all of the Sexual Abuse and Sexual Harassment allegations (23 total) that occurred in the past 12 months. The review included a checking the available case file, looking at the available evidence, ensuring that Alleged Abusers and Victims were interviewed, ensuring that video evidence was reviewed if available, and finally that the disposition was based on the totality of the evidence provided.

- (b)** Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual.*

Interviews with PREA Coordinator (Compliance Manager by standards) and documentation review show that only trained staff are assigned Sexual Abuse investigations.

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

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

Investigation reviews coupled with Trained staff interviews, it was determined that during Administrative investigations, all evidence is preserved and interviews are conduct of all involved/reporting/witnessing parties.

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

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

- (e)** The PREA Manual: *The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as "prisoner" or "staff." A prisoner who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device/serum as a condition for proceeding with the investigation of an allegations.*

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

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

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

Sample PREA Sexual Abuse Incident Reviews (CAJ-1025) and Investigation reviews proved that the SRF included efforts to determine whether staff actions/failures contributed to abuse and memorialized descriptions of evidence, reasoning, evidence and findings.

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

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

- (i)** The PREA Manual: *All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.*
- (j)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- MM. *The investigation shall not be closed simply due to the resignation, transfer, or termination of the accused staff person.*

The PREA Manual- Collective Bargaining: *The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that: (6) Prohibits referral to law enforcement and relevant licensing bodies, regardless of whether the staff member resigned.*

Additionally requires that: *A thorough investigation shall be completed even if:*

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

- (k)** See (a)-(j)

- (l)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- KK...., The Department investigation shall be coordinated as necessary with the investigating law enforcement agency.

Random Staff, Inmate, PREA Coordinator, Inspectors, and Administration interviews indicated that all allegations of Sexual Abuse and Sexual Harassment are investigated and referred for prosecution as outline in their policy and procedures.

Documentation review showed that SRF staff who were responsible for investigation Sexual Abuse and Sexual Harassment allegation have received appropriate training in-line with the minimal expectation of the standards.

MDOC Auditor Memo noted: *Michigan Department of Corrections (MDOC) investigative files for allegations of sexual abuse and/or sexual harassment are available on-site for your review. Please be advised there is a very rigid protocol in regard to referring substantiated allegations of conduct that appear to be criminal as is required by PREA §115.71(h). The MDOC does not refer cases directly to a prosecutor's office for prosecution. Such responsibility lies solely with the law enforcement agency investigating the criminal aspects of a particular allegation. The MDOC can only provide documentation indicating a substantiated allegation has been referred to the law enforcement agency who then bares the responsibility to refer criminal behavior for prosecution.*

SRF PREA Coordinator (Compliance Manager by standards) provided documentation to show that there was one allegation referred for criminal prosecution in May of 2019 (for period July 2018 to July 2019). The referral was to Michigan State Police and is pending prosecutorial referral until the reception of the evidence testing. I have reviewed the investigation and referral and find that the allegation meets the definition of Sexual Abuse in the Standards and the proper procedures and referrals were made.

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.

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

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

Interviews with Staff who conduct Administrative Investigations and a review of investigations determined that Preponderance of the evidence is the highest imposed level used to determine Substantiated or Unsubstantiated dispositions of cases.

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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.

- (a)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *GG. The Warden or Lake County Residential Reentry Program (LCRRP) Manager, as appropriate, shall ensure that the complainant and the victim, if not the complainant, are notified in writing of the final disposition of an investigation involving prisoner-on-prisoner sexual abuse, staff sexual misconduct/sexual harassment or staff overfamiliarity. This shall include notification of whether any disciplinary action has been taken. However, details of the discipline, including the specific charges and sanctions, shall not be provided.*

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

SRF provided example of Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action form (CAJ-1021) that memorialized the information provided to the inmate, date, time, and provided by whom.

Interviews with the PREA Compliance Manager, Administration, Inspectors, and Inmates that Reported Sexual Abuse showed that inmates are receiving notifications regarding disposition.

- (b)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify.*
- (c)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *For Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner, the facility shall subsequently inform the prisoner whenever:*
- (1) Any disciplinary action is taken. However, details of the discipline including the specific charges and sanctions shall not be provided;*
 - (2) The staff member is no longer posted within the prisoner's unit;*
 - (3) The staff member is no longer employed at the facility;*
 - (4) The Department learns the staff member has been indicted on a charge related to sexual abuse within the facility; or*
 - (5) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

SRF provided example of Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action form (CAJ-1021) that memorialized that inmates are notified regarding the following: Investigative Findings, Sufficient Evidence Findings-Staff Suspect (Disciplinary Action, No longer assigned to housing unit, no longer employed at the incident location, indicted on a charge related to [the] allegation, and convicted on a charge related to [the] allegation.

Document reviews, coupled with Interviews with the PREA Coordinator (Compliance Manager by standards), Administration, Inspectors, and Inmates that Reported Sexual Abuse showed that inmates are receiving notifications.

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

- (1) The Department learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
- (2) The Department learns that the alleged abuser has been convicted on the charge related to sexual abuse within the facility.*

SRF provided example of Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action form (CAJ-1021) that memorialized that inmates are notified regarding the following: Investigative Findings, Sufficient Evidence Findings-Staff Suspect (Disciplinary Action, No longer assigned to housing unit, no longer employed at the incident location, indicted on a charge related to [the] allegation, and convicted on a charge related to [the] allegation.

Document reviews, coupled with Interviews with the PREA Coordinator (Compliance Manager by standards), Administration, Inspectors, and Inmates that Reported Sexual Abuse showed that inmates are receiving notifications.

- (e) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *All such notifications shall be documented using the appropriate form. If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify. A copy of the form shall be maintained for the PREA Audit.*

SRF provided example of Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action form (CAJ-1021) that memorialized the information provided to the inmate, date, time, and provided by whom. Nine abuse investigations that were reviewed showed that the inmates had been notified for significant events including staffing changes, and disposition of investigation.

- (f) See information provided in letters a-e.

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.

- (a)** Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.
- (b)** The staff sanctioning matrix 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.
- (c)** 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. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).

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

A review of the investigation for the previous 12 months and confirmation by SRF PREA Coordinator (Compliance Manager by standard) established there were no Staff Members disciplined (or warranted discipline) for any PREA related issues from July 2018 to July 2019.

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.

- (a) Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. Based upon policy provisions, the auditor determines compliance with provision (a).
- (b) The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility. There were no substantiated allegations of sexual abuse upon which to gauge facility practice; however, the facility did provide an example of its use of a STOP ORDER to bar a contractor from entering the DRC while a sexual abuse investigation was ongoing. Based upon policy provisions, the demonstrated use of a STOP ORDER for a contractor while a sexual abuse investigation was underway and the Warden's interview, the auditor determines compliance with provision (b).

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

A review of the investigation for the previous 12 months and confirmation by SRF PREA Coordinator (Compliance Manager by standard) established there were no Volunteers nor Contractor Separated (or warranted separation) for any PREA related issues from July 2018 to July 2019.

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.

- (a) The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred.
- (b) The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard.
- (c) The auditor reviewed agency policy 03.03.105, and the PREA Manual which established procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard.

- (d) The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs.
- (e) Agency policy 03.03.140, was reviewed by the auditor, which dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation.

There have not been any inmate-on-staff sexual assaults, thus no discipline has been issued regarding this standard.

PREA Manager, Warden, PREA Analyst, and PREA Coordinator (Compliance Manager by Standards) indicated knowledge that this requirement must be met if/when an allegations occurs.

- (f) The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

PREA Manager, Warden, PREA Analyst, and PREA Coordinator (Compliance Manager by Standards) indicated knowledge that this requirement must be met if/when an allegations occurs.

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

Review of available documentation coupled with Random Staff, Inmate, PREA Coordinator (Compliance Manager by standards), Inspectors, and Administration interviews indicated that inmates were only subject to disciplinary action when there was substantial evidence that the alleged allegation did not occur and the allegation was not made in good faith.

No staff, nor inmates, interviewed reported that any inmates were disciplined for filing PREA Allegation during this auditing period.

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.

- (a)** The PREA Manual- Medical/Mental Health Screening: *If a PREA Risk Assessment or PREA Risk Assessment Review indicates a prisoner has experienced prior sexual victimization, whether it occurred in*

an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.

Inmate in letter to the Auditor #2 indicated that the inmate wanted to report a Sexual Abuse allegation regarding Regional Guidance Center. The inmate details a medical exam that he felt violated him and wanted it investigated as Sexual Abuse. This writer contacted Regional Guidance Center to report the allegation. Saginaw Correctional Facility provided documentation that the Inmate was being monitored for Retaliation and that he had been referred to Medical/Mental Health services post report at Regional Guidance Center. No further action was required.

SRF also supplied Intra-system Transfer Summary documentation-Receiving Facility and MDOC Bureau of Healthcare Services samples for inmates who came with an open PREA investigation. Documentation shows that inmates are offered Healthcare services and mental health services within 14 days if warranted.

SRF finally provided additional documentation that inmates that had previously experienced sexual victimization were seen by the Bureau of Healthcare services or Mental Health services within 14 calendar days. This auditor was able to review the process an inmate is referred to mental health staff with a facility Outpatient Mental Health Provider who meets with inmates who have been referred to her because they reported prior sexual victimization. Progress notes are used to document the inmate was referred and seen by a mental health staff.

Review of available documentation (progress notes) coupled with Random Staff, Inmate, and PREA Coordinator (Compliance Manager by standards) interviews indicated that inmates were being referred per policy and procedure.

- (b)** The PREA Manual- Medical/Mental Health Screening: *If a PREA Risk Assessment or PREA Risk Assessment Review indicates a prisoner has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up meeting with a mental health practitioner within 14 calendar days of the intake screening.*

SRF also supplied Intra-system Transfer Summary documentation-Receiving Facility and MDOC Bureau of Healthcare Services samples for inmates who came with an open PREA investigation. Documentation shows that inmates are offered Healthcare services and mental health services within 14 days if warranted.

Review of available documentation coupled with Random Staff, Inmate, and PREA Coordinator (Compliance Manager by standards) interviews indicated that inmates were being referred per policy and procedure. In addition, a facility Outpatient Mental Health Provider was able to review the process with this auditor and provide progress notes noting inmates who report prior sexual victimization are referred and offered a mental health evaluation.

- (c)** See (a)

Through interviews with the PREA Coordinator (Compliance Manager by standard), staff that conduct the PREA Risk Assessments, and Inmates that reported prior victimization, it was determined that if an offender's screening indicated previous victimization medical and mental health services were being offered to the offenders at the time of the onsite audit.

- (d)** The PREA Manual- Medical/Mental Health Screening: *Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other designated staff as necessary to inform treatment plans and security and management decisions including housing, bed, work, education and program assignments, or as otherwise required by federal, state, or local law.*

- (e) The PREA Manual- Medical/Mental Health Screening: *Medical and mental health care staff shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting. A copy of the prisoner's informed consent shall be maintained for the PREA audit.*

PREA NOTICE posters (English and Spanish) are located in all housing units, common areas, and medical areas. Limited Privacy and Informed Consent (including medical and mental health staff responsibilities) are explained in detail.

Sample documentation PREA-Authorization for Release of Information form (CAJ-1028) was provided to the auditors to show verbiage that an inmate consents to when appropriate.

Interview with a Medical contract employee indicated that she was aware of that she had a requirement to report and would advise the offender of this requirement. Additionally, she confirmed that medical only request permission from the inmate to report, if the allegation did not occur in a confined setting based on the standards definitions.

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.

- (a) The PREA Manual- Medical/Mental Health Services following an allegation of Sexual Abuse- Initial Victims Services: *In accordance with PD 03.04.125 "Medical Emergencies" and PD 04.06.180 "Mental Health Services," prisoner victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff.*

PD 03.04.125 Medical Emergencies: *Employees shall provide appropriate and timely response to medical emergencies consistent with the employee's training and the use of standard (i.e., universal) precautions.*

PD 04.06.180 Mental Health Services- General Information: *F. Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Prisoners in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated.*

Documentation was provided that showed that inmates that alleged Sexual Abuse were referred to Medical and Mental Health follow-ups immediately after reporting.

Additionally, SRF provided documentation that an inmates we sent out for a Forensic Medical Exam at any outside hospital immediately after reporting Sexual Abuse that in May 2019.

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

- (b) Saginaw Correctional Facility employs full time medical or mental health staff.

Random Interviews with Staff, Inmates, First Responders, Medical staff and Administration indicated that standard 115.62 would be adhered as immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas. Medical staff indicated that the first dose of Prophylaxis would occur at the Emergency room and then they inmate would be medically followed for additional medical needs once returned to Facility.

Additionally, SRF provided documentation that an inmates we sent out for a Forensic Medical Exam at any outside hospital immediately after reporting Sexual Abuse that in May 2019.

- (c) to (d) PD 03.04.125 Medical Emergencies: *UU. ..., Prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner. VV. Facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Female prisoner victims of sexual abuse shall be offered a pregnancy test. Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.*

Interviews with Medical staff and Administration indicated that inmates are not charged for services related to sexual abuse allegations.

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.

- (a) The PREA Manual- Medical/Mental Health Screening- Ongoing Victims Services: *If a PREA Risk Assessment or PREA Risk Assessment Review indicates a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.*

Documentation was provided that showed that inmates that alleged Sexual Abuse were referred to Medical and Mental Health follow-ups immediately after reporting.

Documentation review and interviews with the PREA Coordinator (Compliance Manager by standards), and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous victimization medical and mental health services were being offered to the offenders. This was confirmed by reviewing progress notes with a facility Outpatient Mental Health Provider.

- (b) The PREA Manual- Medical/Mental Health Screening: *The facility shall offer medical and mental health evaluation and, as appropriate, all treatment that is determined to be medically necessary to prisoners who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The evaluation and treatment shall include as deemed medically appropriate follow-up services, treatment plans, and when necessary referrals for continued care following their transfer or placement in other facilities.*

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

Finally, Inmate in letter #2 indicated that the inmate wanted to report a Sexual Abuse allegation regarding Regional Guidance Center. Saginaw Correctional Facility provided documentation that the Inmate was being monitored for Retaliation and that he had been referred to Medical/Mental Health services post report at Regional Guidance Center.

- (c) The PREA Manual- Medical/Mental Health Services following an allegation of Sexual Abuse- Initial Victims Services: *In accordance with PD 03.04.125 "Medical Emergencies" and PD 04.06.180 "Mental Health Services," prisoner victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff.*

PD 03.04.125 Medical Emergencies: *Employees shall provide appropriate and timely response to medical emergencies consistent with the employee's training and the use of standard (i.e., universal) precautions.*

PD 04.06.180 Mental Health Services- General Information: *F. Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Prisoners in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated.*

PREA Coordinator (Compliance Manager by standards), Administration, and Medical Staff interviews indicated that if any offender has a medical or mental health emergency they are transported to the local emergency room.

Documentation review and interviews with the PREA Coordinator, and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous victimization medical and mental health services were being offered to the offenders. Immediate medical emergencies were referred to outside Emergency Services. SRF also contracts with outside agencies that provide Medical and Mental Health services for onsite needs that are consistent with community level of care.

(d) – (e) Not applicable as the prison only houses male inmates.

(f) 03.04.120 Control of Communicable Blood borne Disease: HIV, HBV, and HCV testing: indicates that the test can be ordered as medically indicated or inmates can request once per twelve-months.

Medical staff indicated that the first dose of Prophylaxis would occur at the Emergency room and then they inmate would be medically followed for additional medical needs once returned to Facility.

(g) PD 03.04.125 Medical Emergencies: *UU. ..., Prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner. VV. Facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Female prisoner victims of sexual abuse shall be offered a pregnancy test. Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation*

Interviews with Medical staff and Administration indicated that inmates are not charged for services related to sexual abuse allegations.

(h) The PREA Manual- Ongoing Abuser Services- *within 60 calendar days of learning of know prisoner-on-prisoner abuser, mental health staff shall attempt to conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate.*

There were not substantiated allegations that required ongoing services be assessed or offered alleged abusers.

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.

- (a)** The PREA Manual- Sexual Abuse Incident Review: *The facility PREA Coordinator shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be No Evidence/Unfounded.*

A review of the local Sexual Abuse allegations between July 2018-July 2019, coupled with interviews with the PREA Coordinator (Compliance Manager by standard), Staff that participate with Incident Reviews showed that all allegations of sexual abuse that are substantiated, or unsubstantiated, are reviewed.

- (b)** The PREA Manual- Sexual Abuse Incident Review: *Such review shall generally occur within 30 calendar days after the conclusion of the investigation.*

A review of the local Sexual Abuse allegations between July 2018-July 2019, coupled with interviews with the PREA Coordinator (Compliance Manager by standard), Staff that participate with Incident Reviews showed that all Incident reviews were conducted within 30 days of the conclusion of the investigation.

- (c)** The PREA Manual- Sexual Abuse Incident Review: *The review team shall include upper-level custody and administrative staff, with input from relevant supervisory staff, investigators, and medical or mental health practitioners or others as appropriate.*

Review of the Sexual Abuse Investigation, Sexual Abuse Incident Reviews (CAJ-1025), coupled with interviews of the PREA Coordinator (Compliance Manager by standards) the reports indicated that a representative for Mental Health and Medical were present. The Medical and Mental Health providers provide input as part of the SAIR review.

- (d)** The PREA Manual- Sexual Abuse Incident Review: *The review team shall:*

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to prevent, detect or respond to sexual abuse;*
- (2) 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 was motivated or otherwise caused by other group dynamics at the facility;*
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
- (4) Assess the adequacy of staffing levels in that area during different shifts;*
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*
- (6) Prepare a report of its findings including but not necessarily limited to determinations made pursuant to (1) through (5) and any recommendations for improvement and submit such report to the Warden or Administrator with a courtesy copy to the Department PREA Manager and facility PREA Coordinator.*

Review of the Sexual Abuse Investigation, Sexual Abuse Incident Reviews (CAJ-1025), coupled with interviews of the PREA Coordinator (Compliance Manager by standards) and Sexual Abuse Incident Review member showed that all of the aforementioned factors are taken into consideration during the review.

- (e)** The PREA Manual- Sexual Abuse Incident Review: *The Warden shall review and forward through the chain of command to the Deputy Director (CFA) or designee for consideration of recommendations for improvement. If the recommendations are not implemented, the rationale for not doing so shall be documented on the PREA Sexual Abuse Incident Review form.*

Review of the Sexual Abuse Investigation, Sexual Abuse Incident Reviews (CAJ-1025), coupled with interviews of the PREA Coordinator (Compliance Manager by standards) and Sexual Abuse Incident Review member showed that members look to mitigate factors, when it is appropriate.

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.

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

A review of the agency's annual PREA Annual report for 2017 and the Survey of Sexual Violence 2017 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence.

The agency prepares an annual statistical report that is published on the agency's public website. This report aggregates information collected through the investigatory database and provides comparative summaries to previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014, 2015, and 2016. This report is published to the agency's website prior to June 30th each year and is available to the Department of Justice if needed.

A review of the agency's annual PREA statistics for 2017 and the Survey of Sexual Violence 2017 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence. According to interviews with the agency PREA Manager and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.

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

The agency appears to contract with other entities for the confinement of its inmates; The agency indicated that they had received an opinion from PREA Resource Center that the current Ingham and Clinton County contracts did not apply to this 115.12. PA DOC PREA Coordinator contest this and sought clarification from PREA Resource Center and DOJ.

On August 8, 2019 there was a phone conference held with MDOC PREA Manager Carlson, PREA Analyst Mitchell, PA DOC PREA Coordinator Radziewicz, varying members of Consortium, Auditor Burns, and Lead Auditor Baez-Sprague. At contention was the interpretation of Michigan's State Contracts in regards to holding inmates predisposition of parole ruling to release or return to DOC custody as it applies to Standard 115.12 and subsequently both 115.87, and 115.89.

It was not clear if the contract that exist between MDOC with Ingham and Clinton County Jails for the housing of parole violators under the auspice of the intensive detention program, must be monitored in compliance with this standard. The meeting did not produce a decisive answer.

This is an Agency Compliance Issue and this auditor is awaiting the official response from The PREA Resource Center and Department of Justice.

Michigan Department of Corrections posted to their website the all of the PREA Audit Reports for their Statewide Facilities organized by Audit Cycle and year of Audit. Additionally on this site are the Annual PREA Statistics Reports for 2013, 2014, 2015, 2016 and current 2017 with their respective Survey of Sexual Victimization reports.

A review was conducted of the Annual PREA Report 2017. This eleven-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the thirteen correctional facilities audited during 2017, with audit findings reviewed and the corrective actions implemented discussed; 2017 Allegations and Findings by Type; the 2017 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2016 PREA Statistics; and

Summary. Based upon the agency's compilation and agency website posting of the PREA 2017 Annual Report, https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html, and this auditor's review, auditor has determined that the Michigan Department of Corrections is in compliance with the requirements of these data collection and posting standards.

Following the issuance of the interim report, members of the auditing consortium were able to meet, review all information/documentation provided, and developed the following synopsis regarding PREA Audits of MDOC facilities during the 3rd year of the 2nd PREA Audit cycle:

During the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. These contracts were not reported under 115.12, nor were the facilities' incident based and aggregate data included in its 2017 annual report; despite the fact that the contracted entities were under contract in 2017.

During the evaluation of 115.12, it was determined that there is insufficient evidence that the agency completes contract monitoring required by 115.12. Without established contract monitoring, it also appears that the agency does not have documented evidence of collecting data required by 115.87(e); evidenced by the exclusion of such data in its 2017 annual report. Based upon the absence of evidence of data collection for each of its contracted entities; there is insufficient evidence to support compliance with provision (e) of the standard.

Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture incident based and aggregate data for its contracted facilities.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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 prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2017 report identified its efforts to continue training Department investigators, and the inmate population as audits enhance their means to meet the standards. The agency also reported that it began conducting PREA audits of its facilities during 2015, with an intent to continue this activity until all agency facilities have been audited.

The agency's 2017 annual PREA report compares data from 2016. It is important to note that the agency committed to PREA compliance in 2014, therefore, data is limited to time the state began collecting information for comparative purposes. The 2017 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress.

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

Michigan Department of Corrections posted to their website the all of the PREA Audit Reports for their Statewide Facilities organized by Audit Cycle and year of Audit. Additionally on this site are the Annual PREA Statistics Reports for 2013, 2014, 2015, 2016 and current 2017 with their respective Survey of Sexual Victimization reports.

A review was conducted of the Annual PREA Report 2017. This eleven-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the thirteen correctional facilities audited during 2017, with audit findings reviewed and the corrective actions implemented discussed; 2017 Allegations and Findings by Type; the 2017 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2016 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2017 Annual Report, https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html, and this auditor's review, auditor has determined that the Michigan Department of Corrections is 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.

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

Michigan Department of Corrections posted to their website the all of the PREA Audit Reports for their Statewide Facilities organized by Audit Cycle and year of Audit. Additionally on this site are the Annual PREA Statistics Reports for 2013, 2014, 2015, 2016 and current 2017.

A review was conducted of the Annual PREA Report 2017. This eleven-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the thirteen correctional facilities audited during 2017, with audit findings reviewed and the corrective actions implemented discussed; 2017 Allegations and Findings by Type; the 2017 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2016 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2017 Annual Report, https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html, and this auditor's review, auditor has determined that the Michigan Department of Corrections is in compliance with the requirements of these data collection and posting standards.

The agency appears to contract with other entities for the confinement of its inmates; The agency indicated that they had received an opinion from PREA Resource Center that the current Ingham and Clinton County contracts did not apply to this 115.12. PA DOC PREA Coordinator contest this and sought clarification from PREA Resource Center and DOJ.

On August 8, 2019 there was a phone conference held with MDOC PREA Manager Carlson, PREA Analyst Mitchell, PA DOC PREA Coordinator Radziewicz, varying members of Consortium, Auditor Burns, and Lead Auditor Baez-Sprague. At contention was the interpretation of Michigan's State Contracts in regards to holding inmates predisposition of parole ruling to release or return to DOC custody as it applies to Standard 115.12 and subsequently both 115.87, and 115.89.

It was not clear if the contract that exist between MDOC with Ingham and Clinton County Jails for the housing of parole violators under the auspice of the intensive detention program, must be monitored in compliance with this standard. The meeting did not produce a decisive answer.

This is an Agency Compliance Issue and this auditor is awaiting the official response from The PREA Resource Center and Department of Justice.

Following the issuance of the interim report, members of the auditing consortium were able to meet, review all information/documentation provided, and developed the following synopsis regarding PREA Audits of MDOC facilities during the 3rd year of the 2nd PREA Audit cycle:

As noted under 115.87(e), the agency contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The facilities' aggregate data was not included in the agency's 2017 annual report; despite the fact that the contracted entities were under contract in 2017. Absent evidence that the agency collects and publishes aggregate data for its contracted facilities; the audit team does not find compliance with provision (b) of the standard.

Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture aggregate data for its contracted facilities, which is subsequently published within its annual report.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC's annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

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 Saginaw Correctional Facility staff and Administration was very accommodating during the audit and provided unfettered access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) of the standard. The auditor was provided copies of all documents requested. The auditor was able to conduct inmate interviews in a private setting in accordance with provision (m) of the standard. The auditors were provided private offices where interviews occurred. During the audit tour, the auditor observed that the notice of audit was

prominently displayed throughout all housing units and common areas of the facility. This auditor did receive two correspondences from inmates at the facility prior to the audit. (n) of the standard.

The agency made a commitment to PREA compliance in 2014, therefore, the agency has not had each of its individual facilities audited at the time of this agency audit. The agency entered into a circular auditing consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Through this consortium, all of the agency's facilities will be audited prior to the conclusion of the second audit cycle on August 19, 2019.

The facility is not held in a non-compliant status due to the agency audit taking place at the beginning of the second audit cycle and the agency's commitment to PREA compliance and auditing of all of its facilities as noted through the circular auditing consortium.

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.

This auditor did access the public website and noted that reports are located at https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html

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


AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.


Angel Baez-Sprague, MS- ID # P4158
Auditor Signature

October 11, 2019
Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.