

PREA Facility Audit Report: Final

Name of Facility: Cooper Street Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/21/2023

Date Final Report Submitted: 11/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 11/14/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	03/13/2023
End Date of On-Site Audit:	03/14/2023

FACILITY INFORMATION	
Facility name:	Cooper Street Correctional Facility
Facility physical address:	3100 Cooper Street, Jackson, Michigan - 49201
Facility mailing address:	

Primary Contact	
Name:	Harold
Email Address:	Ellison
Telephone Number:	517-281-6715

Warden/Jail Administrator/Sheriff/Director	
Name:	Michelle Floyd
Email Address:	FloydM1@michigan.gov
Telephone Number:	517-780-6801

Facility PREA Compliance Manager	
Name:	Chasity Flynn
Email Address:	flynnc1@michigan.gov
Telephone Number:	M: (517) 780-6828

Facility Health Service Administrator On-site	
Name:	Kristin Maxon
Email Address:	MaxsonK2@michigan.gov
Telephone Number:	517-780-6152

Facility Characteristics	
Designed facility capacity:	1752
Current population of facility:	1261
Average daily population for the past 12 months:	1231
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18 and older
Facility security levels/inmate custody levels:	Secure Level I
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	250
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	20
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25

AGENCY INFORMATION

Name of agency:	Michigan Department of Corrections
Governing authority or parent agency (if applicable):	State of Michigan
Physical Address:	206 East Michigan Ave, Lansing, Michigan - 48909
Mailing Address:	
Telephone number:	5173733966

Agency Chief Executive Officer Information:

Name:	Heidi E. Washington
Email Address:	WashingtonM6@michigan.gov
Telephone Number:	517-780-5811

Agency-Wide PREA Coordinator Information

Name:	Charles Carlson	Email Address:	CarlsonC2@michigan.gov
--------------	-----------------	-----------------------	------------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-13
2. End date of the onsite portion of the audit:	2023-03-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1752
15. Average daily population for the past 12 months:	1231
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1390
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	12
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	29
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility does not track certain categories and as such they could not give a total number of those on-site only a sample number.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>250</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>214</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	20
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample of inmates were interviewed. The following inmates were selected from the housing units: eight from B, five from C, four from D, five from F, four from G, two from H, two from I, four from J, four from K and two from the Bootcamp.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All inmates interviewed were male, seventeen were black, eighteen were white, two were Hispanic and three were another race/ethnicity. Zero inmates interviewed were under eighteen, four were eighteen to 25, seven were 26-35, eight were 36-45, ten were 46-55 and eleven were over 55.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed documentation and had conversation with medical staff.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>5</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed documentation and had conversation with mental health staff and other inmates.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing documentation of high risk inmates and those who reported sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>17</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race and Gender</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility has three shifts; eight staff were interviewed from the 6am-2pm shift, six were from the 2pm-10pm shift, and three were from the 10pm-6am shift. With regard to the demographics of the random staff interviewed, thirteen were male and four were female. Six staff were black, ten were white and three were another race/ethnicity.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>26</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
---	-------------------

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on March 13, 2023-March 14, 2023. Two support staff assisted with inmate and staff interviews during the on-site portion of the audit. Certified DOJ auditor Karen Murray and support staff Miranda Arnoldy completed staff and inmate interviews on March 13-14, 2023. The auditor and support staff had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The lead auditor conducted a tour of the facility on March 13, 2023. The tour included all areas associated with the facility to include; housing units, laundry, warehouse, intake, visitation, education/programs, maintenance, food service, health services, recreation (indoor and outdoor), administration, front entrance and the gate house. It should be noted that the facility does not have a segregated housing unit. This was confirmed during the tour of the facility. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The PREA Reporting Poster was observed in English and Spanish on larger size paper. Posters were fixed to the officer's station wall and were observed on bulletin boards in the housing unit dayrooms. The PREA Reporting Posters advise inmates they can report through a staff member and via the hotline. The PREA Reporting Poster provided a phone number for inmates to call as well as a phone number for probationers and the public to call (1-877 number). The Just Detention International (JDI) Poster was also observed in each housing unit. The JDI Poster was in English and Spanish on larger size paper. The JDI Posters were observed on

the wall of the officer's station as well as on some of the bulletin boards in the dayrooms. The JDI Poster included the phone number as well as a universal pin that inmates could use in lieu of their own pin number. Third party information is provided via the PREA Reporting Poster. The auditor observed the PREA Reporting Poster in visitation and the front entrance. The PREA Reporting Poster was in English and Spanish on larger size paper. The PREA Reporting Posters in visitation were also framed. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn.

During the tour the auditor confirmed that facility follows a staffing plan. There was at least one security staff member in each housing unit for a total of two security staff per building. Additionally, each housing unit had at least one non-security unit management/classification staff during business hours. Additional staff were present in program, work and common areas. While not all program, work and common areas had a staff member directly assigned, routine security checks were required in each area. Informal conversation with staff confirmed that they have enough staff and that there is not overcrowding. Staff stated they make rounds every hour and that supervisors make rounds a few times a day. Informal conversation with inmates also confirmed that staff make rounds consistently in the housing units and supervisors are in the units at least once or twice a day. During the tour the auditor observed a blind spot in maintenance. The storage shelving in maintenance created a blind spot in a corner and while there are minimal inmates that work in the area, the blind spot still needed addressed. During the interim report period the facility provided two photos confirming that they had added mirrors to the maintenance area and

alleviated the blind spot. Additionally, during the tour the auditor observed cameras in each housing unit and in most work, program and common areas. Cameras are monitored by the staff in central control. Administrative staff can also view the cameras remotely. The auditor determined that the facility utilizes video monitoring technology as a supplement to staffing and not a replacement. Video monitoring technology is utilized to cover blind spots and high traffic areas.

With regard to cross gender viewing, the auditor confirmed that each general population housing unit provides privacy to inmates through doors and curtains. The auditor viewed that the housing units had a shared restroom which included single person showers with curtains and enclosed toilets with doors. The auditor observed that two urinals were visible from the doorway, however there were additional urinals and all toilets that could be utilized. A review of the video monitoring system confirmed that none of the cameras in the general population housing units showed areas where inmates would shower, use the restroom or change their clothes. Two holding cells in medical were equipped with cameras. The auditor confirmed that the monitoring screen had a black box over the toilet area to allow for privacy from the control staff and administrative staff of the opposite gender.

Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor confirmed that strip searches for visitation and intake were conducted in the same area. The space had a solid door with a small window that contained an opaque film. Additionally, the auditor observed that the gate house had a strip search area for those that go outside the facility. The strip search area had walls and only male staff work the gatehouse. During the tour the auditor heard the opposite gender announcement each time the audit

team entered the inmate housing units. The announcement was made verbally upon entry into the units and then again over the loud speaker once inside the unit. The facility provides hearing aids for inmates with a hearing impairment in order for them to hear the opposite gender announcement. Informal conversation with staff and inmates confirm that the opposite gender announcement is typically made by female staff.

Inmate medical and mental health records are both electronic and paper. Paper files are maintained in medical records, which is staffed Monday through Friday 8:00am-4:00pm. The door is locked when the records room is not staffed. Access to medical records after hours is restricted to medical and mental health staff, Shift Commanders and Administrative staff. Medical records can be viewed by medical and mental healthcare staff with a need to know. Correctional staff do not have access to medical records and are not able to view the records. Inmate risk screening information is electronic through the OMNI system. Access to the risk screening is via specific user profiles of those with a need to know. During the tour the auditor requested a Correctional Officer attempt to access the risk screening information. The staff did not have access to the reception tab, which is where the risk screening information is stored/located. Investigative records/files are maintained by the PCM, Warden and/or specific investigator completing the sexual abuse investigations. Electronic investigative records are limited to only administrative staff and the investigator. The printed files are maintained by the PCM, Warden or the investigator. It should be noted that during the tour the auditor asked a staff member to demonstrate how verbal reports are documented. The staff initially advised that he writes the information in the housing unit log book, identifying the date, time, inmate and that the inmate reported sexual abuse.

During the tour the auditor observed that the mailroom was located in the administration area outside the secure perimeter. All housing units as well as a few common areas have a locked mail box for kites and US mail. Inmates can place mail in the boxes and a specific third shift staff member is responsible for collecting the US mail and placing it in the mailroom for staff to process the following day. Conversation with the mailroom staff indicated that outgoing mail is brought to them, weighted and processed for postage. The staff stated the outgoing mail is provided to them sealed and that they do not open the correspondence unless it looks suspicious. The staff advised that legal mail is treated differently in that it is brought up to the mailroom by the PCM. The staff stated legal mail is stamped and is never opened. Further communication with the mailroom staff confirmed that any correspondence to the Legislative Corrections Ombudsman (LCO) is treated as legal mail and would never be opened. The incoming mail process for regular mail includes receiving it, logging it and then opening it and scanning the documents for any issues/concerns. The staff stated they make a copy of the correspondence and the copy is provided to the inmate while the original is shredded. The staff stated with regard to incoming legal mail, they do not open the legal mail but rather they make a copy of the outside of the envelope and provide it to the control room. The control room staff will then provide the correspondence to the inmate, who will open the document in front of the staff and provide the original envelope back to the staff and keep the copy of the envelope. The original documents inside the envelope are retained by the inmate. The control staff do not read or scan the legal mail once opened. The mailroom staff again confirmed that any correspondence from LCO would not be read/monitored. The auditor inquired about mail sent to Just Detention International (JDI). The mailroom staff stated they were not familiar

with JDI and were unsure how mail to and from the organization would be treated.

During the tour the auditor was provided a demonstration of the intake process. Inmates arrive at the facility and are processed through intake. After they are processed they are sent to the intake housing unit where they are quarantined as a COVID-19 preventative. Inmates are provided orientation within seven days of arrival at the facility. It should be noted that all inmates that arrive at Cooper Street have previously been processed by, at minimum, the MDOC intake facility where they received information on sexual abuse and sexual harassment.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in the housing unit in a private office. The staff print out the most recently completed risk assessment for the inmate and review the information to confirm any prior responses. The staff stated they also go through the file and review any necessary information. The staff indicated they complete the new initial risk assessment on the same paper as the old assessment they printed and then they enter the new information into the electronic system. Staff indicated they shred the paper copy of the risk screening. Staff illustrated that they have a tracker for their housing unit and they place information on the tracker related to risk designation to ensure housing is appropriate. The staff confirmed that some of the risk screening information is already populated due to the system (i.e. age, height, weight) and so they ask the information that is not contained in the system, such as prior victimization, gender identity, sexual preference, etc. The staff confirmed that if discrepancies arise from information stated by the inmate and information contained in the file that the information in the file is utilized as it is confirmed information (i.e. criminal history, prior sexual offenses, etc.). The staff further

stated that the system does not automatically update the risk assessment designation if it changes. The staff indicated they manually enter the designation into the appropriate area of the electronic system.

The auditor tested the PREA hotline during the tour in numerous housing units. The PREA Reporting Poster provided a 517 area code number and a universal pin number. When the phone is first picked up inmates are advise to select "1" for English or "2" for Spanish. While the instructions are in English and Spanish, the actual hotline instructions are only in English. The auditor attempted to call the number with the universal pin two separate times and was unable to reach the hotline. The auditor also had an inmate assist with calling the hotline but he was unsuccessful as well. The auditor attempted to contact the hotline again in another housing unit but was again unsuccessful. Staff advised to try using the public 1-877 number to reach the hotline. The auditor had an inmate assist with calling the 1-877 number as it required an inmate pin number, but the attempt was unsuccessful. In a third housing unit, the facility staff had an inmate call the 1-877 number. The inmate reached the hotline and left a message on March 13, 2023. The auditor asked the staff and inmate to show how they were able to reach the hotline. The inmate was unable to place another call due to reaching his time limit on the phone for that period. Another inmate was asked to assist to show the auditor how the staff and inmate reached the hotline. That inmate was unsuccessful in reaching the hotline. A final inmate was asked to try to contact the hotline. He utilized the 1-877 number with his pin and was able to reach the hotline. On the second date of the on-site the auditor tested the hotline again with further direction from staff. The auditor dialed * and the universal pin and was directly connected to the hotline. The directions on the PREA Reporting Poster were inaccurate related to contacting the

hotline. On March 14, 2023, the auditor was provided confirmation that the hotline call was received. Additionally, during the tour the auditor had an inmate assist with filling out a written kite to test another internal reporting mechanism. Scrape paper was obtained from the officer's station by the inmate. The inmate assisted the auditor will completing the paper appropriately and the auditor placed the kite in the locked kite box in the housing unit on March 13, 2023. On March 14, 2023 the auditor received confirmation that the written kite was received.

The auditor tested the external reporting mechanism on March 14, 2023. The auditor utilized a piece of scrape paper from the officer's station to write information on related to the functional test. The auditor obtained an envelope from staff to send the letter. Inmate are provided envelopes for legal mail in the library, if needed. The auditor labeled the envelope LCO and placed it in the US mailbox in a housing unit. Staff indicated that inmates do not have to utilize an address for LCO and that all correspondence can just have LCO written on the envelope. The correspondence is sent via inter-office mail and does not require postage. On April 11, 2023 the auditor received confirmation that the correspondence was received by LCO and forwarded to the PC.

During the tour the auditor had a staff member demonstrate how they document verbal reports of sexual abuse and/or sexual harassment. The staff stated that they would initially write the information in the housing unit log book related to date, time, inmate and that he reported he was sexually abused. The staff stated he would write this in red pen in the log book. The auditor confirmed that the log book is accessible to anyone working in the housing unit. The staff further stated that he would complete a participation report. This report is to be completed by anyone involved in the incident. The participation

report is electronic and available on any computer under the public drive. The date, time, those involved and description of the incident is filled out on the form and then the form is printed and signed. The staff stated he would then submit the report to the Shift Commander. The staff confirmed that if the Shift Commander was involved in the incident he could bypass submitting it to him/her and submit the report to any other supervisor.

The auditor tested the third party reporting mechanism prior to the on-site portion of the audit on March 5, 2023. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual harassment allegations/incidents. The auditor submitted the form on March 3, 2023. During the on-site portion of the audit the PC indicated that the agency had not received the information that was submitted via the online form. The PREA staff completed a test of the online form on March 13, 2023 through a submission and confirmed that the information was not received. The staff indicated that the website was recently updated and as such there may be an issue that was a result of the update. The PREA staff provided confirmation to the auditor during the interim report period that the website issue was alleviated. On March 22, 2022 the auditor submitted the online form again to test the functionality. On March 23, 2023 the auditor was provided confirmation, via email, with a copy of the submission information, that the test was received.

The facility provides access to victim advocates through the JDI hotline. The auditor tested the JDI hotline during the on-site portion of the audit. Inmates are asked to select "1" for English or "2" for Spanish when picking up the phone. The auditor utilized the number on the JDI Poster as well as the universal pin number on the poster and was able to reach a live person. The live person

was initially an answering service staff who advised the auditor that she would be forwarding the auditor to the advocate. A JDI staff member was then reached and indicated that the hotline is available to provide services to inmates Monday through Friday from 11:00am until 9:00pm. She stated the inmates can also send correspondence through the mail. She stated they offer counseling and crisis intervention through a lot of yes and no questions to allow as much privacy as possible. She stated all the information provided is confidential and is not shared unless they threaten to harm themselves or someone else. The staff confirmed they can accommodate LEP and disabled inmates.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process provided at the facility. It should be noted that most of the inmate documents reviewed were from education that was provided at another facility. The PREA staff stated that the education is the same across all facilities in MDOC. The auditor observed that inmates are provided comprehensive PREA education in person and through a video during orientation. Orientation is completed within the first week in the dayroom of the intake housing unit. Classification staff meet with the inmates one-on-one and provide them the Identifying and Addressing Sexual Abuse and Sexual Harassment - A Guide for Prisoners Brochure and the Orientation Packet. The staff verbally go over the Brochure and the Orientation Packet with the inmate. A video is shown at the intake facility in a structured setting, however at Cooper Street it is shown on the Warden's channel 24 hours a day, seven days a week. Inmates are able to watch the video at any time. The staff at Cooper Street ask the inmate during the one-on-one orientation whether they previously saw the video. If they have not seen the video, the staff advised they would show them the video either in

office or set up a structured time to show it to the inmate in the housing unit. A review of the Brochure confirmed that is available in English and Spanish. The Orientation Packet was observed only in English. Staff stated that if the inmate was LEP they have a language translation service line where they can have the individual translate the Orientation Packet over the phone. The staff also stated if they had someone with a disability they would utilize the facility resources to provide accommodations. The video (Taking Action) is specific to MDOC. A review of the video confirmed it discusses the agency's zero tolerance policy, the inmates right to be free from sexual abuse, the inmate right to be free from retaliation, reporting mechanisms (PREA Hotline, grievance and Legislative Corrections Ombudsman) and the agency policy number. The Taking Action video then has the PREA What You Need to Know video imbedded and is shown after the MDOC specific information. The PREA What You Need to Know video discusses the zero tolerance policy, definitions and examples, reporting options and response after an allegation is reported.

During inmate interviews the DOJ certified auditor support staff member tested the accessibility of the language interpretation service during LEP inmate interviews. The facility provided the support staff a phone number to call for the interpretation service. The support staff conducted the interview with the LEP inmate through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to inmates through a staff member.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The auditor reviewed a random sample of 43 personnel and/or training records that included five staff individuals hired within the previous twelve months, four staff that were hired over five years ago and two staff that were promoted during the previous twelve months. Additionally the review included personnel and/or training files for six volunteers, four contractors and five medical and mental health care staff were reviewed.

Inmate Files. A total of 45 inmate files were reviewed. 27 inmate files were of those that arrived within the previous twelve months, eight were disabled inmates, four were LEP inmates and ten were inmates who disclosed prior victimization during the risk screening or were identified with prior sexual abusiveness.

Medical and Mental Health Records. The auditor reviewed the medical and mental health records of the twelve inmates that reported sexual abuse or sexual harassment as well as mental health documents for ten inmates who disclosed prior victimization during the risk screening or were identified with prior abusiveness.

Grievances. The auditor reviewed the grievance log from the previous twelve months and a sample of grievances. The agency does not utilize the grievance process for sexual abuse allegations.

Incident Reports. The facility does not have incident reports nor an incident report log.

Investigation Files. The auditor reviewed

twelve facility investigations. Two of the allegations did not meet the definition of sexual abuse or sexual harassment. All twelve allegations reviewed had an administrative investigation completed. Two had a criminal investigation initiated by the Michigan State Police. At the time of the on-site portion of the audit both criminal investigations were still open. One of the criminal investigations was referred for prosecution.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	1	2	1
Staff-on-inmate sexual abuse	6	1	6	1
Total	8	2	8	2

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	12	0	12	0
Total	17	0	17	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0	0
Total	2	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	5	0
Staff-on-inmate sexual abuse	0	3	2	1
Total	0	3	7	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	0	0
Staff-on-inmate sexual harassment	0	1	11	0
Total	0	3	11	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	7
--	---

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The auditor reviewed two investigations that after a review of the allegation were deemed consensual sexual activity or did not rise to the definition of sexual abuse or sexual harassment.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit: 1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA) 3. Policy Directive 01.01.140 – Internal Affairs 4. Policy Directive 02.03.100 – Employee Discipline 5. Policy Directive 02.06.111 – Employment Screening 6. Policy Directive 03.02.105 – Volunteer Services and Programs 7. Policy Directive 03.02.130 – Prisoner/Parolee Grievances 8. Policy Directive 03.03.105 – Prisoner Discipline

9. Policy Directive 03.03.145 – Youth in Prison
10. Policy Directive 03.04.100 – Health Services
11. Policy Directive 04.01.140 – Prisoner Orientation
12. Policy Directive 04.04.110 – Search and Arrest in Correctional Facilities
13. Policy Directive 04.05.120 – Segregation Standards
14. Policy Directive 04.06.180 – Mental Health Services
15. Policy Directive 04.06.184 – Gender Dysphoria
16. Policy Directive 05.01.140 – Prison Placement and Transfer
17. Policy Directive 05.03.118 – Prisoner Mail
18. Policy Directive 05.03.130 – Prisoner Telephone Use
19. Prison Rape Elimination Act (PREA) Manual
20. Agency Organizational Chart
21. PREA Manager Position Description
22. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): that the agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policies outline how the agency/facility will implement the agency/facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency has a comprehensive PREA policy, 03.03.140. Page 1 states "this policy details the Department's zero tolerance standard toward all forms of sexual abuse and sexual harassment involving prisoners and outlines the Department's approach to preventing, detecting and responding to such conduct." Additionally, page 3 states that the Department has a

zero tolerance for sexual abuse and sexual harassment of prisoners. Pages 2-3 include the definitions of sexual abuse and sexual harassment and prohibited behavior. Pages 6-7 include the sanctions and process for those found to have participated in prohibited behaviors. 03.03.140 outlines the strategies and response to preventing, detecting and responding to sexual abuse and sexual harassment. In addition to 03.03.140 the agency has numerous other policies that touch on different actions for prevention, detection and response. These policies include: 01.01.140, 02.03.100, 02.06.111, 03.02.105, 03.02.130, 03.03.105, 03.03.145, 03.04.100, 03.04.105, 03.04.125, 04.04.100, 04.04.110, 04.05.120, 04.06.184, 05.03.118 and 05.03.130. Further, the agency has developed the PREA Manual, which outlines procedures and best practices to prevent, detect and respond to sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCMs, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator that has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. 03.03.140, pages 3-4 state the PREA Manager, within the Budget and Operations Administration (BOA), oversees and coordinates the efforts of the MDOC to comply with Federal PREA standards, including assisting with the development and implementation of policy, and maintains a PREA Manual that shall be reviewed and updated as needed. The manual shall be consistent with PREA standards and outline methods consistent with maintaining PREA compliance. The agency's organizational chart reflects that the PC position (also known as PREA Manager) is an upper-level position and is agency-wide. The organization chart confirms the PC is the PREA Administrator. The PC reports to the State Office Administrator who reports to the Deputy Director. In addition to the PREA Coordinator, the MDOC employs PREA Analysts that assist with ensuring facility and agency PREA compliance. The PREA Analysts are responsible for a region of the state and conduct site visits and review facility documentation. They forward any issues or concerns to the PREA Coordinator to address. In addition to the organizational chart, the PC position description states the PC position assists Department Administrators and staff by developing and overseeing the Department's written policies which establish a zero tolerance of all forms of sexual abuse and sexual harassment of all prisoners and outlining the Department's approach to preventing, detecting and responding to such conduct. This position independently manages and oversees the federal Prisoner Rape

Elimination Act (PREA) on a statewide level. This position is responsible for monitoring all aspects of Policy Directive 03.03.140, Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners. This position also budgets for federal PREA grant funding and training opportunities, while conducting and coordinating the PREA audits of all MDOC prisons/correctional facilities and other state partners. The interview with the PC indicated he has enough time to manage all of his PREA related responsibilities. He stated there are 27 agency facilities and each facility has a PCM and a backup. He stated he also has three PREA Analysts that are utilized to funnel all information from the PREA office to the facilities. He indicated most of the communication from the PREA office is done by filtering it through the PREA Analyst responsible for the region. He stated each facility is considered and each facility's needs are considered. The PC further stated that if he identifies an issue complying with a PREA standard he typically tries to accomplish the task of being the technical assistance provider since he is considered the subject matter expert. He stated he would work to help interpret the standard appropriately and share any insight related to the issue/concern. The PC indicated he would stay in touch with the facilities and consult with them on different levels related to the issue (i.e. physical plant maintenance, mental health, etc.). He further stated the agency can reach out to the PREA Resource Center, the Department of Justice and other state agencies for assistance is needed.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's effort to comply with the PREA standards. The facility has two staff members responsible for ensuring PREA compliance. A review of the facility organization chart confirms that the staff member reports directly to the Warden and the PREA Analyst. The interview with the PREA Compliance Manager indicated she does not have sufficient time to coordinate the facility's effort to comply with PREA. She indicated with all her other responsibilities there is not enough time. The PCM indicated that because she is over the housing units she helps with risk assessments and reassessments and that she also has a partner that assists when she is unable to complete tasks. The PCM further stated that if she identifies an issue complying with a PREA standard she would implement corrective action, either herself or through the chain of command.

Based on a review of the PAQ, 03.03.140, 01.01.140, 02.03.100, 02.06.111, 03.02.105, 03.02.130, 03.03.105, 03.03.110, 03.03.130, 03.03.145, 03.04.100, 03.04.105 03.04.125, 04.04.100, 04.04.110, 04.05.120, 04.06.184, 05.03.118 the PREA Manual, the organizational charts, the position description and information from interviews with the PC and PCM this standard appears to be compliant.

Recommendation

While the facility appears to be able to adequately follow the sexual abuse prevention, detection and response policies and procedures, the PCM indicated she

	<p>did not have enough time to manager her responsibilities and as such it is recommended that the facility provide additional staff to assist the PCM or reduce her other duties.</p>
--	--

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contracts with Eaton County 3. Contract with Ingham County and Ingham County Sheriff’s Office <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency’s Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit and that all of the contracts require the contractor to adopt and comply with PREA Standards. The PAQ stated there have been two contracts entered into or renewed since the last PREA audit. A review of the contract with Eaton County and Ingham County confirmed that they require the contractor and personnel to comply with the Final Rule of the Prison Rape Elimination Act (PREA) and all applicable PREA standards. The contracts also states that the contractor must subject itself to a DOJ PREA audit at least once every three years beginning August 20, 2013. Further the contracts indicates that the State Contract Monitor will conduct regular monitoring of all contract related activities.</p> <p>115.12 (b): The PAQ stated that all of the above contracts require the agency to monitor the contractor’s compliance with PREA standards. A review of the contract with Eaton County and Ingham County confirmed that they require the contractor and personnel to comply with the Final Rule of the Prison Rape Elimination Act (PREA) and all applicable PREA standards. The contracts also states that the contractor must subject itself to a DOJ PREA audit at least once every three years beginning August</p>

20, 2013. Further the contracts indicates that the State Contract Monitor will conduct regular monitoring of all contract related activities. The interview with the Agency Contract Administrator indicated that when they enter into or renew a contract or they complete a contract extension they ensure that PREA language is included in the contract. He stated they ensure that the language is current and accurate. He further stated that the contract monitoring unit also does site reviews to ensure that the agencies are doing and following the PREA compliance requirements. The Agency Contract Administrator stated there is a three year audit cycle and when they conduct the site reviews they make sure they are PREA compliant during that audit cycle. He stated they ensure a certified auditor comes out to do the audit and that the agency provides their schedule for the audit and their audit result. The Agency Contract Administrator confirmed that all agencies have had a PREA audit and results were provided to MDOC.

Based on the review of the PAQ, agency contracts and the interview with the Contract Administrator, this standard appears to be compliant.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 04.04.100 - Custody, Security and Safety Systems (Exempt) 3. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 4. Prison Rape Elimination Act (PREA) Manual 5. Lakeland Correctional Facility Staffing Plan 6. PREA Annual Staffing Plan Review - CAJ-1027 7. Log of Unannounced Rounds <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager

3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The PREA Manual, pages 20 and 21 state that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with the staffing plan. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The PAQ indicated that the current staffing plan is based on 1220 inmates and the average number of inmates since the last PREA audit is 1260. The facility employs 250 staff. Security staff mainly make up three shifts, day shift works from 6am-2pm, evening shifts works 2pm-10pm and morning shift works from 10pm-6am. A review of the staffing roster indicates that each shift has numerous supervisors, including a Shift Supervisor. Correctional Officers are assigned to housing units and common areas throughout the facility. Further review of the staffing plan development and review process narrative indicates that the facility considers all the required elements under this provision. The staffing plan is a 42 page document where three pages are dedicated to describe the process for each element under this provision. During the tour the auditor confirmed that facility follows a staffing plan. There was at least one security staff member in each housing unit for a total of two security staff per building. Additionally, each housing unit had at least one non-security unit management/classification staff during business hours. Additional staff were present in program, work and common areas. While not all program, work and common areas had a staff member directly assigned, routine security checks were required in each area. Informal conversation with staff confirmed that they have enough staff and that there is not overcrowding. Staff stated they make rounds every hour and that

supervisors make rounds a few times a day. Informal conversation with inmates also confirmed that staff make rounds consistently in the housing units and supervisors are in the units at least once or twice a day. During the tour the auditor observed a blind spot in maintenance. The storage shelving in maintenance created a blind spot in a corner and while there are minimal inmates that work in the area, the blind spot still needed addressed. During the interim report period the facility provided two photos confirming that they had added mirrors to the maintenance area and alleviated the blind spot. Additionally, during the tour the auditor observed cameras in each housing unit and in most work, program and common areas. Cameras are monitored by the staff in central control. Administrative staff can also view the cameras remotely. The auditor determined that the facility utilizes video monitoring technology as a supplement to staffing and not a replacement. Video monitoring technology is utilized to cover blind spots and high traffic areas. The interview with the Warden confirmed that the facility has a staffing plan and the plan provides adequate staffing levels to protect inmates from sexual abuse. She stated there are at least two officers per housing unit and that staff work the yard and other areas to ensure there are not any blind spots or areas without coverage. The Warden confirmed video monitoring is part of the staffing plan and that a copy of the staffing plan is in his office. She further confirmed that all elements under this provision are included in the staffing plan. She indicated if a large number of prisoners were participating in a program they would have additional staff for that program. She stated that there are more staff on the day shifts when there is more prisoner movement and that all the housing units are staffed the same since all have identical physical plant. The Warden indicated that he checks for compliance with the staffing plan through rounds and through conversation with staff and prisoners. He also stated that the facility has staffing sheets and he reviews these to make sure there were not any closed assignments. The PCM stated she is typically not involved in the staffing plan. She confirmed though that the elements under this provision are included in the staffing plan. She stated they ensure staffing is adequate for rounds and they check visibility and security during those rounds. She confirmed they have not had any findings of inadequacies and that they often follow best practices when it comes to staffing. She confirmed physical plant is considered and they have not changed the physical plant. The PCM stated that type of inmate housed at the facility is considered in the plan and that there are a particular number of supervisors on each shift. Additionally, she stated programs occur on first and second shift because that is when they have the most staffing. The PCM stated for safety and well-being there are adequate staff for coverage.

115.13 (b): The PAQ stated each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ did not indicate the most common reasons for deviations. The PREA Manual, page 21 indicates that all deviations from the staffing plan are required to be documented with justification for the deviations. Further communication with the staff indicated this provision is not applicable as the facility never deviates from the staffing plan. The Warden stated that the facility does not deviate from the staffing plan. She stated

that the only way there would be deviations is if the actual building was closed. A post is filled by a staff member if it is open and as such they always follow the staffing plan.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. The PREA Manual, page 21, describes the required annual review. The facility utilizes CAJ-1027 for the annual staffing plan review. The form includes a check box for all the required elements under provision (a) as well as a comments section related to response. A second section includes information related to adjustments to video monitoring systems and other monitoring technology and a final section includes whether adjustments are needed to available resources. The staffing plan was most recently reviewed on October 4, 2022 by the Warden, PCM and PC. The plan was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan was previously reviewed on December 13, 2021. The PC confirmed that he is consulted with regard to each facility's staffing plan. He stated they have an annual staffing plan review that is done. The PC stated there is form for the annual review and they also look through the complete staffing plan. He stated it is done at least annually, but that the facilities also reach out to him more often related to improvements, questions, thought, etc. in reference to the staffing plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented, they cover all shifts and the facility prohibits staff from alerting other staff of the conduct of such rounds. 04.04.100, pages 6 and 7, indicate that rounds are required on each shift monthly by the Warden, Assistant Wardens and weekly by Shift Commanders. Additionally, policy prohibits staff from alerting other staff members that unannounced supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility. Additionally, 03.03.140, page 4 states each Warden shall take reasonable measures to eliminate prisoner access to secluded areas of the facility. This includes conducting rounds of such areas as set forth in PD 04.04.100 "Custody, Security, and Safety Systems (Exempt)." A review of the PAQ supplemental documentation indicated that unannounced rounds were conducted by administrative staff, mostly on first and second shift. Informal conversation with staff confirmed that they have enough staff and that there is not overcrowding. Staff stated they make rounds every hour and that supervisors make rounds a few times a day. Informal conversation with inmates also confirmed that staff make rounds consistently in the housing units and that that supervisors are in the units at least once or twice a day. Interviews with intermediate-level or higher-level facility staff confirm that they make unannounced rounds and that the unannounced rounds are documented. Two supervisor stated that they

ensures staff don't notify one another that they are making rounds by reminding them that alerting other staff is a violation of PREA policy. The auditor requested documentation for five randomly selected days to review unannounced rounds on all three shifts. The facility provided documentation for the requested days with additional rounds during other days in the same week. While unannounced rounds were documented consistently across all housing units on the 6:00am-2:00pm shift and the 2:00pm-10:00pm shift, the documentation indicated there were very few unannounced rounds completed on the 10:00pm-6:00am shift on the selected days.

Based on a review of the PAQ, 04.04.100, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, Lakeland Correctional Facility Staffing Plan, PREA Annual Staffing Plan Review - CAJ-1027, Log of Unannounced Rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level facility staff, this standard appears to require corrective action. The auditor requested documentation for five randomly selected days to review unannounced rounds on all three shifts. The facility provided documentation for the requested days with additional rounds during other days in the same week. While unannounced rounds were documented consistently across all housing units on the 6:00am-2:00pm shift and the 2:00pm-10:00pm shift, the documentation indicated there were very few unannounced rounds completed on the 10:00pm-6:00am shift on the selected days.

Corrective Action

The facility will need to provide additional documentation related to unannounced rounds being conducted across all housing units on the 10:00pm-6:00am shift.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Unannounced Rounds

The facility provided the originally requested documentation related to unannounced

	<p>rounds on the 10:00pm-6:00pm shift. The documentation showed unannounced rounds were made by intermediate or higher level supervisors in each housing unit on the date requested or a date within the same week.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.14	Youthful inmates
---------------	-------------------------

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.145 - Housing Youth 3. Policy Directive 05.01.140 - Prison Placement and Transfer 4. Prison Rape Elimination Act (PREA) Manual 5. Agency Website with Facility Description 6. Population Age Report <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ stated that the facility does not prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area or sleeping quarters because the facility does not house youthful inmates. A review of the agency website confirmed that Cooper Street Correctional Facility houses males inmates eighteen and over. 05.01.140, page 5 states all prisoners who are under eighteen 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 the CFA 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. 03.03.145, pages 1-2 state a youth shall not be placed in a housing unit in which they will have sight,</p>

sound, or physical contact with any adult prisoners age 18 or older. If a youth is outside of the TCF or WHV housing units designated for youth, including at WCC and in the youth yard at TCF, staff shall provide direct supervision at all times. Direct supervision requires that a staff member always have both visual and sound observation of a youth. No youth shall be allowed in a bathroom or shower when adult prisoners are present in the bathroom or shower, even if there is direct supervision. The PREA Manual, page 12 states 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 eighteen 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: remain sight, sound and physically separated from adult prisoners, or 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. The PAQ stated there were zero youthful inmates housed at the facility during the previous twelve months. A review of the current population age report confirmed there were zero inmates under the age of eighteen housed at the facility.

115.14 (b): The PAQ stated the facility does not maintain sight, sound and physical separation between youthful inmates and adult inmates in areas outside the housing units because the facility does not house youthful inmates. A review of the agency website confirmed that Cooper Street Correctional Facility houses males inmates eighteen and over. 05.01.140, page 5 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 the CFA 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. 03.03.145, pages 1-2 state a youth shall not be placed in a housing unit in which they will have sight, sound, or physical contact with any adult prisoners age 18 or older. If a youth is outside of the TCF or WHV housing units designated for youth, including at WCC and in the youth yard at TCF, staff shall provide direct supervision at all times. Direct supervision requires that a staff member always have both visual and sound observation of a youth. No youth shall be allowed in a bathroom or shower when adult prisoners are present in the bathroom or shower, even if there is direct supervision. The PREA Manual, page 12 states 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 eighteen 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: remain sight, sound and physically separated from adult prisoners, or 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. The PAQ stated there were zero youthful inmates housed

at the facility during the previous twelve months. A review of the current population age report confirmed there were zero inmates under the age of eighteen housed at the facility.

115.14 (c): The PAQ stated the facility does not document the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. It further indicated there were zero youthful inmates placed in segregated housing to comply with this provision because the facility does not house youthful inmates. A review of the agency website confirmed that Cooper Street Correctional Facility houses males inmates eighteen and over. 05.01.140, page 5 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 the CFA 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. 03.03.145, pages 1-2 state a youth shall not be placed in a housing unit in which they will have sight, sound, or physical contact with any adult prisoners age 18 or older. If a youth is outside of the TCF or WHV housing units designated for youth, including at WCC and in the youth yard at TCF, staff shall provide direct supervision at all times. Direct supervision requires that a staff member always have both visual and sound observation of a youth. No youth shall be allowed in a bathroom or shower when adult prisoners are present in the bathroom or shower, even if there is direct supervision. T The PREA Manual, page 12 states 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 eighteen 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: remain sight, sound and physically separated from adult prisoners, or 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. he PAQ stated there were zero youthful inmates housed at the facility during the previous twelve months. A review of the current population age report confirmed there were zero inmates under the age of eighteen housed at the facility.

Based on a review of the PAQ, 03.03.145, 05.01.140, the Prison Rape Elimination Act (PREA) Manual, the Agency Website with the Facility Description and the Population Age Report this standard appears to be not applicable and as such compliant.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)
3. Policy Directive 04.04.110 – Search and Arrest in Correctional Facilities
4. Policy Directive 04.06.184 – Gender Dysphoria
5. Prison Rape Elimination Act (PREA) Manual
6. MDOC Computer Based Training (CBT) – Sexual Abuse and Sexual Harassment in Confinement
7. Custody and Security in Corrections – Searches
8. Personal Searches: The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public Instructors’ Module
9. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Privacy Barriers
2. Opposite Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility conducts cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. Further communication with the PCM indicated that this was incorrectly marked yes and that the facility does not

conduct cross gender strip or cross gender visual body cavity searches of inmates. 04.04.110, page 5 states medical personnel who perform a body cavity search need not be of the same sex as the prisoner being searched. However, all other persons who are present during the search shall be of the same sex as the prisoner and there always shall be at least one staff member present who is the same sex as the prisoner being searched. Page 4 states a strip search shall be performed only by employees of the same sex as the prisoner being searched. A strip search also 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 available. Further page 6 states staff conducting full-body scanner searches shall be the same sex as the prisoner being searched. The current MDOC policy and procedure related to searches indicates that transgender searches are conducted based on the gender of the facility where the inmate is housed. Additionally, the agency do not currently recognize inmates as transgender unless they are diagnosed with gender dysphoria. As such, searches of transgender and intersex inmates under current policy and procedure does not comply with the requirements under the PREA Resource Center's frequently asked questions related to the options for transgender and intersex inmate searches.

115.15 (b): The PAQ indicated that the facility does not permit cross gender pat down searches of female inmates, absent exigent circumstances because the facility does not house female inmates. 04.04.110, page 4 states 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. There were no cisgender females housed at the facility over the audit period, however the agency as a whole does house transgender females at male facilities, including Cooper Street. There were zero transgender females at the facility during the on-site portion of the audit and as such none were interviewed. The current MDOC policy and procedure related to searches indicates that transgender searches are conducted based on the gender of the facility where the inmate is housed. Additionally, the agency does not currently recognize inmates as transgender unless they are diagnosed with gender dysphoria. As such, searches of transgender and intersex inmates under current policy and procedure do not comply with the requirements under the PREA Resource Center's frequently asked questions related to the options for transgender and intersex inmate searches.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented.

Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 04.04.110, page 5 states a written report identifying the employees involved in a strip search and the reason for the search shall be submitted to the Warden by the end of the shift after which the search occurred. If the search was performed by or in the presence of an employee of the opposite sex as the prisoner being searched, the reason it was performed by that employee also shall be included in the report. Additionally, it states a written report of the search shall be completed as soon as possible but not later than the end of the shift after which the search occurred. The Strip Search/Body Cavity Search Report (CAJ-289) shall be used for this purpose. There were no cisgender females housed at the facility over the audit period, however the agency as a whole does house transgender females at male facilities, including Cooper Street. There were zero transgender females at the facility during the on-site portion of the audit and as such none were interviewed. The current MDOC policy and procedure related to searches indicates that transgender searches are conducted based on the gender of the facility where the inmate is housed. Additionally, the agency does not currently recognize inmates as transgender unless they are diagnosed with gender dysphoria. As such, searches of transgender and intersex inmates under current policy and procedure do not comply with the requirements under the PREA Resource Center's frequently asked questions related to the options for transgender and intersex inmate searches. Additionally, currently searches by male staff of transgender females housed at male facilities are not documented as a cross gender search.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. The PAQ further stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. 03.03.140, page 4 states each Warden shall ensure the facility's physical plant layout enables prisoners to shower, perform bodily functions, and change clothing without nonmedical employees of the opposite gender viewing the prisoner's breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Instances of cross-gender viewing in exigent circumstances shall be documented in writing to the Warden and retained for auditing purposes. Policy further states for facilities housing male offenders, female employees must announce their presence each time they enter a prisoner housing unit. Employees must knock on the most interior door and announce in a loud clear voice, "female(s) in the area" before entering. Additionally, it states for facilities housing female offenders, male employees must announce their presence each time they enter a prisoner housing unit. Employees must knock on the most interior door and announce in a loud clear voice, "male(s) in the area" before entering. Also, at facilities housing female offenders, employees shall follow procedures outlined in WHV OP 03.03.140 "Prohibited Sexual Conduct Involving Prisoners." A review of the

PAQ supplemental documentation indicates the facility has signs that instruct staff of the opposite gender to knock on the most interior door of the building and announce "Male/Female in the Area" in a loud clear voice prior to entering the housing unit. With regard to cross gender viewing, the auditor confirmed during the tour that each general population housing unit provides privacy to inmates through doors and curtains. The auditor viewed that the housing units had a shared restroom which included single person showers with curtains and enclosed toilets with doors. The auditor observed that two urinals were visible from the doorway, however there were additional urinals and all toilets that could be utilized. A review of the video monitoring system confirmed that none of the cameras in the general population housing units showed areas where inmates would shower, use the restroom or change their clothes. Two holding cells in medical were equipped with cameras. The auditor confirmed that the monitoring screen had a black box over the toilet area to allow for privacy from the control staff and administrative staff of the opposite gender. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor confirmed that strip searches for visitation and intake were conducted in the same area. The space had a solid door with a small window that contained an opaque film. Additionally, the auditor observed that the gate house had a strip search area for those that go outside the facility. The strip search area had walls and only male staff work the gatehouse. During the tour the auditor heard the opposite gender announcement each time the audit team entered the inmate housing units. The announcement was made verbally upon entry into the units and then again over the loud speaker once inside the unit. The facility provides hearing aids for inmates with a hearing impairment in order for them to hear the opposite gender announcement. Informal conversation with staff and inmates confirm that the opposite gender announcement is typically made by female staff. The seventeen random staff stated that inmates have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all seventeen stated that staff of the opposite gender announce when entering housing units. Interviews with 40 inmates indicated that all 40 have privacy when showering, using the restroom and changing their clothes. Additionally, 21 of the 40 inmates stated that opposite gender staff announce when entering housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 04.06.184, page 2, 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 conversations with the prisoner, by reviewing medical records or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner. A review of the MDOC CBT training confirms that staff are informed of this prohibition of page 47. Interviews with seventeen staff indicated fourteen were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the

inmate's genital status. There were zero transgender and intersex inmates at the facility during the onsite portion of the audit and as such no interviews were conducted.

115.15 (f): The PREA Manual, page 10, indicates that custody staff are trained on how to conduct cross gender searches and searches of transgender, intersex and gender dysphoric prisoners in a professional and respectful manner. 04.06.184, page 2 states when a search of a prisoner is required, it must be performed in a professional and respectful manner, consistent with the security needs of the Department and in accordance with PD 04.04.110, "Search and Arrest in Correctional Facilities." The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of training documents indicated that the agency has two training that address searches, Custody and Security in Corrections - Searches and the Personal Searches: The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public Instructors' Module. The Custody and Security in Corrections - Searches training covers the different types of searches and the proper techniques for searches. The training discusses the universal search process for both males and females. The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public Instructors' Module also describes types of searches and techniques for searches. Additionally, it includes an hour of training on transgender searches. Interviews with seventeen staff indicated that all seventeen had received training on cross gender searches and searches of transgender and intersex inmates. A review of a sample of nineteen staff training records indicated that eighteen had received the search trainings.

Based on a review of the PAQ, 03.03.140, 04.04.110, 04.06.184, The Prison Rape Elimination Act (PREA) Manual, Personal Searches: The Application of Search Procedures for Employees, Prisons, Gender Identify Disorder Prisoners and the Public Instructors' Training, Staff Training Records, observations made during the tour as well as information from interviews with random staff and random inmates indicates this standard appears to require corrective action. The current MDOC policy and procedure related to searches indicates that transgender searches are conducted based on the gender of the facility where the inmate is housed. Additionally, the agency does not currently recognize inmates as transgender unless they are diagnosed with gender dysphoria. As such, searches of transgender and intersex inmates under current policy and procedure do not comply with the requirements under the PREA Resource Center's frequently asked questions related to the options for transgender and intersex inmate searches. Additionally, currently searches by male staff of transgender females housed at male facilities are not documented as a cross gender search.

Corrective Action

The agency will need to develop a process for identify individuals as transgender, regardless of their mental health diagnosis. Additionally, the agency will need to develop a process for searches of transgender and intersex inmates as outlined by the PREA Resource Center. Once the process are established, the agency will need to provide the auditor with a memo describing procedures. Additionally, the information will need to be added to policy/procedure and a copy will need to be provided to the auditor. All staff will need to be trained on the updated policy/procedure and confirmation will need to be provided of the training.

V

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Policy Update Notification
2. Updated Policy Directive 04.04.110 - Search and Arrest in Correctional Facilities
3. Staff Training Curriculum on Updates
4. Staff Training

The agency provided the policy update notification that was sent from the Agency Head to all MDOC staff regarding searches of transgender and intersex individuals. The notification advised that strip and full-body scanner searches must be completed by a staff member with the same gender as the prison unless there is a documented exigent circumstance. Pat-down and clothed body searches at male facilities may still be conducted by male or female staff, unless there is an approved search accommodation requiring searches only be conducted by female staff. All pat-down searches and clothed body searches at the women's facility will continue to be conducted by female staff, regardless of the prisoner's gender identity. Prisoners requesting a search accommodation must submit a request that will be reviewed under the new process. Additionally, the notification advised that the GDRC will change its name to the Gender Review Committee (GRC), which will now handle management plans for all eligible prisoners, not simply those with a gender dysphoria diagnosis.

	<p>The facility provided the updated agency policy related to searches. Page 3 was updated to advise that cross gender searches of female prisoners, including a prison who identifies as female with a search accommodation are prohibited. Page 4 was updated to state that pat-down and clothed body searches of female prisoners, including a prison who identifies as female with a search accommodations, shall only be conducted by female staff. Page 7 was updated to state that full body scanner searches shall be conducted by staff of the same gender, including a prisoner with a search accommodation. Further pages 11-12 outline the search accommodation process for pat down searches, strip searches and full body scanner searches.</p> <p>The facility further provided the online training module that was sent out to staff. The training module included the updated policy information, the form that is utilized for the accommodations, frequently asked questions related to the updated policy and a quiz to confirm understanding. The facility provided confirmation that over 70% of the staff had completed the online training module and indicated the training would continue until 100% was complete.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. Prison Rape Elimination Act (PREA) Manual 4. Prisoner Orientation Guidebook 5. Michigan Department of Corrections PREA Video 6. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment - A Guide for Prisoners (Brochure)

7. Global Interpreting Services, LLC Purchase Order

8. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interview with LEP and Disabled Inmates
3. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posted Information
2. Use of Global Interpreting Services, LLC.

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. The PREA Manual, page 18 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. A review of the Orientation Guidebook, PREA Posters, the Brochure and other PREA information confirmed that they are available in bright colors, larger font and in Braille. Additionally, the PREA education video is available with closed captioning. The Agency Head Designee confirmed that the agency has established procedures to provide disabled and LEP inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and response to sexual abuse and sexual harassment. He stated the Brochures, Posters and Handbooks are updated and available in accessible formats. He stated the PREA video has closed captioning and that they also have a hotline that they can utilize for interpretation. The Agency Head Designee also indicated that staff are trained on the numerous methods inmates can report sexual abuse. He further stated that the agency is getting a new system for the hard of hearing that has light and paging capabilities. Interviews with eight disabled inmates indicated seven were provided PREA information in a format that they could. A review of documentation for eight disabled inmates indicated all eight had signed that they received PREA education.

Two of the inmates had received it prior to 2013 and as such the auditor advised the facility that they would need to be sent back through the education as required under 115.33. During the tour the auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The PREA Reporting Poster was observed in English and Spanish on larger size paper. Posters were fixed to the officer's station wall and were observed on bulletin boards in the housing unit dayrooms. The Just Detention International (JDI) Poster was also observed in each housing unit. The JDI Poster was in English and Spanish on larger size paper. The JDI Posters were observed on the wall of the officer's station as well as on some of the bulletin board in the dayrooms. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency 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. The PREA Manual, page 18 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. The facility has a purchase order with Global Interpreting Services, LLC. This organization provides interpretive services when needed. A review of the Prisoner Orientation Guidebook, PREA Posters, the Brochure and other PREA information confirmed they are available in English and Spanish. Additionally, the PREA education video, specifically the PREA What You Need to Know section is available in English and Spanish. During the tour the auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The PREA Reporting Poster was observed in English and Spanish on larger size paper. Posters were fixed to the officer's station wall and were observed on bulletin boards in the housing unit dayrooms. The Just Detention International (JDI) Poster was also observed in each housing unit. The JDI Poster was in English and Spanish on larger size paper. The JDI Posters were observed on the wall of the officer's station as well as on some of the bulletin board in the dayrooms. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn. During inmate interviews the DOJ certified auditor support staff member tested the accessibility of the language interpretation service during LEP inmate interviews. The facility provided the support staff a phone number to call for the interpretation service. The support staff conducted the interview with the LEP inmate through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to inmates through a staff member. Interviews with four LEP inmates indicated two were provided PREA information in a format that they could understand. A review of

documentation for four LEP inmate indicated that all four signed they completed the PREA education, however three of the four signed an English acknowledgment form. Further one inmate had completed the education prior to 2013 and as such the auditor advised that the LEP inmates would need to be provided additional education under 115.33.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. The PREA Manual, page 18 states 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. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with seventeen random staff indicated that sixteen were aware of a policy prohibiting the use of inmate interpreters, readers and assistants for sexual abuse allegations. A few stated that they would utilize an inmate in extreme circumstances when no one else is available. None of the seventeen were aware of a time an inmate was utilized to interpret, read or provide assistance. Interviews with eight disabled inmates and four LEP inmates indicated none were provided assistance via another inmate.

Based on a review of the PAQ, 03.03.140, Prison Rape Elimination Act (PREA) Manual, Prisoner Orientation Guidebook, Michigan Department of Corrections PREA Video, Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment - A Guide for Prisoners (Brochure), Global Interpreting Services, LLC Purchase Order, PREA Posters, observations made during the tour, the use of Global Interpreting Services during interviews, as well as interviews with the Agency Head Designee, random staff and LEP and disabled inmates indicates that this standard appears to be compliant.

Recommendation

The auditor recommends that the agency add the language required under provision (c) to the policy in addition to the PREA Manual. Further, the auditor recommends that the facility provide continuous training with appropriate staff on the resources available for disabled and LEP inmates.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 02.06.111 - Employment Screening
3. Corrections Officer Application
4. Corrections Supervisor Application
5. Memo Related to PREA Question Process
6. PREA Background Form
7. Personnel Files of Staff
8. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the 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; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 02.06.111, page 2 states the Department shall not knowingly hire any new employee, promote any existing employee or enlist the services of any contractor who has contact with offenders and has: engaged in sexual abuse in prison, jail, lockup community confinement facility, juvenile facility or other institution; been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity by force, overt or implied threats of force or coercion, or if the victim did not

consent or was unable to consent; or been civilly or administratively adjudicated to have engaged in the activity described above. A review of the Corrections Officer and Corrections Supervisor applications indicated that there are three questions as well as an additional question about incidents of sexual abuse and sexual harassment are part of the application process (questions 9-12 for Corrections Officer and questions 12-15 for Corrections Supervisor). A review of the memo from the PREA Manager from 2019 indicated that questions related to criminal history were required to be removed from job postings. As such, the PREA questions were removed and the PREA Questionnaire form was created. This form is provided to the selected candidate prior to hire or the top three candidates prior to hire. The PREA Questionnaire form includes the required three questions as well as a question related to sexual harassment and a question asking for details related to any yes responses on the form. The auditor requested documentation for five staff hired in the previous twelve months and four contractors. At the issuance of the interim report the auditor had not yet received the requested documentation.

115.17 (b): The PAQ indicated that agency policy requires the consideration of 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. 02.06.111, page 2 states incidents of sexual harassment shall be considered in determining whether to hire anyone, enlist the services of any contractor, or promote anyone who may have contact with an offender. A review of the Corrections Officer and Corrections Supervisor applications indicated that question 12 (Officer) and question 15 (Supervisor) ask about sexual harassment incidents/allegations. A review of the memo from the PREA Manager from 2019 indicated that questions related to criminal history were required to be removed from job postings. As such, the PREA questions were removed and the PREA Questionnaire form was created. This form is provided to the selected candidate prior to hire or the top three candidates prior to hire. The PREA Questionnaire form includes a question related to sexual harassment and a question asking for details related to any yes responses on the form. The Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 02.06.111, page 2 states before hiring new employees who may have contact with offenders, the Department shall make its best effort 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. Page 3 further states a criminal history check processed through LEIN, and a background check processed by the Intelligence Unit, must be completed before hiring a new Departmental employee, a contractor, and contractor's employees. The

PAQ indicated that 40 people were hired in the previous twelve months who had a criminal background records check. The auditor requested documentation for five staff hired in the previous twelve months. At the issuance of the interim report the auditor had not yet received the requested documentation. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all applicants and that the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 02.06.111, page 2 states LEIN and background checks shall be performed on contractual employees who may have contact with an offender as set forth in Paragraphs G and H. Page 3 further states a criminal history check processed through LEIN, and a background check processed by the Intelligence Unit, must be completed before hiring a new Departmental employee, a contractor, and contractor's employees. The PAQ indicated there were 35 contracts for services where a criminal background record check was completed on all staff covered in the contract that might have contact with inmates. The auditor requested documentation for four contractors. At the issuance of the interim report the auditor had not yet received the requested documentation. Human Resource staff stated that they do not conduct background checks on contractors, but that central office staff do.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 02.06.111, page 4 states once every three years criminal history checks shall be processed through LEIN for all MDOC employees. However, this does not preclude the MDOC from conducting a LEIN check at any time within the three-year period, if determined necessary. Contractors and contractor's employees who have contact with prisoners at CFA facilities shall have an annual criminal history check processed through LEIN. The auditor requested documentation related to four staff who were employed longer than five years. None of the contractors were employed longer than five years. At the issuance of the interim report the auditor had not yet received the requested documentation. The interview with the Human Resource staff member indicated that a criminal background records check is completed through general questions asked and through the LIEN check. The Human Resource staff further confirmed the agency has a system in place to conduct criminal background records check every five years.

115.17 (f): 02.06.111, page 2 states the Department shall ask all applicants, including existing employees applying for positions within the Department, who may have direct contact with an offender in the position for which they are applying, about previous misconduct as described in this paragraph and in Paragraph G, either in

written applications and/or during the interview process. engaged in sexual abuse in prison, jail, lockup community confinement facility, juvenile facility or other institution; been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent; or been civilly or administratively adjudicated to have engaged in the activity described above. A review of the Corrections Officer and Corrections Supervisor applications indicated that these three questions as well as an additional question about incidents of sexual harassment are part of the application process (questions 9-12 for Corrections Officer and questions 12-15 for Corrections Supervisor). A review of the memo from the PREA Manager from 2019 indicated that questions related to criminal history were required to be removed from job postings. As such, the PREA questions were removed and the PREA Questionnaire form was created. This form is provided to the selected candidate prior to hire or the top three candidates prior to hire. The PREA Questionnaire form includes the required three questions as well as a question related to sexual harassment and a question asking for details related to any yes responses on the form. The auditor requested documentation for five staff hired over the previous twelve months and two staff that were promoted over the previous twelve months. At the issuance of the interim report the auditor had not yet received the requested documentation. The interview with the Human Resource staff indicated she was not sure about whether these questions were asked. She did say that the agency imposes a continuing duty to disclose any previous such misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. PD 02.06.111, page 2 states falsification or omissions of any information given by an applicant for employment during employment screenings may result in removal from employment consideration and, if discovered after hire, may result in termination of employment.

115.17 (h): The Human Resource staff member indicated that the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment when requested but the would need the employees consent.

Based on a review of the PAQ, 02.06.111, Corrections Officer Application, Corrections Supervisor Application, Memo Related to PREA Question Process, PREA Background Form, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. The auditor requested documentation for five staff hired in the previous twelve months and four contractors. At the issuance of the interim report the auditor had not yet received the requested documentation. The auditor requested documentation related to four staff who were employed longer than five years. None of the contractors were employed longer than five years. At the issuance

of the interim report the auditor had not yet received the requested documentation. The auditor requested documentation for five staff hired over the previous twelve months and two staff that were promoted over the previous twelve months. At the issuance of the interim report the auditor had not yet received the requested documentation. The interview with the Human Resource staff indicated she was not sure about whether these questions were asked. Additionally, the Human Resource staff member indicated that the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment when requested but they would need the employees consent.

Corrective Action

The facility will need to provide the requested documentation for the staff hired in the previous twelve months, the contractors, the staff employed longer than five years and the staff promoted over the previous twelve months. Additionally, the facility will need to provide appropriate training to the Human Resource staff member related to the process for the PREA Questionnaire and providing other law enforcement agencies information on substantiated sexual abuse and sexual harassment incidents. Confirmation of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Personnel Documentation
2. Contractor Criminal Background Record Checks.
3. Examples of Prior Institutional Checks for Agency New Hires
4. Training Email on PREA Questions Prior to Promotion
5. PREA Questions Prior to Promotion Examples
6. Clarification Documentation Related to Providing Other Agencies Information
7. Examples of Information Provided to Other Agencies

The facility provided the requested criminal background record checks for the staff and contractors. All had a criminal background records check completed prior to hire/enlisting services. The facility also provided the applications and PREA questions for the originally requested new hires. All had completed the PREA questions prior to hire. One staff member was identified as working in a prior institution providing programming services. The agency was unable to locate documentation confirming they had completed the required prior institutional checks. The agency indicated this is a practice that is consistently done and the documentation was just missing. The auditor requested documentation related to this process to show it is a systematic process. The facility did not have any new hires during the corrective action period that required prior institutional checks, but the agency as a whole did. Because all criminal background record checks and hiring is completed at the agency level the auditor accepted documentation from staff hired at other facilities across the agency. The agency provided three examples of staff that were recently hired (but had not started yet) that showed the prior institutional checks via a document that was sent to the agency for response.

The facility provided the requested documentation for five year criminal background record checks. All but one were completed within the five year timeframe. The one that was not was current and had been completed in 2023.

The facility was unable to provide the requested PREA questions prior to promotion. The agency provided a training memo that was sent from the PC to Human Resource staff that described the process and requirement for having staff complete the PREA questions prior to promotion. This was sent to Human Resource staff on July 6, 2023. The facility provided documentation of three staff that were promoted during the corrective action period. All three had completed the PREA questions prior to promotion.

The agency provided clarification related to the facility Human Resource staff interview. Information related to prior sexual abuse investigations and resignations during investigation are provided at the agency level, not at the facility level. As such, the facility staff would not be aware of the correct process. The agency provided the auditor with five examples showing that they provide this information as outlined in the standard.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Manual
3. Project Review and Approval - CAH-135
4. Asset Change Requests

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. The PREA Manual indicated on page 21 that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing, the effects of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered. A review of documentation indicated there were three small modifications to the facility. In all three instances PREA was considered in the review. The documentation included a check box indicating PREA was considered as well as a text box to indicate any PREA concerns related to the modification. Additionally, a review of CAH-135 confirms that PREA is considered on any project review and approval. A checkbox is included in the form to confirm that staff considered PREA implications related to the modification. During the tour the auditor did not observe any substantial modification to the existing facility. The interview with the Agency Head Designee indicated that

the agency considers all the different aspects of PREA contributing to modifications, expansions and new construction. He indicated that the PREA unit has staff that are involved in the process and they try to funnel all information through that unit to ensure all aspects are met. He further stated they consider the inmate population in the modifications, including male, female and juvenile inmates. The Agency Head Designee also indicated that the agency follows the PREA standards and what it asks for and as such they do walk through to look at areas, they look at blind spots and they determine areas that cameras may be needed. The interview with the Warden indicated they have not made any substantial modifications to the facility since the last PREA audit. She did state that they created officer's stations in a few of the housing units and when they did that they reviewed the view from the officer's station into the bathroom and they placed barrier film on the window to ensure adequate privacy.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. The PREA Manual indicated on page 21 that when installing or updating a video system, electronic surveillance system or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered. A review of documentation confirmed that the facility has a current video monitoring technology project. The facility had a meeting related to the project in March 2023. The cameras are being installed to enhance safety and security at the facility. The interview with the Agency Head Designee confirmed that when installing and updating video monitoring technology they consider how the technology will enhance their ability to protect inmates from sexual abuse. He stated new technology is new for a reason, it enhances the older version. He stated they put up mirrors in areas as well as an inexpensive fix. Additionally, he stated that they try to include cameras in different functions of the institutions (i.e. tasers and body cameras). He indicated the agency implement video monitoring technology as much as possible. During the tour the auditor observed cameras in each housing unit and in most work, program and common areas. Cameras are monitored by the staff in central control. Administrative staff can also view the cameras remotely. As such the auditor determined that the facility utilizes video monitoring technology as a supplement to staffing and not a replacement. Video monitoring technology is utilized to cover blind spots and high traffic areas. The interview with the Warden confirmed that when they update or install video monitoring technology they consider how the technology will enhance their ability to protect inmates from sexual abuse. She stated they want to ensure that when they install any new camera system they cover any blind spots and areas where prisoners are assigned to work.

Based on a review of the PAQ, the Prison Rape Elimination Act (PREA) Manual, Project Review and Approval - CAH-135, Asset Change Requests, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 427 378">Documents:</p> <ol data-bbox="256 412 1453 1128" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 938 512">2. Policy Directive 01.01.140 - Internal Affairs <li data-bbox="256 546 954 580">3. Policy Directive 03.04.100 - Health Services <li data-bbox="256 613 703 647">4. Basic Investigator Training <li data-bbox="256 680 1070 714">5. Crime Scene Management and Preservation Training <li data-bbox="256 748 1070 781">6. Letter from the Michigan Department of State Police <li data-bbox="256 815 1453 916">7. Prison Rape Elimination Act (PREA) Forensic Examination Completed at Outside Hospital (CAJ-1020) <li data-bbox="256 949 1018 983">8. Memorandum Related to Victim Advocate Efforts <li data-bbox="256 1016 1286 1050">9. Memorandum Related to Victim Advocacy Hospital Accompaniment <li data-bbox="256 1084 799 1117">10. Victim Advocacy Training Records <p data-bbox="256 1240 416 1274">Interviews:</p> <ol data-bbox="256 1308 1054 1565" style="list-style-type: none"> <li data-bbox="256 1308 730 1341">1. Interview with Random Staff <li data-bbox="256 1375 699 1408">2. Interview with SAFE/SANE <li data-bbox="256 1442 975 1476">3. Interview with the PREA Compliance Manager <li data-bbox="256 1509 1054 1543">4. Interview with Inmates who Reported Sexual Abuse <p data-bbox="256 1666 587 1700">Findings (By Provision):</p> <p data-bbox="256 1800 1453 2058">115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations and the Michigan State Police (MSP) conduct criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol which is the institutional response plan and includes elements in the PREA response bag. The letter from the Michigan Department of State Police indicates that they are the state</p>

agency responsible for investigating criminal allegations of sexual abuse for the MDOC. The MSP follow a uniform evidence protocol as outlined in Michigan State law. 01.01.140, page 2 states internal Affairs has jurisdiction to investigate or assist in any Departmental investigation, including all allegations of employee, contractor, and offender misconduct. Generally, allegations concerning the conduct of offenders are not investigated by Internal Affairs unless it also involves allegations of employee or contractor misconduct. All allegations of prisoner misconduct are administered pursuant to 03.03.105 "Prisoner Discipline." Additionally, 03.03.140, pages 8-9 outlines information related to the administrative and criminal investigative process for sexual abuse and sexual harassment. The Department utilizes the Basic Investigator Training and the Crime Scene Management and Preservation Training for uniform evidence protocol. The trainings cover: evidence protection, crime scene management, outdoor crime scenes, first responder duties, types of evidence and how evidence is discovered. Interviews with seventeen random staff indicated that fifteen know and understand the protocol for obtaining useable physical evidence. Additionally, sixteen staff indicated that they were aware who was responsible for investigating sexual abuse allegations.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The letter from the Michigan Department of State Police indicates that they are the state agency responsible for investigating criminal allegations of sexual abuse for the MDOC. The MSP follow a uniform evidence protocol as outlined in Michigan State law. The Department utilizes the Basic Investigator Training and the Crime Scene Management and Preservation Training for uniform evidence protocol. The trainings cover: evidence protection, crime scene management, outdoor crime scenes, first responder duties, types of evidence and how evidence is discovered.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside hospital. It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations are conducted by SAFE/SANE and when SAFE/SANE are not available, qualified medical practitioners performs forensic medical examinations. Further the PAQ stated that the facility documents efforts to provide SAFE/SANE. 03.04.100, page 10 states a prisoner, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. A victim advocate shall be made available in accordance with Paragraphs FFF - KKK. Prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner. The PAQ stated that there were zero forensic exams conducted in the previous twelve months

and both were completed by a SAFE/SANE. The PAQ supplemental documentation indicated that Henry Ford Allegiance Health has a 24 hour on-call SANE and that the hospital offers victim advocates for anyone that has been sexually abused. A review of CAJ-1020 confirms that emergency room staff complete the form related to if the exam was completed, who it was conducted by (SANE/SAFE), the reason why a SANE/SAFE was not utilized (if applicable), whether the inmate was offered a victim advocate, whether the victim accepted or declined the advocate and what services the victim advocate provided (accompaniment during exam and/or emotional support/crisis intervention). A review of documentation confirmed there was one forensic examination conducted in the previous twelve months. The exam was completed at Henry Ford Allegiance Health. The interview with the staff member at Henry Ford Allegiance Health confirmed that the hospital provides forensic medical examinations and they would provide these services to any inmate transported to the hospital. The staff indicated that they currently do not have a SANE/SAFE program but that examinations are performed by trained physicians. It should be noted that Henry Ford Allegiance Health is the hospital in Jackson, Michigan.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that the efforts are documented. It further stated that if and when a rape crisis center is not available to provide a victim advocate services, the facility provides a qualified staff member from a community-based organization or qualified agency staff member. 03.03.140, page 12 states the Department shall attempt to make available a qualified victim advocate for prisoner victims of sexual abuse from a rape crisis center or community-based organization that is not part of the criminal justice system. As requested by the victim, the advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals in accordance with the PREA Manual. 03.04.100, page 10 states a victim advocate is a qualified staff member from an outside agency trained to serve in the role of a victim advocate for prisoner victims of alleged sexual abuse and has received education regarding sexual abuse and forensic examination issues. When an outside agency is not available to provide a victim advocate, a properly trained employee from the MDOC may serve in the role of a victim advocate. The Department is responsible for ensuring a victim advocate is available to perform advocacy services to all victims of sexual abuse alleged to have occurred within the past 96 hours. Each correctional facility shall attempt to contact local rape crisis centers to provide victim advocacy services. If a rape crisis center is not available to provide advocacy services, Facility staff shall contact the hospital at which the prisoner will be transported to request the hospital provide an advocate to the prisoner upon the prisoner's arrival .If the hospital cannot provide an advocate, the facility shall make available a qualified medical/mental health staff member or qualified staff member who has volunteered to provide advocacy services. As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention,

information, and referral. A review of the memo related to victim advocates (dated November 2016) outlines the victim advocacy requirement and that the facilities must attempt to first provide services through the local rape crisis center. If not available, staff are instructed to attempt to provide a victim advocate from the hospital in which the inmate will be transported, facility medical and/or mental health care staff, and/or facility staff who have volunteered to be a victim advocate. The memo further states that all medical and mental health care staff and any facility staff member who volunteered to be an advocate are required to complete fourteen courses from the Office for Victims of Crime, Training and Technical Assistance Center. Records indicate that the facility utilizes trained and qualified medical and mental health care staff as advocates. The facility did not provide documentation related to their attempt to secure a rape crisis center for victim advocacy services. A review of training records indicate that medical and mental health staff completed the Office for Victims of Crime, Training and Technical Assistance Center's core and specific courses. The PCM confirmed that if requested, a victim advocate, qualified staff member or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during the forensic medical examination process and investigatory interviews. The interview with the PCM stated that the facility asks if the victim wants an advocate, and if they do, there are advocates at the hospital. The PCM further stated that the facility also sends out information to the inmates on qualifications and services of what is offered. The interviews with the inmates who reported sexual abuse indicated that one of the three was afforded the opportunity to contact someone after the reported sexual abuse. The inmate stated the Captain let him contact anyone he wanted. A review of documentation indicated that five of the six inmates who reported sexual abuse were offered a victim advocate and declined.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 03.03.140, page 12 states the Department shall attempt to make available a qualified victim advocate for prisoner victims of sexual abuse from a rape crisis center or community-based organization that is not part of the criminal justice system. As requested by the victim, the advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals in accordance with the PREA Manual. 03.04.100, page 10 states a victim advocate is a qualified staff member from an outside agency trained to serve in the role of a victim advocate for prisoner victims of alleged sexual abuse and has received education regarding sexual abuse and forensic examination issues. When an outside agency is not available to provide a victim advocate, a properly trained employee from the MDOC may serve in the role of a victim advocate. The Department is responsible for ensuring a victim advocate is available to perform advocacy services to all victims of sexual abuse alleged to have

occurred within the past 96 hours. Each correctional facility shall attempt to contact local rape crisis centers to provide victim advocacy services. If a rape crisis center is not available to provide advocacy services, Facility staff shall contact the hospital at which the prisoner will be transported to request the hospital provide an advocate to the prisoner upon the prisoner's arrival .If the hospital cannot provide an advocate, the facility shall make available a qualified medical/mental health staff member or qualified staff member who has volunteered to provide advocacy services. As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referral. A review of the memo related to victim advocates (dated November 2016) outlines the victim advocacy requirement and that the facilities must attempt to first provide services though the local rape crisis center. If not available, staff are instructed to attempt to provide a victim advocate from the hospital in which the inmate will be transported, facility medical and/or mental health care staff, and/or facility staff who have volunteered to be a victim advocate. The memo further states that all medical and mental health care staff and any facility staff member who volunteered to be an advocate are required to complete fourteen courses from the Office for Victims of Crime, Training and Technical Assistance Center Records indicate that the facility utilizes trained and qualified medical and mental health care staff as advocates. A review of training records indicate that medical and mental health staff completed the Office for Victims of Crime, Training and Technical Assistance Center's core and specific courses. The PAQ supplemental documentation indicated that Henry Ford Allegiance Health has a 24 hour on-call SANE and that the hospital offers victim advocates for anyone that has been sexually abused. The interview with the staff from Henry Ford Allegiance Health indicated they do not have a SAFE/SANE program and they were unaware of a partnership with the local rape crisis center in providing victim advocates for forensic medical examinations The interview with the PCM stated that the facility asks if the victim wants an advocate, and if they do, there are advocates at the hospital. The PCM further stated that the facility also sends out information to the inmates on qualifications and services of what is offered. The interviews with the inmates who reported sexual abuse indicated that one of the three was afforded the opportunity to contact someone after the reported sexual abuse. The inmate stated the Captain let him contact anyone he wanted. A review of documentation indicated that five of the six inmates who reported sexual abuse were offered a victim advocate and declined. The one inmate who was not offered a victim advocate was the inmate who received a forensic medical examination. The CAJ-1020 indicated that there was not a victim advocate available and as such one was not offered to the inmate.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. The Michigan State Police are responsible for criminal investigations of sexual abuse. The letter from the Deputy

Director indicated that the Michigan State Police is the state agency responsible for investigating criminal allegations of sexual abuse in the MDOC. It also indicates that the MSP is required to comply with the Prison Rape Elimination Act standards for prisons and jails and that they are in compliance with the standards.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): Medical and mental health care staff and facility staff serve as victim advocates for the facility. These staff have specialized training through the Office of Victims of Crime, Training and Technical Assistance Center.

Based on a review of the PAQ, 01.01.140, 03.04.100, Basic Investigator Training, Crime Scene Management and Preservation Training, Letter from the Michigan Department of State Police, Prison Rape Elimination Act (PREA) Forensic Examination Completed at Outside Hospital (CAJ-1020), Memo Related to Victim Advocate Efforts, Memo Related to Hospital Accompaniment, Victim Advocacy Training Records and information from interviews with the random staff, the SAFE/SANE, the PREA Compliance Manager and the inmates who reported sexual abuse this standard appears to require corrective action. The facility did not provide documentation related to their attempt to secure a rape crisis center for victim advocacy services. The PAQ supplemental documentation indicated that Henry Ford Allegiance Health has a 24 hour on-call SANE and that the hospital offers victim advocates for anyone that has been sexually abused. The interview with the staff from Henry Ford Allegiance Health indicated they do not have a SAFE/SANE program and they were unaware of a partnership with the local rape crisis center in providing victim advocates for forensic medical examinations. The interview with the PCM stated that the facility asks if the victim wants an advocate, and if they do, there are advocates at the hospital. The PCM further stated that the facility also sends out information to the inmates on qualifications and services of what is offered. The interviews with the inmates who reported sexual abuse indicated that one of the three was afforded the opportunity to contact someone after the reported sexual abuse. A review of documentation indicated that five of the six inmates who reported sexual abuse were offered a victim advocate and declined. The one inmate who was not offered a victim advocate was the inmate who received a forensic medical examination. The CAJ-1020 indicated that there was not a victim advocate available and as such one was not offered to the inmate.

Corrective Action

The facility will need to provide documentation related to their attempt to secure a

rape crisis center for the requirements under this standard. Additionally, the facility will need to ensure appropriate staff are trained on the requirement to provide a victim advocate for inmates during a forensic medical examination. If the facility does not utilize the trained staff as outlined under this standard, then documentation will need to be provided related to utilizing hospital victim advocates. Training records will need to be provided to the auditor related to this requirement. Further, the facility will need to provide updated information related to SAFE/SANE and victim advocates as it relates to Hendry Ford Allegiance Health.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Email To Jackson Aware Shelter
2. Training Email on SAFE/SANE and Read Receipts
3. Training Email on Victim Advocates and Read Receipts

The facility provided an email that was sent to Jackson County Aware Shelter that inquired about providing victim advocacy services as outlined under the standard. The auditor reached out to Jackson County Aware Shelter to determine if they agreed to provide services. The staff indicated they have agreed to provide advocacy services during forensic medical examinations only.

The facility provided a training email to appropriate staff on the process for providing victim advocates through Jackson County Aware Shelter and through qualified staff. Read receipts were provided to confirm staff received the information.

The facility provided a training email that was sent to staff at the facility related to the process for SAFE/SANE. The email advised that there are SANE programs across Michigan that provide free medical forensic examinations. A link is provided in the training related to those areas that offer these services. The email also states that if the community does not have a SANE program, every hospital emergency room is required to provide a medical forensic examination. A review of the link indicated that

	<p>there are numerous victim service organizations in Jackson County, however none specifically outline that they provide SANE.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. Policy Directive 01.01.140 - Internal Affairs 4. Prison Rape Elimination Act (PREA) Manual 5. Letter from the Michigan Department of State Police 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 03.03.140 page 8, states All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 28 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</p>

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). 01.01.140, page 2 states internal Affairs has jurisdiction to investigate or assist in any Departmental investigation, including all allegations of employee, contractor, and offender misconduct. Generally, allegations concerning the conduct of offenders are not investigated by Internal Affairs unless it also involves allegations of employee or contractor misconduct. All allegations of prisoner misconduct are administered pursuant to 03.03.105 "Prisoner Discipline." When a worksite administrator suspects criminal activity, they shall ensure an immediate referral is made to the Michigan State Police (MSP) or other appropriate law enforcement agency. The PAQ indicated that there were eighteen allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all eighteen resulted in an administrative investigation. It further stated five allegations were referred for criminal investigations. The PAQ indicated all investigations were completed in the past twelve months. The interview with the Agency Head Designee confirmed that all allegations have an administrative or criminal investigation completed. He stated the agency completes administrative investigations and has a partnership with the Michigan State Police and local law enforcement for criminal investigations. The Agency Head Designee indicated that the investigative process starts with an allegation being reported, which gets put into a written report and entered in the electronic investigative database (AIM). It is then determined to either be a local investigation or an Internal Affairs monitored investigation. The agency will determine the correct investigative process based on the allegation type. He indicated that all allegations first start with first responder duties and scene protocol. Then the investigation is assigned to a specially trained investigator and the investigative course is taken. If the allegation is criminal, it is referred to MSP, local law enforcement or whoever is needed to be involved with the case. A review of ten sexual abuse and sexual harassment allegations (two additional investigations were reviewed but they did not meet the definition of sexual abuse or sexual harassment) confirmed all ten were referred for investigation. All ten had an administrative investigation completed. Additionally, a review of the investigative spreadsheet confirmed that all eighteen reported allegations were referred for investigation. Five allegations were referred to the MSP for criminal investigation and two were accepted by MSP. Both criminal investigations were still open. One was an active investigation and one was awaiting determination for prosecution.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 03.03.140 page 8, states All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the

PREA Manual. The PREA Manual, page 28 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). 01.01.140, page 2 states internal Affairs has jurisdiction to investigate or assist in any Departmental investigation, including all allegations of employee, contractor, and offender misconduct. Generally, allegations concerning the conduct of offenders are not investigated by Internal Affairs unless it also involves allegations of employee or contractor misconduct. All allegations of prisoner misconduct are administered pursuant to 03.03.105 "Prisoner Discipline." When a worksite administrator suspects criminal activity, they shall ensure an immediate referral is made to the Michigan State Police (MSP) or other appropriate law enforcement agency. A review of the agency website confirms that all Department policies, including 03.03.140 and 01.01.140 are published and available for public review. A review of ten sexual abuse and sexual harassment allegations confirmed all ten were referred for investigation. All ten had an administrative investigation completed. Additionally, a review of the investigative spreadsheet confirmed that all eighteen reported allegations were referred for investigation. Five allegations were referred to the MSP for criminal investigation and two were accepted for by MSP. Both criminal investigations were still open. One was an active investigation and one was awaiting determination for prosecution. Interviews with investigators confirmed that policy requires that allegations of sexual abuse and sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation is clearly not criminal. The agency investigator stated that all criminal allegations are referred to MSP and that there is generally one contact at each facility for the MSP.

115.22 (c): 03.03.140 page 8, states All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 28 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). 01.01.140, page 2 states internal Affairs has jurisdiction to investigate or assist in any Departmental investigation, including all allegations of employee, contractor, and offender misconduct. Generally, allegations concerning the conduct of offenders are not investigated by Internal Affairs unless it also involves allegations of employee or contractor misconduct. All allegations of prisoner misconduct are administered pursuant to 03.03.105 "Prisoner Discipline." When a worksite administrator suspects criminal activity, they shall ensure an immediate referral is made to the Michigan State Police (MSP) or other appropriate

	<p>law enforcement agency. The letter from the Michigan Department of State Police confirm that they are responsible for all criminal sexual abuse investigations for the MDOC. Agency policies are available on the Department’s website: https://www.michigan.gov/corrections/public-information/statistics-and-reports/policy-directives.</p> <p>115.22 (d): The auditor is not required to audit this provision.</p> <p>115.22(e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 03.03.140, 01.01.140, the Prison Rape Elimination Act (PREA) Manual, Letter from the Michigan Department of State Police, investigative reports, the agency’s website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.</p>
--	--

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Manual 3. Annual Training Plan 4. MDOC Computer Based Training (CBT) - Sexual Abuse and Sexual Harassment in Confinement 5. Collaborative Case Management for Women 6. Sample of Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting laws. The PREA Manual, page 9, indicates that 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 Department's zero tolerance policy for sexual abuse and sexual harassment of prisoners, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, prisoner's rights to be free from sexual abuse and sexual harassment, the right of prisoners and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with prisoners, how to communicate effectively and professionally with prisoners including lesbian, gay, bisexual, transgender, intersex or gender nonconforming prisoners and how to comply with relevant laws related to mandatory reporting sexual abuse to outside authorities. The 2022 Training Plan confirms that all employees, student assistants, unpaid interns and contractors (if they work inside a correctional facility) are required to complete in-service training. The auditor confirmed through the document that PREA is a two hour training that is part of the in-service. A review of the PREA training confirmed that the topics under this provision are included. The training discusses: the agency's zero tolerance policy (Module 1 - pages 13-15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (Module 1 and 2), the inmates' right to be free from sexual abuse and sexual harassment (Module 1 pages 30-33), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (Module 1 pages 34-38), the dynamics of sexual abuse and sexual harassment in a confinement setting (Module 1 pages 39-50), the common reactions of sexual abuse and sexual harassment victims (Module 1 pages 51-79), how to detect and respond to signs of threatened and actual sexual abuse (Module 2 pages 9-29) how to avoid inappropriate relationship with inmates (Module 2 pages 39-52), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (Module 2 pages 64-84) and how to comply with relevant laws related to mandatory reporting laws (Module 2 pages 30-32). A review of nineteen staff training

records indicated that 100% of those reviewed received PREA training. Interviews with seventeen random staff confirmed that all seventeen had received PREA training and it included information on the required topics under this provision.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender inmates are given additional training. The PREA Manual, page 10, states that training shall address gender-specific issues of prisoners housed within 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. A review of the PREA training indicated that it discusses statistics and difference among males and females. Additionally, staff who work in female facilities are required to complete the training titled: Collaborative Case Management for Women, which includes four modules. The facility houses male inmates and as such no additional training was required for staff.

115.31 (c): The PAQ indicated that between training the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. A review of the last three Annual Training Plans confirms that a two hour PREA training is offered each year. A review of documentation confirmed that all nineteen staff received PREA training and eighteen had received PREA training at least every two years. The one staff member that did not have the training every two years was a new hire and had initial training.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. Staff complete the training online. A quiz must be completed at the end of the training and electronic verification is retained on the completion date and time. A review of nineteen staff training records indicated that all nineteen completed a post training quiz and received a score which indicated their understanding.

Based on a review of the PAQ, Prison Rape Elimination Act (PREA) Manual, Annual Training Plan, PREA: Sexual Abuse and Sexual Harassment in Confinement Module, Collaborative Case Management for Women, a review of a sample of staff training records as well as interviews with random staff indicates this standard is compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 03.02.105 – Volunteer Services and Programs
3. Correctional Facilities Administration Security Regulations Program A (Program A)
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers and Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 03.02.105, page 4 states that volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. Contractors and volunteers receive training via the Correctional Facilities Administration Security Regulation Program A. Pages 30-38 of Program A cover: the zero tolerance policy, definitions, reporting requirements and over-familiarity and unauthorized contact. The last page includes an acknowledgment where volunteers and contractors sign that they received a copy, read and understand the information (including PREA Federal Register). The PAQ indicated that 20 volunteers and contractors received PREA training. Further communication with the staff indicated there are 45 volunteers and contractors with training. Interviews with three contractors and two volunteers confirmed that they all had received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. The auditor requested training records for six volunteers and four contractors. At the issuance of the interim report only three volunteer records and one contractor record was provided.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero

tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Contractors and volunteers receive training via the Correctional Facilities Administration Security Regulation Program A. Pages 30-38 of Program A cover: the zero tolerance policy, definitions, reporting requirements and over-familiarity and unauthorized contact. The last page includes an acknowledgment where volunteers and contractors sign that they received a copy, read and understand the information (including PREA Federal Register). Additionally, contractors with consistent inmate contact (such as medical and mental health) receive annual training through the agency either in person or online. Interviews with contractors indicated that they both had received training. One contractor stated he was advised to not have contact with prisoners, to not sexually abuse or harass prisoners and to tell the closest Correctional Officer if we are notified or see something related to sexual abuse or sexual harassment. The second contractor indicated he was advised of the proper Michigan procedures and how to handle/report something if he saw something. The third contractor stated she was trained on what to do if someone is sexually assaulted, who to notify, to secure the scene, to separate the individuals, and to not let them clean up so as to preserve physical evidence. The volunteer stated that he was provided training during orientation. He indicated they discussed safety and to report to the closest Correctional Officer immediately if anything happens. All of the contractors and volunteers confirmed that the training covered the zero tolerance policy and how and who to report information related to sexual abuse to once known. The auditor requested training records for six volunteers and four contractors. At the issuance of the interim report only three volunteer records and one contractor record was provided.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 03.02.105, page 4 states the facility shall maintain documentation confirming that volunteers and contractors understand the training they have received. The last page of Program A includes an acknowledgment where volunteers and contractors sign that they received a copy, read and understand the information (including PREA Federal Register). The auditor requested training records for six volunteers and four contractors. At the issuance of the interim report only three volunteer records and one contractor record was provided. The three volunteer records and one contractor record confirmed that they signed an acknowledgment confirming that they understood the training.

Based on a review of the PAQ, 03.02.105, Correctional Facilities Administration Security Regulations Program A (Program A), a review of a sample of contractor and volunteer training records as well as the interviews with contractors and volunteers indicates that this standard appears to require corrective action. The auditor requested training records for six volunteers and four contractors. At the issuance of the interim report only three volunteer records and one contractor record was provided.

Corrective Action

The facility will need to provide the requested contractor training records.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Contractor Training Documents
2. Volunteer Training Documents
3. List of Contractors and Volunteers (Active)
4. Systematic Sample of Training Documents

The facility provided the originally requested contractor training documentation. The auditor noted that one of the contractors had completed training during the corrective action period. The facility provided three of the originally requested volunteer training documents. The other three were not able to be provided and the staff indicated that they were no longer active volunteers. The auditor requested the facility to provide an updated list of active contractors and volunteers as well as PREA training for every tenth individual on the list. The facility provided the requested list and corresponding documentation which confirmed those on the active list had completed PREA training.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.33

Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 04.01.140 – Prisoner Orientation
3. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)
4. Taking Action Video (PREA Video)
5. Prisoners Guidebook
6. Inmate Handbook – An End to Silence
7. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners (Brochure)
8. Global Interpreting Services, LLC Purchase Order
9. PREA Posters
10. Orientation Packet
11. PREA Prisoner Education Verification (CAJ-1036)
12. PREA Prisoner Information Verification (CAJ-1036a)
13. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 04.01.140, page 1 states orientation shall be provided to prisoners within seven calendar days after arrival at the facility unless the prisoner is unavailable (e.g., out on writ; hospitalized). In such cases, orientation shall be provided as soon as possible after they become available. Prisoners in segregation who only received orientation unique to the segregation unit shall receive additional orientation within seven calendar days after placement in general population, or if unavailable, as soon as possible after they become available. The prisoner guidebook that is provided to prisoners pursuant to PD 04.01.130 "Prisoner Guidebook" shall be reviewed with general population prisoners during orientation. Segregation unit rules shall be reviewed with segregation prisoners. In addition, educational information regarding the Prison Rape Elimination Act (PREA) and the PREA manual shall be provided in accordance with PD 03.03.140 "Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)." 03.03.140, page 5 indicates the PREA Manager is responsible for development and distribution of educational materials related to the education of prisoners regarding the Department's zero tolerance for sexual abuse and sexual harassment of prisoners, how to report conduct or threats prohibited by this policy, and prisoners' right to be free from retaliation for reporting or participating in a related investigation. Educational materials shall include information on treatment, advocacy, and counseling services available to all prisoners. All prisoners shall receive comprehensive PREA education during intake and upon transfer to another facility within 30 days. Upon 72 hours of arrival at a facility, a prisoner shall receive educational material on zero tolerance, how to report, the name of the facility PREA Coordinator, the outside reporting agency, the victim advocate, and outside emotional support entity. Inmates receive information on the zero-tolerance policy and how to report allegations through numerous methods including: a video, the End to Silence Handbook, the Brochure, Posters, the Guidebook and through verbal information from staff. Inmates are required to sign CAJ-1036a which indicates that staff verbally advised them of the zero tolerance policy, the PREA policy (03.03.140), reporting methods, information on victim advocates, that emotional support is provided by Just Detention International and who the PREA Coordinator is at the facility. A review of the End the Silence Handbook, the Brochure, the Guidebook and Posters confirm that all four include information on the zero tolerance policy and reporting methods. The PAQ indicated that 1129 inmates received information at intake on the zero tolerance policy and how to report incident of sexual abuse/sexual harassment. This is equivalent to 100% of inmates who arrived at the facility over the previous twelve months. A review of 27 inmate files of those received in the previous twelve months indicated that all 27 received PREA information at intake or at a prior facility within the MDOC. During the tour the auditor was provided a demonstration of the intake process. Inmates arrive at the facility and are processed through intake. After they are processed they are sent to the intake housing unit where they are quarantined as a COVID-19 preventative. Inmates are provided orientation within seven days of arrival at the facility. It should be noted that all inmates that arrive at Cooper Street have previously been processed by, at minimum, the MDOC intake facility where they received information on sexual abuse and sexual harassment. The interview with intake staff confirmed that inmates are

provided information on the agency's sexual abuse and sexual harassment policies during intake. The staff stated prisoners are provided two documents and they sign that they received the information. 34 of the 40 inmates interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. It should be noted that Cooper Street is not an intake facility and as such all inmates at the facility have also been previously provided PREA information upon intake, through another facility within the MDOC.

115.33 (b): 04.01.140, page 1 states orientation shall be provided to prisoners within seven calendar days after arrival at the facility unless the prisoner is unavailable (e.g., out on writ; hospitalized). In such cases, orientation shall be provided as soon as possible after they become available. Prisoners in segregation who only received orientation unique to the segregation unit shall receive additional orientation within seven calendar days after placement in general population, or if unavailable, as soon as possible after they become available. The prisoner guidebook that is provided to prisoners pursuant to PD 04.01.130 "Prisoner Guidebook" shall be reviewed with general population prisoners during orientation. Segregation unit rules shall be reviewed with segregation prisoners. In addition, educational information regarding the Prison Rape Elimination Act (PREA) and the PREA manual shall be provided in accordance with PD 03.03.140 "Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)." 03.03.140, page 5 indicates the PREA Manager is responsible for development and distribution of educational materials related to the education of prisoners regarding the Department's zero tolerance for sexual abuse and sexual harassment of prisoners, how to report conduct or threats prohibited by this policy, and prisoners' right to be free from retaliation for reporting or participating in a related investigation. Educational materials shall include information on treatment, advocacy, and counseling services available to all prisoners. All prisoners shall receive comprehensive PREA education during intake and upon transfer to another facility within 30 days. Upon 72 hours of arrival at a facility, a prisoner shall receive educational material on zero tolerance, how to report, the name of the facility PREA Coordinator, the outside reporting agency, the victim advocate, and outside emotional support entity. Inmates receive information on the zero tolerance policy, their rights under PREA, reporting mechanisms and agency policies and procedures related responding to sexual abuse incidents. This information is provided via a video, the End to Silence Handbook, the Brochure, Posters, the Guidebook and through verbal information from staff. Inmates are required to sign CAJ-1036 which indicates that staff verbally advised them of the zero tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse and sexual harassment and methods to report sexual abuse and sexual harassment. The form also has a box indicating if the inmate viewed the video and if staff provided educational materials addressing sexual abuse and sexual harassment. A review of the video confirmed that it includes agency specific information on the zero tolerance policy, right to be free from sexual abuse, right to be free from retaliation, reporting and policy and procedure. The video is further embedded with the PREA Resource Center's PREA What You Need to Know

video. A review of the End the Silence Handbook, the Brochure and Posters confirm that they include information on the zero tolerance policy, reporting methods, rights under PREA and agency/facility response to an allegation of sexual abuse. The PAQ indicated that 30 inmates received comprehensive PREA education within 30 days of intake. Further communication with the staff indicated that only 30 inmates stayed less than 30 days, so 1099 stayed over 30 days and all 1099 received comprehensive PREA education. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process provided at the facility. It should be noted that most of the inmate documents reviewed were from education that was provided at another facility. The PREA staff stated that the education is the same across all facilities in MDOC. The auditor observed that inmates are provided comprehensive PREA education in person and through a video during orientation. Orientation is completed within the first week in the dayroom of the intake housing unit. Classification staff meet with the inmates one-on-one and provide them the Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners Brochure and the Orientation Packet. The staff verbally go over the Brochure and the Orientation Packet with the inmate. A video is shown at the intake facility in a structured setting, however at Cooper Street it is shown on the Warden’s channel 24 hours a day, seven days a week. Inmates are able to watch the video at any time. The staff at Cooper Street ask the inmate during the one-on-one orientation whether they previously saw the video. If they have not seen the video, the staff advised they would show them the video either in office or set up a structured time to show it to the inmate in the housing unit. A review of the Brochure confirmed that is available in English and Spanish. The Orientation Packet was observed only in English. Staff stated that if the inmate was LEP they have a language translation service line where they can have the individual translate the Orientation Packet over the phone. The staff also stated if they had someone with a disability they would utilize the facility resources to provide accommodations. The video (Taking Action) is specific to MDOC. A review of the video confirmed it discusses the agency’s zero tolerance policy, the inmates right to be free from sexual abuse, the inmate right to be free from retaliation, reporting mechanisms (PREA Hotline, grievance and Legislative Corrections Ombudsman) and the agency policy number. The Taking Action video then has the PREA What You Need to Know video imbedded and is shown after the MDOC specific information. The PREA What You Need to Know video discusses the zero tolerance policy, definitions and examples, reporting options and response after an allegation is reported. A review of 27 inmate files of those received in the previous twelve months indicated that all 27 had received comprehensive PREA education within 30 days of intake at the facility, or they were previously provided comprehensive PREA education upon intake at another MDOC facility. The interview with the intake staff member indicated that all inmates are provided the two handouts upon arrival. He stated they also show the PREA video on an institutional channel 24 hours a day seven days a week. The staff stated that all inmates receive information within seven days of arrival. Interviews with inmates indicated that 25 of the 40 were told about their right to be free from sexual abuse, their right to be free from retaliation from reporting sexual abuse, how to report incidents of sexual abuse and the agency policies and procedures on sexual abuse and sexual harassment. Many of the inmates stated they received the information at the intake center (RGC).

It should be noted that all inmates receive education via the PREA video upon arrival into the agency. Inmates that arrive at Cooper Street have come through the intake facility where the initial education is provided. All policies and procedures, with the exception of the PREA Compliance Manager and Victim Advocacy Services are the same.

115.33 (c): The PAQ indicated that all inmates were educated within 30 days. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 04.01.140, page 1 states orientation shall be provided to prisoners within seven calendar days after arrival at the facility unless the prisoner is unavailable (e.g., out on writ; hospitalized). In such cases, orientation shall be provided as soon as possible after they become available. Prisoners in segregation who only received orientation unique to the segregation unit shall receive additional orientation within seven calendar days after placement in general population, or if unavailable, as soon as possible after they become available. The prisoner guidebook that is provided to prisoners pursuant to PD 04.01.130 "Prisoner Guidebook" shall be reviewed with general population prisoners during orientation. Segregation unit rules shall be reviewed with segregation prisoners. In addition, educational information regarding the Prison Rape Elimination Act (PREA) and the PREA manual shall be provided in accordance with PD 03.03.140 "Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)." 03.03.140, page 5 indicates the PREA Manager is responsible for development and distribution of educational materials related to the education of prisoners regarding the Department's zero tolerance for sexual abuse and sexual harassment of prisoners, how to report conduct or threats prohibited by this policy, and prisoners' right to be free from retaliation for reporting or participating in a related investigation. Educational materials shall include information on treatment, advocacy, and counseling services available to all prisoners. All prisoners shall receive comprehensive PREA education during intake and upon transfer to another facility within 30 days. Upon 72 hours of arrival at a facility, a prisoner shall receive educational material on zero tolerance, how to report, the name of the facility PREA Coordinator, the outside reporting agency, the victim advocate, and outside emotional support entity. Inmates receive information on the zero tolerance policy, their rights under PREA, reporting mechanisms and agency policies and procedures related responding to sexual abuse incidents. This information is provided via a video, the End to Silence Handbook, the Brochure, the Guidebook, Posters and through verbal information from staff. Inmates are required to sign CAJ-1036 which indicates that staff verbally advised them of the zero tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse and sexual harassment and methods to report sexual abuse and sexual harassment. The form also has a box indicating if the inmate viewed the video and if staff provided educational materials addressing sexual

abuse and sexual harassment. A review of the video confirmed that it includes agency specific information on the zero tolerance policy, right to be free from sexual abuse, right to be free from retaliation, reporting and policy and procedure. The video is further embedded with the PREA Resource Center's PREA What You Need to Know video. A review of the End the Silence Handbook, the Brochure and Posters confirm that they include information on the zero tolerance policy, reporting methods, rights under PREA and agency/facility response to an allegation of sexual abuse. The interview with the intake staff member indicated that all inmates are provided the two handouts upon arrival. He stated they also show the PREA video on an institutional channel 24 hours a day seven days a week. The staff stated that all inmates receive information within seven days of arrival. A review of 45 total inmate files confirmed that all 45 had completed comprehensive PREA education, however seven of the 45 had received the education prior to the release of the PREA standards in 2013.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 04.01.140, page 1 states for prisoners who have a disability (e.g., hearing or sight impairment), educational barrier, or language barrier, accommodations shall be made to assist the prisoner in understanding the information provided during orientation. A prisoner who is deaf and/or hard of hearing shall be offered an interpreter in accordance with PD 04.06.156 "Deaf and/or Hard of Hearing Prisoners." 03.03.140, page 5 states prisoner education shall be provided in formats accessible to all prisoners, including those with limited English proficiency, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills. The PREA Manual, page 18 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The PREA Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. A review of the Orientation Guidebook, PREA Posters, the Brochure and other PREA information confirmed that they are available in bright colors, larger font, in Braille and in Spanish. Additionally, the PREA education video is available with closed captioning. The PREA Manual, page 18 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Manual indicates that PREA prisoner education will be provided in formats understandable to the entire prisoner population and if needed, the Department will seek the assistance of interpreters. The facility has a purchase order with Global Interpreting Services, LLC. This organization provides interpretive services when needed. A review of documentation for eight disabled inmates indicated all eight had signed that they received PREA education. A review of documentation for four LEP inmate indicated that all four signed they completed the PREA education, however three of the four signed an English acknowledgment form. Interviews with four LEP inmates indicated two were provided PREA information in a

format that they could understand. Interviews with eight disabled inmates indicated seven were provided PREA information in a format that they could.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. For initial intake inmates are required to sign CAJ-1036a which indicates that staff verbally advised them of the zero tolerance policy, the PREA policy (03.03.140), reporting methods, information on victim advocates, that emotional support is provided by Just Detention International and who the PREA Coordinator is at the facility. For the comprehensive education inmates are required to sign CAJ-1036 which indicates that staff verbally advised them of the zero tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse and sexual harassment and methods to report sexual abuse and sexual harassment. The form also has a box indicating if the inmate viewed the video and if staff provided educational materials addressing sexual abuse and sexual harassment. A review of 45 inmate files confirmed all 45 signed an acknowledgment of receipt of PREA education.

115.33 (f): The PAQ indicates that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of documentation indicates that the facility has PREA information available through Posters, the Brochure, the Guidebook, the Orientation Packet and the Inmate Handbook. During the tour, the auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The PREA Reporting Poster was observed in English and Spanish on larger size paper. Posters were fixed to the officer's station wall and were observed on bulletin boards in the housing unit dayrooms. The PREA Reporting Posters advise inmates they can report through a staff member and via the hotline. The PREA Reporting Poster provided a phone number for inmates to call as well as a phone number for probationers and the public to call (1-877 number). The Just Detention International (JDI) Poster was also observed in each housing unit. The JDI Poster was in English and Spanish on larger size paper. The JDI Posters were observed on the wall of the officer's station as well as on some of the bulletin board in the dayrooms. The JDI Poster included the phone number as well as a universal pin that inmates could use in lieu of their own pin number. Third party information is provided via the PREA Reporting Poster. The auditor observed the PREA Reporting Poster in visitation and the front entrance. The PREA Reporting Poster was in English and Spanish on larger size paper. The PREA Reporting Posters in visitation were also framed. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn.

Based on a review of the PAQ, 04.01.140, 03.03.140, the Taking Action Video, the

Prisoners Guidebook, the Inmate Handbook – An End to Silence, the Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners (Brochure), Global Interpreting Services, LLC Purchase Order, PREA Posters, CAJ-1036, CAJ-1036a, inmate records, observations made during the tour as well as information from interviews with intake staff, random inmates and LEP and disabled inmates indicate that this standard requires corrective action. A review of 45 total inmate files confirmed that all 45 had completed comprehensive PREA education, however seven of the 45 had received the education prior to the release of the PREA standards in 2013.

Corrective Action

The facility will need to identify all inmates that received comprehensive PREA education prior to 2013. Once identified, the facility will need to provide the comprehensive PREA education, including the Taking Action Video to all inmates on the list. Education will need to be provided in appropriate accessible formats for LEP and disabled inmates. A copy of the list of inmates and corresponding PREA education documents will need to be provided to the auditor.

Recommendation

The auditor recommends that the facility translate the Orientation Packet to Spanish and provide a copy to all Spanish LEP inmates. Additionally, the auditor recommends that the facility provide additional PREA information in appropriate formats for all current LEP inmates.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate Education Documents

	<p>The facility provided documentation indicating all inmates that arrived prior to 2013 were provided PREA education in an appropriate format. The facility provided a sample of education documents to confirm that those documented with education prior to 2013 had received the updated education.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. Prison Rape Elimination Act (PREA) Manual 4. Basic Investigator Training 5. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting 6. Michigan State Police Letter 7. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that agency policy does not require that investigators are trained in conducting sexual abuse investigations in confinement settings. Further communication with the staff indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p>

03.03.140, page 8 states investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 28 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). A review of the Basic Investigator Training Manual confirms that the training covers four hours related to Prison Rape Elimination Act investigations. A review of the training curriculum confirms that it covers: PREA standards, the PREA Manual, definitions, reactions of sexual abuse victims, protective custody, referral for prosecution and victim notification. The training curriculum also includes: Miranda and Garrity, evidence collection, interviewing techniques and report writing. Additionally, the Basic Investigator Training requires all staff to take the National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting as a pre-requisite. A review of twelve investigations indicated they were completed by eight different investigators. All eight were documented with the Basic Investigator Training (which includes the NIC training) and/or the NIC training. The interviews with the investigative staff confirmed that both received specialized training. The facility investigator stated that she received the specialized training on the computer and that it discussed how to formulate interview question and how gather information for investigation. The agency investigator stated that she took the Basic Investigator Training, which is a three day training and includes a four to six hour block on PREA and PREA requirements. She indicated the prerequisite for the Basic Investigator Training is the National Institute of Corrections PREA training (Conducting Sexual Abuse Investigations in a Confinement Setting), which is a three hour online training course. She stated she also took the Reed Training and numerous other trainings related to trauma, women in prison, memory and how to talk to victims.

115.34 (b): 03.03.140, page 8 states investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 28 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). A review of the Basic Investigator Training curriculum confirms that it covers: PREA standards,

the PREA Manual, definitions, reactions of sexual abuse victims, protective custody, referral for prosecution and victim notification. The training curriculum also includes: Miranda and Garrity, evidence collection, interviewing techniques and report writing. A review of the NIC training also confirms that it covers the required elements under this provision A review of twelve investigations indicated they were completed by eight different investigators. All eight were documented with the Basic Investigator Training (which includes the NIC training) and/or the NIC training. The interviews with the investigators confirmed that both had received specialized training. Both confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation.

115.34 (c): The PAQ indicated that the agency does not maintain documentation showing that investigators have completed the required training and that eleven facility investigator had completed the required training. Further communication with the staff indicated that a total of 112 investigators across the agency have this training (which was the number in the facility data). A review of twelve investigations indicated they were completed by eight different investigators. All eight were documented with the Basic Investigator Training (which includes the NIC training) and/or the NIC training.

115.34(d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, the Basic Investigator Training, Michigan State Police Letter, investigator training records as well as information from interviews with investigative staff indicate that the facility appears to meet this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.02.105 – Volunteer Services and Programs 3. Prison Rape Elimination Act (PREA) Manual

4. MDOC Computer Based Training (CBT) - Sexual Abuse and Sexual Harassment in Confinement
5. Prison Rape Elimination Act (PREA) for Medical Professionals
6. Annual Training Plan
7. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. The PREA Manual, page 10, indicates that in addition to the general PREA training provided to employees, all health care and mental health care staff will be provided specialized training developed by the Training Division related to sexual abuse in a confinement setting. The training is completed through the PREA for Medical Professionals. A review of the training modules indicated that they include the following topics; how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 100 medical and mental health care staff and that 100% of the staff received the specialized training. Further communication with the PCM indicated that the facility has 36 medical and mental health care staff and that the 100 number was incorrect. Interviews with medical and mental health staff confirm that both received specialized training. One staff member stated she received the same training as the security staff at the facility. The other staff indicated she received training that included information on victim advocacy, PTSD and reactions to trauma. Both staff confirmed that the specialized training covered the required elements under this provision. A review of five medical and mental health care training records confirmed that all five completed the specialized training.

115.35 (b): The PAQ indicated that agency medical staff perform forensic examinations. Further communication with the staff indicated that this was incorrect and that forensic exams are conducted at the local hospital. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The specialized training is completed via an online module. Staff complete a post training quiz confirming their understanding. A review of five medical and mental health care training records confirmed that all five completed the specialized training.

115.35 (d): 03.02.105, page 4 states that volunteers and contractors who have contact with prisoners have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. The PREA Manual, page 9, indicates that 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 Department's zero tolerance policy for sexual abuse and sexual harassment of prisoners, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, prisoner's rights to be free from sexual abuse and sexual harassment, the right of prisoners and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with prisoners, how to communicate effectively and professionally with prisoners including lesbian, gay, bisexual, transgender, intersex or gender nonconforming prisoners and how to comply with relevant laws related to mandatory reporting sexual abuse to outside authorities. The 2022 Training Plan confirms that all employees, student assistants, unpaid interns and contractors (if they work inside a correctional facility) are required to complete in-service training. The auditor confirmed through the document that PREA is a two hour training that is part of the in-service. Additionally, contractors may receive training via the Correctional Facilities Administration Security Regulation Program A. Pages 30-38 of Program A cover: the zero tolerance policy, definitions, reporting requirements and over-familiarity and unauthorized contact. The last page includes an acknowledgment where volunteers and contractors sign that they received a copy, read and understand the information (including PREA Federal Register). The auditor requested documentation related to three MDOC medical and mental health care staff and two contracted medical and mental health care staff. The three MDOC staff were documented with the staff PREA training as outlined under 115.31. At the issuance of the interim report the auditor had not received the contractor training.

Based on a review of the PAQ, 03.02.105, The Prison Rape Elimination Act (PREA) Manual, CBT - Sexual Abuse and Sexual Harassment in Confinement Training, PREA for Medical Professionals Training, the Annual Training Plan, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate this standard requires corrective action. The auditor

	<p>requested documentation related to three MDOC medical and mental health care staff and two contracted medical and mental health care staff. The three MDOC staff were documented with the staff PREA training as outlined under 115.31. At the issuance of the interim report the auditor had not received the contractor training.</p> <p>Corrective Action</p> <p>The facility will need to provide the requested contractor training records.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> Contractor Training Records <p>The facility provided the originally requested medical and mental health care staff contractor training records. All were documented with PREA training, however it should be noted that one was completed during the corrective action period.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> Pre-Audit Questionnaire

2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)
3. Policy Directive 05.01.140 – Prison Placement and Transfer
4. The Prison Rape Elimination Act (PREA) Manual
5. PREA Risk Assessment Manual
6. PREA Risk Assessment Worksheet (CAJ-1023)
7. Inmate Assessment and Re-Assessment Records

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 03.03.140, page 5 states all prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The Department's computerized database risk assessment tools shall be used to determine a prisoner's risk. The assessment shall be completed using information contained in the prisoner's file and in computerized databases available to employees and gathered during face-to-face discussions with the prisoner. Page 6 further states employees designated by the Warden shall complete both PREA Risk Assessments if any of the following occur: within 72 hours of a prisoner's arrival at a correctional facility, including intake and whenever 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. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in the housing unit in a private office. The staff print out the most recently completed risk assessment for the inmate and review the information to confirm any prior responses. The staff stated they also go through the file and review any necessary information. The staff indicated they complete the new initial risk assessment on the same paper as the old assessment they printed and then they enter the new information into the electronic system. Staff indicated they shred the paper copy of the risk screening. Staff illustrated that they have a tracker for their housing unit and they place information on the tracker related to risk designation to ensure housing is appropriate. The staff confirmed that some of the risk screening information is already populated due to the system (i.e. age, height, weight) and so they ask the information that is not contained in the system, such as prior victimization, gender identity, sexual preference, etc. The staff confirmed that if discrepancies arise from information stated by the inmate and information contained in the file that the information in the file is utilized as it is confirmed information (i.e. criminal history, prior sexual offenses, etc.). The staff further stated that the system does not automatically update the risk assessment designation if it changes. The staff indicated they manually enter the designation into the appropriate area of the electronic system. The interview with the intake staff member confirmed that inmates are screened for their risk of victimization and abusiveness upon intake.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 03.03.140, page 5 states all prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The Department's computerized database risk assessment tools shall be used to determine a prisoner's risk. The assessment shall be completed using information contained in the prisoner's file and in computerized databases available to employees and gathered during face-to-face discussions with the prisoner. Page 6 further states employees designated by the Warden shall complete both PREA Risk Assessments if any of the following occur: within 72 hours of a prisoner's arrival at a correctional facility, including intake and whenever 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. 05.01.140, page 5 states if not assessed prior to arrival, a transferred prisoner shall be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the prisoner's risk of sexual victimization. Staff shall complete the Prison Rape Elimination Act (PREA) Risk Assessments Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. The assessment shall be completed using information contained within the prisoner's Records Office file, on electronic databases available to staff and obtained from discussions with the prisoner. A review of the PREA Risk Assessment

Manual indicates page 4 instructs when risk assessments need to be completed. The Manual states they should be done within 72 hours of arrival. The PAQ stated that 20 inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours. Further communication with the staff indicated 20 inmates left prior to 72 hours and as such 1109 received an initial risk assessment within 72 hours. A review of 27 inmate files of those that arrived within the previous twelve months indicated that all 27 had an initial risk screening completed. 24 of the 27 were completed within 72 hours. Interviews with 23 inmates that arrived within the previous twelve months indicated that eight had been asked the risk screening questions during intake at Cooper Street. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. While over half of the inmates did not remember being asked the risk screening questions, documentation and demonstration indicated that risk assessments are routinely completed.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 05.01.140, page 5 states that the risk assessment will be completed by staff utilizing the PREA Risk Assessment Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. 03.03.140, page 5 states the assessment shall be completed using information contained in the prisoner's file and in computerized databases available to employees and gathered during face-to-face discussions with the prisoner. Prisoners shall be asked: questions relating to mental, physical, or developmental disabilities; whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether they have been previously victimized; and what is their perception of being vulnerable. A review of CAJ-1023 indicated that the worksheet consists of yes or no questions. Each yes or no response has a weighted score attached, which is different for each question. Scores range anywhere from two points to 60 points. At the end of each section (one section for aggressor risk and one section for victim risk) the weighted scores are totaled. The score then determines what category(ies) the inmate falls into: no score, potential victim/potential aggressor or victim/aggressor. The CAJ-1023 is completed in the OMNI system (electronic system) which automatically scores the responses and totals the scores. The system designates the individual with the appropriate designation(s). Staff then have to manually enter the designation(s) into a separate screen in OMNI that is utilized by staff to determine housing, programming and job assignments. During documentation review, it was discovered there were multiple inmates that were designated as one category through the risk screening but the information was not updated on the secondary screen.

115.41 (d): A review of CAJ-1023 indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: victim of substantiated prisoner-on-prisoner non-consensual sexual act in MDOC; perception of vulnerability; sexual orientation/gender identity; developmental disability; mental disorder; physical disability; age; physical stature; vulnerable to sexual victimization

due to nature of crime (sexual assault against a child, elderly, handicapped or developmental disability); prior incarcerations; knowledge of prison/jail life; history of victimization outside MDOC; non-violent criminal history and history of consensual sex. The interview with the staff who perform the risk screening indicated that the initial risk screening has a section for victimization and a section for abusiveness. The victimization section includes questions about whether the individual was previously victimized, their perception of vulnerability, LGBTQIA plus identity, if they were in prison less than a year, their knowledge of the prison system, their criminal history, if they have prior sexual assault, age, height, weight, disabilities and if they have a history of consensual sex in prison. The staff further stated the risk screening is conducted in the OMNI system which is a checklist.

115.41 (e): A review of CAJ-1023 confirms that the intake screening considers the following; aggressor of substantiated prisoner-on-prisoner non-consensual sexual act in MDOC; history of perpetrated sexual victimization by threat or force; history of perpetrated physical abuse; history of perpetrating domestic violence; gang affiliation in last two years; history of predatory/intimidating behavior and history of facility consensual sex. The interview with the staff who perform the risk screening indicated that the initial risk screening has a section for victimization and a section for abusiveness. The abusiveness section includes questions about criminal history, history of assault and domestic violence, gang affiliation, other aggressive crimes and any consensual sexual history. The staff further stated the risk screening is conducted in the OMNI system which is a checklist.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 03.03.140, page 6 states in addition to the PREA Risk Assessments required in Paragraphs KK and LL employees designated by the Warden shall complete a PREA-Risk Assessment Review-Prison: no earlier than fourteen days but no later than 30 calendar days of arrival, including intake (unless the prisoner transfers from the facility prior to 30 days) and when it has been twelve months since the last review. The review shall consist of review of the most recent victim and aggressor risk assessments, including asking 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. 05.01.140, page 5 states designated staff shall complete a PREA-Risk Assessment Review-Prison form on all transferred prisoners no later than 30 calendar days after the prisoner's arrival at the facility, unless the prisoner transfers to another facility within the 30 calendar days. A review of the PREA Risk Assessment Manual indicates page 4 instructs when risk assessments need to be completed. The Manual states they should be done within 30 days of arrival. The PAQ indicated that 30 of inmates entering the facility were reassessed for their risk of sexual victimization or

of being sexually abusive within 30 days after their arrival at the facility. Further communication with the staff indicated only 30 stayed less than 30 days and as such 1099 had a reassessment within 30 days. The interview with staff responsible for the risk screening indicated that inmates are reassessed between fourteen and 30 days and then they have it completed annually. Interviews with 23 random inmates that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. A review of 27 inmate files indicated that 21 inmates had a reassessment completed. One of the 21 was over the 30 day timeframe. Two reassessments were not completed and five were not yet due. While inmates did not remember being asked the risk screening on more than one occasion, documentation showed that the reassessments are routinely conducted.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 03.03.140, page 5 states all prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The Department's computerized database risk assessment tools shall be used to determine a prisoner's risk. The assessment shall be completed using information contained in the prisoner's file and in computerized databases available to employees and gathered during face-to-face discussions with the prisoner. Page 6 further states employees designated by the Warden shall complete both PREA Risk Assessments if any of the following occur: within 72 hours of a prisoner's arrival at a correctional facility, including intake and whenever 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 review of the PREA Risk Assessment Manual indicates page 4 instructs when risk assessments need to be completed. The Manual states they should be done when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on the prisoner's risk of sexual victimization or abusiveness. The interview with staff responsible for risk screening confirmed that inmates are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. A review of 27 inmate files indicated that 21 inmates had a reassessment completed. One of the 21 was over the 30 day timeframe. Two reassessments were not completed and five were not yet due. A review of sexual abuse investigations indicated that one was substantiated and one was unsubstantiated. Neither of the two had documentation of a reassessment of the inmate victim and/or inmate perpetrator. It was determined that the agency does not reassess inmates of unsubstantiated sexual abuse allegations.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender,

intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 03.03.140, pages 5-6 states the assessment shall be completed using information contained in the prisoner's file and in computerized databases available to employees and gathered during face-to-face discussions with the prisoner. Prisoners shall be asked: questions relating to mental, physical, or developmental disabilities; whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether they have been previously victimized; and what is their perception of being vulnerable. Prisoners shall not be disciplined for refusing to answer or not disclosing complete information in response to these questions. However, refusal to answer/disclose information shall be noted in the Department's computerized database. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer or not fully disclose information for any of the risk screening questions.

115.41 (i): 03.03.140, page 6 states results of the risk assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. Employees shall complete a PREA-Aggressor Risk Assessment-Prison and a PREA-Victim Risk Assessment-Prison in accordance with the PREA Risk Assessment Manual. Reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process. Results of risk assessments shall not be shared with prisoners. Information provided during the risk assessment shall be shared only with those who need to know for housing, bunking, and work assignment placement. Reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process. The PC stated that the agency has implemented appropriate controls on information from the risk screening to ensure sensitive information is not exploited. He stated that this starts with who has access to certain programs as the electronic systems (OMNI and AIM) have certain profiles that allow access. The information is accessible only to those with a need to know and that these individuals have a confidential workload within the systems. The interview with the PCM confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated the information is in OMNI (electronic system) and that there are certain profiles in OMNI that can view the information. Additionally, staff are instructed not to discuss PREA scores with others. The staff responsible for the risk screening stated that it is in policy that information from the risk screening not be shared with others so that sensitive information is not exploited. During the tour the auditor requested a Correctional Officer attempt to access the risk screening information via the OMNI system. The staff did not have access to the reception tab, which is where the risk screening information is stored/located.

Based on a review of the PAQ, 03.03.140, 05.01.140, the Prison Rape Elimination Act

(PREA) Manual, PREA Risk Assessment Manual, PREA Risk Assessment Worksheet (CAJ-1023), a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicates that this standard appears to require corrective action. The CAJ-1023 is completed in the OMNI system (electronic system) which automatically scores the responses and totals the scores. The system designates the individual with the appropriate designation(s). Staff then have to manually enter the designation(s) into a separate screen in OMNI that is utilized by staff to determine housing, programming and job assignments. During documentation review, it was discovered there were multiple inmates that were designated as one category through the risk screening but the information was not updated on the secondary screen. A review of 27 inmate files indicated that 21 inmates had a reassessment completed. One of the 21 was over the 30 day timeframe. Two reassessments were not completed and five were not yet due. Interviews with 23 random inmates that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. A review of sexual abuse investigations indicated that one was substantiated and one was unsubstantiated. Neither of the two had documentation of a reassessment of the inmate victim and/or perpetrator. It was determined that the agency does not reassess inmates of unsubstantiated sexual abuse allegations.

Corrective Action

The agency will need to update their policy/procedure related to risk assessment due to incident of sexual abuse. If still at the facility, the two inmate victims identified onsite will need to be reassessed. The facility will need to train appropriate staff on the updated policy/procedure and confirmation of the training will need to be provided. The facility will need to provide the auditor with a list of the sexual abuse allegation reported during the corrective action period, along with the investigative outcome, the inmate victims information and the reassessment, if applicable (unsubstantiated or substantiated outcomes). Additionally, the facility will need to ensure all inmates are provided a reassessment within 30 days. Appropriate staff should be reminded of the 30 day reassessment process and confirmation of this reminder will need to be provided to the auditor. Additionally, staff will need to be trained on the requirement to manually update the appropriate OMNI screening with any changes to the inmate's risk level.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this

standard.

Additional Documents:

1. Training Curriculum on OMNI
2. Assurance Memorandum Related to Risk Assessments
3. Training Email on Risk Screening Timeframes
4. Staff Training on Reassessments Due to Incident of Sexual Abuse
5. List of Sexual Abuse Allegations During the Corrective Action Period
6. Inmate Risk Assessments

The facility provided a training curriculum and sign in sheets for the training of staff on the process of updating OMNI based on the risk assessment score. An assurance memo was also provided indicating staff reviewed risk assessments to ensure all were updated and accurate.

The facility provided a training email that was sent out to risk screening staff as a remind on the 72 hour and 30 day timeframe requirements for risk assessments.

Further, the facility provided the training curriculum and sign in sheets for the training completed on the requirement for risk reassessments due to incident of sexual abuse (including those that have investigations that are deemed unsubstantiated). The facility provided a list of sexual abuse allegations reported during the corrective action period and corresponding risk assessments for applicable alleged victims and perpetrators.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)
3. Policy Directive 04.06.184 – Gender Dysphoria
4. Policy Directive 05.01.140 – Prisoner Placement and Transfer
5. Sample of Housing Determination Documents
6. Memorandum Related to Gender/Gender Identity Housing Requests
7. Transgender/Intersex Inmate Biannual Reviews
8. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 03.03.140, page 6 states results of the risk assessment shall be considered when making housing, bed, work, education, and

program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. 05.01.40, page 5 states this assessment 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 interview with the PREA Compliance Manager indicated that information from the risk screening is utilized to house inmates. She stated they do not “lock” (place in same cell) aggressors with victims and that they also make sure with jobs that they are not able to intimidate one another. She further indicated that OMNI will not allow staff to house a victim with an aggressor. The interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house inmates appropriately. She stated that an individual who scores as an aggressor would only be able to “lock” (be housed) with another aggressor or someone with no score. A review of the housing roster with risk designations indicates that staff utilize the risk designation to assign housing in the open bay cube style units as well as the bootcamp and segregated housing. The auditor confirmed that while potential victims are housed in the same building with potential aggressors, they are not housed in the same cubes. The facility did not have any victims, but did have aggressors. The aggressors were not housed in the same cubes with potential victims and were not housed in any two man cells with potential victims. A review of the work and program assignments indicated the facility had potential aggressors assigned as aides and assistants (wheelchair, hearing, etc.). While potential aggressors are not prohibited from these work assignments, the facility should review to ensure that the potential aggressor is not an assistant to a potential victim. Risk assessments are completed in the OMNI system (electronic system) which automatically scores the responses and totals the scores. The system designates the individual with the appropriate designation(s). Staff then have to manually enter the designation(s) into a separate screen in OMNI that is utilized by staff to determine housing, programming and job assignments. During documentation review, it was discovered there were multiple inmates that were designated as one category through the risk screening but the information was not updated on the secondary screen. As such, inmate may not have been housed appropriately based on their risk level.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 03.03.140, page 6 states results of the risk assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. 05.01.40, page 5 states this assessment 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 interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house inmates appropriately. She stated that an individual who scores as an aggressor would only be able to “lock” (be housed) with another aggressor or someone with no score.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 04.06.184, page 2, states that when making housing and programing assignments the Gender Dysphoria Collaborative Review Committee (GDCRC) and facility staff shall consider on a case-by-case basis whether a placement would comprise the prisoner's health and safety and any management or security concerns. The memo related to gender/gender identity housing request states that inmates with a gender identity defined in the memo may make a housing request to be reviewed by the Gender Dysphoria Review Committee (GDRC). Housing assignments will be considered on a case-by-case basis utilizing the "Individual Risk Assessment of Housing Placement." The memo indicates numerous questions that are considered related to housing, including: gender questions, safety questions, general and behavioral questions and housing questions. The agency does not recognize transgender identity or intersex identity unless the inmate is also diagnosed with Gender Dysphoria. While inmates with Gender Dysphoria are transgender or intersex, not all transgender or intersex individuals have Gender Dysphoria. The auditor requested documentation related to those inmates currently diagnosed with Gender Dysphoria as it relates to housing determinations. At the issuance of the interim report the documentation had not been received. The PCM stated that transgender and intersex inmate housing assignments are based on circumstances and that more than likely the prisoner would be transferred to another facility that has single cells. Communication with the agency indicated that all current inmates diagnosed with Gender Dysphoria are housed at a facility with a gender with which they were born. No documentation was provided prior to the issuance of the interim report related to the reasoning/justification for the current housing determinations. It should be noted that the auditor reviewed numerous risk assessments and asked other inmates during interviews about any transgender inmates at the facility. The auditor was unable to identify any at the facility, and as such no interviews were completed.

115.42 (d): 04.06.184, page 3, indicates that the prisoner shall be assessed by an appropriate medical provider, in consultation with the GDCRC, at least twice a year to determine if any changes are needed to the approved individual management plan. The agency does not recognize transgender identity or intersex identity unless the inmate is also diagnosed with Gender Dysphoria. While inmates with Gender Dysphoria are transgender or intersex, not all transgender or intersex individuals have Gender Dysphoria. The auditor requested documentation related to those inmates currently diagnosed with Gender Dysphoria as it relates to biannual assessments. At the issuance of the interim report the documentation had not been received. The PCM stated that transgender and intersex inmates are reassessed every six months related to their safety. The staff responsible for the risk screening stated she was unaware of how frequently transgender and intersex inmates are reviewed for threats to their safety.

115.42 (e): 04.06.184, page 2, states that the prisoner's own views with respect to his or her own safety shall be given serious consideration. The agency does not recognize transgender identity or intersex identity unless the inmate is also diagnosed with Gender Dysphoria. While inmates with Gender Dysphoria are transgender or intersex, not all transgender or intersex individuals have Gender Dysphoria. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. It should be noted that the auditor reviewed numerous risk assessments and asked other inmates during interviews about any transgender inmates at the facility. The auditor was unable to identify any at the facility, and as such no interviews were completed.

115.42 (f): 04.06.184, page 3, indicates that if the evaluation(s) supports a diagnosis of Gender Dysphoria, the evaluator shall formulate an individual management plan in consultation with the referring integrated treatment team and GDCRC. An Individual Management Plan for Gender Dysphoria (CHJ-339) form shall be used for this purpose. The evaluator shall give consideration to all of the following in development of the plan: facility placement and housing in accordance with Prison Rape Elimination Act (PREA) standards (generally single-occupancy cell) and access to toilet and shower facilities with relative privacy. The agency does not recognize transgender identity or intersex identity unless the inmate is also diagnosed with Gender Dysphoria. While inmates with Gender Dysphoria are transgender or intersex, not all transgender or intersex individuals have Gender Dysphoria. During the tour the auditor confirmed that all showers were single person and had curtains. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated that transgender and intersex prisoners shower during count time when everything is shut down. It should be noted that the auditor reviewed numerous risk assessments and asked other inmates during interviews about any transgender inmates at the facility. The auditor was unable to identify any at the facility, and as such no interviews were completed.

115.42 (g): The memo related to gender/gender identify housing request states that the MDOC shall not place transgender or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification, status, or based solely on their external genital anatomy. The facility does not have a tracking mechanism for LGB inmates. As such the auditor requested that staff identify LGB inmates known to staff for interview purposes and documentation purposes. A review of housing assignments for the one inmate staff identified as LGB indicated that he was assigned to one of the open bay cube style units. It should be noted the auditor inquired about additional LGB inmates, however a review of risk screening documents and information from the LGB inmate produced zero additional LGB inmates for interview. The interviews with the PC and PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in one housing unit or one

facility based on their gender identify and/or sexual preference. The interview with the one LGB inmate indicated he did not feel he was placed in a facility, housing unit, wing or cube based on his sexual preference.

Based on a review of the PAQ, 03.03.140, 04.06.184, 05.01.140, a Sample of Housing Determination Documents, Memorandum Related to Gender/Gender Identity Housing Requests, Transgender/Intersex Inmate Biannual Reviews, LGBTI Inmate Housing Documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. A review of the work and program assignments indicated the facility had potential aggressors assigned as aides and assistants (wheelchair, hearing, etc.). While potential aggressors are not prohibited from these work assignments, the facility should review to ensure that the potential aggressor is not an assistant to a potential victim. Risk assessments are completed in the OMNI system (electronic system) which automatically scores the responses and totals the scores. The system designates the individual with the appropriate designation(s). Staff then have to manually enter the designation(s) into a separate screen in OMNI that is utilized by staff to determine housing, programming and job assignments. During documentation review, it was discovered there were multiple inmates that were designated as one category through the risk screening but the information was not updated on the secondary screen. As such, inmate may not have been housed appropriately based on their risk level. The facility does not recognize transgender identity or intersex identity unless the inmate is also diagnosed with Gender Dysphoria. While inmates with Gender Dysphoria are transgender or intersex, not all transgender or intersex individuals have Gender Dysphoria. The auditor requested documentation related to those inmates currently diagnosed with Gender Dysphoria as it relates to housing determinations and biannual assessments. At the issuance of the interim report the documentation had not been received. The PCM stated that transgender and intersex inmate housing assignments are based on circumstances and that more than likely the prisoner would be transferred to another facility that has single cells. Communication with the agency indicated that all current inmates diagnosed with Gender Dysphoria are housed at a facility with a gender with which they were born. No documentation was provided prior to the issuance of the interim report related to the reasoning/justification for the current housing determinations.

Corrective Action

The agency will need to modify current policy/procedure as it relates to transgender and intersex inmates. The agency will need to develop a mechanisms to identify transgender and intersex inmates, other than through the mental health diagnosis. Within that process, the agency will need to develop a process for determining case-by-case male/female housing determinations. Documentation of the reasoning/justification for each transgender and intersex inmate will need to be completed. A

sample of the housing determination documents will need to be provided to the auditor. Additionally, all transgender and intersex inmates will need to be assessed biannually. Documentation of a sample of these biannual assessments will need to be provided to the auditor. The facility will need to review work and program assignments for victims, aggressors, potential victims and potential aggressors to ensure appropriate, with an emphasis on reviewing those assignments of aides, assistants, etc. A copy of the updated housing, job and program assignments will need to be provided to the auditor. Further, staff will need to be trained on the requirement to manually update the appropriate OMNI screening with any changes to the inmate's risk level. Staff should conduct an audit of the risk assessments and update any designations that are incorrect. A copy of the training and a memo confirming the audit will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Assurance Memorandum Related to Risk Assessments
2. Training Curriculum on OMNI
3. Training Memorandum on Job Assignments Related to PREA Risk Scores
4. Updated High Risk Lists
5. Transgender and Intersex Inmate Housing Determinations
6. Memorandum Related to Transgender and Intersex Inmates
7. Policy Update Notification

The facility provided a training curriculum and sign in sheets for the training of staff on the process of updating OMNI based on the risk assessment score. An assurance memo was also provided indicating staff reviewed risk assessments to ensure all were updated and accurate.

The facility provided a training memorandum related to job assignments and PREA risk scores. The memo provided a list of job assignments that abusers and potential

	<p>abusers could not have without a review by the Warden, this included any aides, assistants or tutors.</p> <p>The facility provided the updated high risk victim and high risk abuser lists. A review of the lists confirmed high risk abusers were not housed in the same cell as high risk victims. Known victims were not housed in the same housing unit as known abuser. The documentation illustrated that job assignments and programming assignments were appropriate and that known abusers and potential abusers did not hold aide job assignments.</p> <p>The agency provided requested documentation related to transgender and intersex inmate housing determinations. The documentation illustrated that a multidisciplinary team meets and discusses housing assignments of transgender and intersex inmates, confirming that they are reviewed on a case-by-case basis.</p> <p>The facility provided a memo detailing that they have not had any transgender or intersex inmates housed at the facility during the audit period and as such no biannual assessments were completed.</p> <p>The facility provided the Policy Update Notification which advised that the GDRC will change its name to the Gender Review Committee (GRC), which will now handle management plans for all eligible prisoners, not simply those with a gender dysphoria diagnosis.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 04.05.120 - Segregation Standards

3. The Prison Rape Elimination Act (PREA) Manual
4. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

1. Interview with the Warden

Site Review Observations:

1. Observations of Housing Units

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. 04.05.120, page 2 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 completed and a determination has been made that no less restrictive means of separation from likely abusers exists. 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. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of victimization in segregated housing unless there are no other available alternative means of separation of likely abusers. She indicated that the facility does not have a segregated housing unit and as such they do not involuntarily segregate anyone. A review of housing assignments for inmates at high risk of victimization confirmed they were all housed in the general population housing units and/or the bootcamp. The facility does not have a segregated housing unit.

115.43 (b): 04.5.120, pages 2-3 state if no less restrictive means of separating a prisoner from likely abusers exists, the prisoner shall be assigned to temporary segregation only until an alternative means of separation from likely abusers can be arranged and should not exceed 30 calendar days pending investigation unless extenuating circumstances exist. If the prisoner is held in temporary segregation for more than 30 calendar days, the facility shall afford the prisoner a review to determine whether there is a continuing need for separation. The facility shall clearly

document the basis for the facility's concern for the prisoner's safety and the reason why no less restrictive means of separation can be arranged. 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: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. During the tour the auditor confirmed there was not a segregated housing unit, as such no interviews of staff who supervise inmates in segregated housing or inmates in segregated housing were completed.

115.43 (c): 04.05.120, pages 2-3 state 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 completed and a determination has been made that no less restrictive means of separation from likely abusers exists. 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 separating a prisoner from likely abusers exists, the prisoner shall be assigned to temporary segregation only until an alternative means of separation from likely abusers can be arranged and should not exceed 30 calendar days pending investigation unless extenuating circumstances exist. If the prisoner is held in temporary segregation for more than 30 calendar days, the facility shall afford the prisoner a review to determine whether there is a continuing need for separation. The facility shall clearly document the basis for the facility's concern for the prisoner's safety and the reason why no less restrictive means of separation can be arranged. 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: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that policy states that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. She reiterated that the facility does not have a segregated housing unit and as such they have not involuntarily segregated anyone. During the tour the auditor confirmed there was not a segregated housing unit, as such no interviews of staff who supervise inmates in segregated housing or inmates in segregated housing were completed.

115.43 (d): The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no files had documentation related to this provision. A review of housing assignments for inmates at high risk of victimization confirmed

they were all housed in the general population housing units and/or the bootcamp. The facility does not have a segregated housing unit.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 04.05.120, page 3 states prisoners being housed in temporary segregation longer than seven business days for the following reasons shall have their placement reviewed in accordance with Paragraph FFF. Paragraph FFF (page 11) 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 segregation who are serving a detention sanction for misconduct. A housing unit team review shall be conducted within seven calendar days of the prisoner being classified to administrative segregation. SCC shall review the prisoner at least every 30 calendar days thereafter until the prisoner is reclassified to general population status. SCC reviews shall be an out-of-cell personal interview with each prisoner. If the prisoner chooses not to participate in the review, the highest ranking SCC member shall personally visit the prisoner to encourage his/her participation. During the tour the auditor confirmed there was not a segregated housing unit, as such no interviews of staff who supervise inmates in segregated housing or inmates in segregated housing were completed.

Based on a review of the PAQ, 04.05.120, the Prison Rape Elimination Act (PREA) Manual, Housing Assignments of Inmates at High Risk of Victimization, observations from the facility tour as well as information from the interview with the Warden, this standard appears to be compliant

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA) 3. Policy Directive 05.03.118 – Prisoner Mail 4. Policy Directive 05.03.130 – Prisoner Telephone Use

5. Legislative Corrections Ombudsman (LCO) Memorandum of Understanding (MOU)
6. Prisoners Guidebook
7. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners (Brochure)
8. PREA Poster
9. Written Reports of Verbal Allegations

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Information

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing multiple internal ways for inmates to report privately to agency officials; sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 03.03.140, page 7 states reports can be made by employees or prisoners verbally or in writing regardless of when the incident was alleged to have occurred. Such reports may be made in any manner, including: privately to appropriate supervisory employees; through the MDOC Sexual Abuse Hotline; by completing the Department's Sexual Abuse/Sexual Harassment Complaint form on the MDOC website.; by contacting the PREA Manager; by contacting the Internal Affairs Section' through an external reporting agency (Corrections Ombudsman, Crimestoppers) and/or anonymously. 05.03.130, page 2 states calls made to the crime stoppers tip line, the sexual abuse hotline, and other calls/services approved by the CFA Deputy Director will be at no cost to the prisoner. Page 5 further states all telephone, TTY, CapTel, Videophone, and VRS calls made from telephones/ devices designated for prisoner use shall be monitored, except for calls to the following: a public official (i.e., any elected federal, state, or local government official,

or an Ambassador or a consulate general) who has made a written request to not have their calls monitored, business telephone numbers of attorneys, the Legislative Ombudsman, DRM, an Embassy, a Consulate, and legitimate legal service organizations after a request has been received from the prisoner not to monitor, except if the attorney is related to the prisoner by blood or marriage and a number on the universal list, except as otherwise indicated on Attachment B. Attachment B confirmed that the Sexual Abuse Hotline is a number that falls under the monitoring exception. A review of the PREA Poster, Brochure, the Guidebook and Inmate Handbook confirm that they all provide methods to report sexual abuse. The PREA Poster advises inmates that they can call the Sexual Abuse Hotline and provides an anonymous pin. The Brochure indicates that inmates can report verbally or in writing to staff, through the Sexual Abuse Hotline, through the grievance process, by writing to the Department PREA Administrator, by writing to the Legislative Correction's Ombudsman (LCO) and through family and friends who can file a complaint electronically online. The Guidebook states inmates can report to a staff member, through the MDOC Sexual Abuse Hotline or by contacting the Legislative Ombudsman's Office or the Michigan State Police. The Inmate Handbook advises inmates that they can report through a written grievance, orally, through hotline, through an external reporting mechanism and through a third party. During the tour the auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The PREA Reporting Poster was observed in English and Spanish on larger size paper. Posters were fixed to the officer's station wall and were observed on bulletin boards in the housing unit dayrooms. The PREA Reporting Posters advise inmates they can report through a staff member and via the hotline. The PREA Reporting Poster provided a phone number for inmates to call as well as a phone number for probationers and the public to call (1-877 number). Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn. The auditor tested the PREA hotline during the tour in numerous housing units. The PREA Reporting Poster provided a 517 area code number and a universal pin number. When the phone is first picked up inmates are advise to select "1" for English or "2" for Spanish. While the instructions are in English and Spanish, the actual hotline instructions are only in English. The auditor attempted to call the number with the universal pin two separate times and was unable to reach the hotline. The auditor also had an inmate assist with calling the hotline but he was unsuccessful as well. The auditor attempted to contact the hotline again in another housing unit but was again unsuccessful. Staff advised to try using the public 1-877 number to reach the hotline. The auditor had an inmate assist with calling the 1-877 number as it required an inmate pin number, but the attempt was unsuccessful. In a third housing unit, the facility staff had an inmate call the 1-877 number. The inmate reached the hotline and left a message on March 13, 2023. The auditor asked the staff and inmate to show how they were able to reach the hotline. The inmate was unable to place another call due to reaching his time limit on the phone for that period. Another inmate was asked to assist to show the auditor how the staff and inmate reached the hotline. That inmate was unsuccessful in reaching the hotline. A final inmate was asked to try to contact the hotline. He utilized the 1-877 number with his pin and was able to reach the hotline. On the second date

of the on-site the auditor tested the hotline again with further direction from staff. The auditor dialed * and the universal pin and was directly connected to the hotline. The directions on the PREA Reporting Poster were inaccurate related to contacting the hotline. On March 14, 2023, the auditor was provided confirmation that the hotline call was received. Additionally, during the tour the auditor had an inmate assist with filling out a written kite to test another internal reporting mechanism. Scrape paper was obtained from the officer's station by the inmate. The inmate assisted the auditor will completing the paper appropriately and the auditor placed the kite in the locked kite box in the housing unit on March 13, 2023. On March 14, 2023 the auditor received confirmation that the written kite was received. Interviews with 40 inmates confirm that all were aware of at least one method to report sexual abuse and sexual harassment. Most of the inmates stated they would report through the phone (hotline), through staff or in writing. Interviews with seventeen staff confirmed that inmates have multiple ways to report including through a grievance, a kite, verbally and through the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ further stated the agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The memo from the facility stated that MDOC does not detain inmates solely for civil immigration purposes. 03.03.140, page 7 states reports can be made by employees or prisoners verbally or in writing regardless of when the incident was alleged to have occurred. Such reports may be made in any manner, including: privately to appropriate supervisory employees; through the MDOC Sexual Abuse Hotline; by completing the Department's Sexual Abuse/Sexual Harassment Complaint form on the MDOC website; by contacting the PREA Manager; by contacting the Internal Affairs Section' through an external reporting agency (Corrections Ombudsman, Crimestoppers) and/or anonymously. 05.03.130, page 2 states calls made to the crime stoppers tip line, the sexual abuse hotline, and other calls/services approved by the CFA Deputy Director will be at no cost to the prisoner. 05.03.118, page 3 states outgoing mail of prisoners in segregation shall not be sealed and shall be inspected by staff prior to mailing. However, mail that is clearly identified as being sent to the business address of one of the following may be sealed by the prisoner and shall not be opened or otherwise inspected by staff prior to mailing unless the entity has specifically objected in writing to receiving mail from the prisoner sending the mail, and subject to Administrative Rule 791.6603(5) and Paragraphs M, P, and W: a licensed attorney, including the Attorney General, an assistant attorney general, a prosecuting attorney, and an attorney of a legitimate legal service organization (e.g., American Civil Liberties Union, State Appellate Defender Office, Michigan Appellate Assigned Counsel System); State or federal courts.; Federal, state, or local public officials; the Director or any other Central Office staff; staff at the institution in which the prisoner is segregated; representatives of the news media; the Office of the Legislative Corrections Ombudsman and a consulate or embassy. Page 4 further

states general population prisoners shall be permitted to send sealed mail, subject to Administrative Rule 791.6603(5) and Paragraphs M, P, and W. However, outgoing mail may be opened and inspected if it is determined by the Warden or designee that there are reasonable grounds to believe the mail is being sent in violation of Administrative Rule 791.6603(5). However, mail which is clearly identified as being sent to the business address of one of the following may be sealed by the prisoner and shall not be opened or otherwise inspected by staff prior to mailing, unless the entity has specifically objected in writing to receiving mail from the prisoner sending the mail or as required pursuant to Paragraphs M, P, or W: a licensed attorney; this includes the Attorney General, an assistant attorney general, a prosecuting attorney, and an attorney of a legitimate legal service organization (e.g. American Civil Liberties Union, State Appellate Defender Office, Michigan Appellate Assigned Counsel System); State or federal courts; Federal, state, or local public officials; the Director or any other Central Office staff; staff at the institution in which the prisoner is housed; the Office of the Legislative Corrections Ombudsman; a consulate or embassy. The MOU with the LCO indicates that LCO agrees to receive and immediately forward reports of sexual abuse and sexual harassment to MDOC officials, allowing the prisoner to remain anonymous upon request. The LCO will immediately send by email or fax all reports made. The MOU was initially signed in September 2014. A review of the Brochure and Guidebook confirm they advise inmates that they can report through the Legislative Correction's Ombudsman. While the documentation indicates this is a reporting mechanism, it does not identify that this is the outside reporting entity and does not address the ability to remain anonymous. Additionally, no address is provided. Staff advised that an address is not required and all inmates have to do is have "LCO" written on the envelope. This information was not observed to be provided anywhere in the literature or posters. During the tour the auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The PREA Reporting Poster was observed in English and Spanish on larger size paper. Posters were fixed to the officer's station wall and were observed on bulletin boards in the housing unit dayrooms. The PREA Reporting Posters advise inmates they can report through a staff member and via the hotline. The PREA Reporting Poster provided a phone number for inmates to call as well as a phone number for probationers and the public to call (1-877 number). Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn. During the tour the auditor observed that the mailroom was located in the administration area outside the secure perimeter. All housing units as well as a few common areas have a locked mail box for kites and US mail. Inmates can place mail in the boxes and a specific third shift staff member is responsible for collecting the US mail and placing it in the mailroom for staff to process the following day. Conversation with the mailroom staff indicated that outgoing mail is brought to them, weighted and processed for postage. The staff stated the outgoing mail is provided to them sealed and that they do not open the correspondence unless it looks suspicious. The staff advised that legal mail is treated differently in that it is brought up to the mailroom by the PCM. The staff stated legal mail is stamped and is never opened. Further communication with the mailroom staff confirmed that any correspondence to the Legislative Corrections

Ombudsman (LCO) is treated as legal mail and would never be opened. The incoming mail process for regular mail includes receiving it, logging it and then opening it and scanning the documents for any issues/concerns. The staff stated they make a copy of the correspondence and the copy is provided to the inmate while the original is shredded. The staff stated with regard to incoming legal mail, they do not open the legal mail but rather they make a copy of the outside of the envelope and provide it to the control room. The control room staff will then provide the correspondence to the inmate, who will open the document in front of the staff and provide the original envelope back to the staff and keep the copy of the envelope. The original documents inside the envelope are retained by the inmate. The control staff do not read or scan the legal mail once opened. The mailroom staff again confirmed that any correspondence from LCO would not be read/monitored. The auditor tested the external reporting mechanism on March 14, 2023. The auditor utilized a piece of scrape paper from the officer's station to write information on related to the functional test. The auditor obtained an envelope from staff to send the letter. Inmate are provided envelopes for legal mail in the library, if needed. The auditor labeled the envelope LCO and placed it in the US mailbox in a housing unit. Staff indicated that inmates do not have to utilize an address for LCO and that all correspondence can just have LCO written on the envelope. The correspondence is sent via inter-office mail and does not require postage. On April 11, 2023 the auditor received confirmation that the correspondence was received by LCO and forwarded to the PC. The interview with the PCM indicated that inmates can report externally through the PREA hotline number that is posted. She indicated the hotline allows for the information to be forwarded back to the PCM at the facility and the backup PCM. Interviews with 40 inmates indicated that 22 were aware that they could report to LCO as an outside reporting mechanism and 31 knew they could report anonymously. The PAQ indicated that inmates are not detained solely for civil immigration purpose.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports no later than the end of shift. 03.03.140, page 7 states employees shall immediately report in writing any knowledge, suspicion, information, or observation of conduct prohibited by this policy to the appropriate supervisor and the facility PREA Coordinator, regardless of the method of the report. Reports can be made by employees or prisoners verbally or in writing regardless of when the incident was alleged to have occurred. Such reports may be made in any manner, including: privately to appropriate supervisory employees; through the MDOC Sexual Abuse Hotline; by completing the Department's Sexual Abuse/Sexual Harassment Complaint form on the MDOC website; by contacting the PREA Manager; by contacting the Internal Affairs Section' through an external reporting agency (Corrections Ombudsman, Crimestoppers) and/or anonymously. The PREA Manual notes that prisoners may report allegations prohibited by policy, including threats of such conduct and retaliation for reporting such conduct, verbally or in writing to any Department employee, through the MDOC Sexual Abuse Hotline, through the PREA

grievance process as outlined in policy, through the Legislative Corrections Ombudsman, or through a third party. It further states that if reported verbally to an employee, the employee shall document it in writing as soon as possible and report it to the appropriate supervisory staff. Interviews with 40 inmates confirmed that 32 knew they could report allegations of sexual abuse verbally or in writing to staff and all 40 knew they could report via a third party. Interviews with seventeen random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. One staff member indicated he was unsure about third party reports. The staff indicated that they would document the verbal reports immediately. Some of the staff stated they would document the information in the log book. During the tour the auditor had a staff member demonstrate how they document verbal reports of sexual abuse and/or sexual harassment. The staff stated that they would initially write the information in the housing unit log book related to date, time, inmate and that he reported he was sexually abused. The staff stated he would write this in red pen in the log book. The auditor confirmed that the log book is accessible to anyone working in the housing unit. The staff further stated that he would complete a participation report. This report is to be completed by anyone involved in the incident. The participation report is electronic and available on any computer under the public drive. The date, time, those involved and description of the incident is filled out on the form and then the form is printed and signed. The staff stated he would then submit the report to the Shift Commander. The staff confirmed that if the Shift Commander was involved in the incident he could bypass submitting it to him/her and submit the report to any other supervisor. A review of twelve investigations (including two that did not meet the definition of sexual abuse or sexual harassment) indicated eight were verbally reported. All eight had a written report contained in the investigative report confirming the information was documented.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ supplemental documentation indicated staff are informed of the procedures through annual training. 03.03.140, page 7 states reports can be made by employees or prisoners verbally or in writing regardless of when the incident was alleged to have occurred. Such reports may be made in any manner, including: privately to appropriate supervisory employees; through the MDOC Sexual Abuse Hotline; by completing the Department's Sexual Abuse/Sexual Harassment Complaint form on the MDOC website.; by contacting the PREA Manager; by contacting the Internal Affairs Section' through an external reporting agency (Corrections Ombudsman, Crimestoppers) and/or anonymously. Interviews with seventeen staff confirmed fifteen knew they could privately report sexual abuse and sexual harassment of inmates. Most staff stated that they could email or call a Supervisor or the PCM.

Based on a review of the PAQ, 03.03.140, 05.03.118, 05.03.130, Legislative Corrections Ombudsman (LCO) Memorandum of Understanding (MOU), Prisoners Guidebook, Michigan Department of Corrections Identifying and Addressing Sexual

Abuse and Sexual Harassment – A Guide for Prisoners (Brochure), PREA Poster, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. The auditor tested the PREA hotline during the tour in numerous housing units. The PREA Reporting Poster provided a 517 area code number and a universal pin number. When the phone is first picked up inmates are advised to select “1” for English or “2” for Spanish. While the instructions are in English and Spanish, the actual hotline instructions are only in English. The auditor attempted to call the number with the universal pin two separate times and was unable to reach the hotline. The auditor also had an inmate assist with calling the hotline but he was unsuccessful as well. The auditor attempted to contact the hotline again in another housing unit but was again unsuccessful. Staff advised to try using the public 1-877 number to reach the hotline. The auditor had an inmate assist with calling the 1-877 number as it required an inmate pin number, but the attempt was unsuccessful. In a third housing unit, the facility staff had an inmate call the 1-877 number. The inmate reached the hotline and left a message on March 13, 2023. The auditor asked the staff and inmate to show how they were able to reach the hotline. The inmate was unable to place another call due to reaching his time limit on the phone for that period. Another inmate was asked to assist to show the auditor how the staff and inmate reached the hotline. That inmate was unsuccessful in reaching the hotline. A final inmate was asked to try to contact the hotline. He utilized the 1-877 number with his pin and was able to reach the hotline. On the second date of the on-site the auditor tested the hotline again with further direction from staff. The auditor dialed * and the universal pin and was directly connected to the hotline. The directions on the PREA Reporting Poster were inaccurate related to contacting the hotline. A review of the Brochure and Guidebook confirm they advise inmates that they can report through the Legislative Correction’s Ombudsman. While the documentation indicates this is a reporting mechanism, it does not identify that this is the outside reporting entity and does not address the ability to remain anonymous. Additionally, no address is provided. Staff advised that an address is not required and all inmates have to do is have “LCO” written on the envelope. This information was not observed to be provided anywhere in the literature or posters. The interview with the PCM indicated that inmates can report externally through the PREA hotline number that is posted. She indicated the hotline allows for the information to be forwarded back to the PCM at the facility and the backup PCM. Interviews with seventeen random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. One staff member indicated he was unsure about third party reports. The staff indicated that they would document the verbal reports immediately. Some of the staff stated they would document the information in the log book. During the tour the auditor had a staff member demonstrate how they document verbal reports of sexual abuse and/or sexual harassment. The staff stated that they would initially write the information in the housing unit log book related to date, time, inmate and that he reported he was sexually abused. The staff stated he would write this in red pen in the log book. The auditor confirmed that the log book is accessible to anyone working in the housing unit.

Corrective Action

The facility will need to ensure that the hotline is accessible through the directions provided on the Posters. The facility will need to test the process and provide a memo confirming the issue was alleviated. The facility will need to update current distributed information to include more information on the Legislative Corrections Ombudsman, including that they are the outside reporting entity, that inmates can remain anonymous when reporting and direction on how to mail the information (address or that they only have to write LCO on the envelope). The updated documentation will need to be provided to the auditor and distributed to the inmate population. Additionally, the facility will need to ensure that the information is included in documentation distributed to all future inmates. Confirmation of the current inmate education will need to be provided. Further the PCM should be educated on the outside reporting entity and proper procedures for the reporting entity. Finally, all staff will need to be trained on the method to document verbal reports, to include not documenting confidential sexual abuse information in the log book. A copy of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated PREA Poster
2. Photos of Updated Poster Around Facility
3. Test Call to Hotline
4. Updated Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment – A Guide for Prisoners (Brochure)
5. JPay Blast On Outside Reporting Entity
6. Training Memorandum Related to Verbal Reports of Sexual Abuse
7. Staff Training Sign-In Sheets

The facility provided the updated PREA Poster in English and Spanish that illustrated

correct directions on how to contact the hotline number. Numerous photos were provided confirming the updated PREA Posters were placed around the facility, including in each housing unit.

The facility completed a test call of the hotline via the updated instructions on the PREA Poster. Documentation was providing confirming the agency PREA staff received the call (transcribed call).

The facility provided the updated Brochure that included the mailing address to LCO as well as information that inmates can remain anonymous when reporting to LCO and direction on how to do that. The updated Brochure also outlined LCO as the external reporting mechanism. The facility sent a JPay blast to the inmate population with the updated Brochure as well as a memo that outlined LCO as the external reporting mechanism.

Additionally, the facility provided a training memo that outlined verbal reports of sexual abuse are not to be logged in the housing unit log books. The memo also advised that verbal reports are to be documented via an email. Training sign-in sheets were provided confirming staff read and understood the training memo.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)3. PREA Prisoner Grievance Form (Step I) - CAJ-1038A4. PREA Prisoner Grievance Appeal Form (Step II) - CAJ-1038B5. Grievance Log

6. Sexual Abuse Investigations

Interviews

1. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the lengthy grievance process timelines. 03.03.140, page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee.

115.52 (b): The PAQ indicated that agency policy or procedure does not allow an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Additionally, it indicated that the policy does not require the inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the grievance process timelines. 03.03.140, page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing

time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee.

115.52 (c): The PAQ indicated that agency policy and procedure does not allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is subject of the complaint. Additionally, it indicated that policy and procedure does not require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the grievance process timelines. 03.03.140, page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee.

115.52 (d): The PAQ indicated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the grievance process timelines. 03.03.140, page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee. The PAQ indicated that there were grievance of sexual abuse in the previous twelve months and a decision was reached within 90 days. The PAQ stated that no sexual abuse grievances involved an extension. A review of the grievance log and investigative reports confirmed that grievances are forwarded immediately for investigation and the grievance process does not apply after it is forwarded for investigation.

115.52 (e): The PAQ indicated that agency policy and procedure does not permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing grievances for administrative remedies related to allegations of sexual abuse and to file such request on behalf of inmates. It also states that agency policy and procedure does not require that if the inmate declines to have third-party assistance in filing a grievance of sexual abuse, the agency documents the inmate's decision to decline. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the grievance process timelines. 03.03.140. page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee. The PAQ indicated there were zero grievances filed by inmates in the previous twelve months in which the inmate declined third-party assistance. A review of the grievance log and investigative reports confirmed that grievances are forwarded immediately for investigation and the grievance process does not apply after it is forwarded for investigation.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse. It also indicated that an initial response is required within 48 hours and a final agency decision be issued within five days. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the grievance process timelines. 03.03.140, page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee. The PAQ stated there were zero grievances

alleging imminent risk of sexual abuse over the previous twelve months. A review of the grievance log and investigative reports confirmed that grievances are forwarded immediately for investigation and the grievance process does not apply after it is forwarded for investigation.

115.52 (g): The PAQ indicated that the agency does not have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Further communication with the staff indicated that they do not utilize the grievance process for reports of sexual abuse. These allegations are immediately referred for investigation and do not follow the grievance process timelines.

03.03.140, page 7 states the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred. Prisoners may utilize the prisoner grievance system in accordance with 03.02.130 "Prisoner/Parolee Grievances" to report allegations of sexual harassment or retaliation. However, because grievances require processing time and may not prompt immediate action, prisoners in need of immediate assistance should notify an employee.

Based on a review of the PAQ, 03.03.140, CAJ-1038A, CAJ-1038B, the Grievance Log, Sexual Abuse Investigations and interviews with the inmates who reported sexual abuse, this standard appears to not be applicable and as such compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA) 3. Policy Directive 05.03.118 – Prisoner Mail 4. Policy Directive 05.03.130 – Prisoner Telephone Use

5. An End to Silence Handbook
6. PREA Poster
7. Memorandum from Just Detention International to People in MDOC
8. Screenshots of Memorandum from JDI on JPay
9. Memorandum of Understanding (MOU) with Just Detention International

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The PAQ indicated that the agency does not detail inmates solely for immigration purposes and as such this part of the provision does not apply. 03.03.140, page 11 states the Department shall provide prisoner victims with mailing addresses and toll-free phone numbers to outside victim advocates for confidential emotional support services related to sexual abuse. 05.03.130, page 2 states calls made to the crime stoppers tip line, the sexual abuse hotline, and other calls/services approved by the CFA Deputy Director will be at no cost to the prisoner. Page 5 further states all telephone, TTY, CapTel, Videophone, and VRS calls made from telephones/devices designated for prisoner use shall be monitored, except for calls to the following: a public official (i.e., any elected federal, state, or local government official, or an Ambassador or a consulate general) who has made a written request to not have their calls monitored, business telephone numbers of attorneys, the Legislative Ombudsman, DRM, an Embassy, a Consulate, and legitimate legal service organizations after a request has been received from the prisoner not to monitor, except if the attorney is related to the prisoner by blood or marriage and a number on the universal list, except as otherwise indicated on Attachment B. Attachment B

confirmed that the Sexual Abuse Support Line is a number that falls under the monitoring exception. A review of the JDI Poster indicated that inmates are advised they can contact Just Detention International for help over the phone if they or someone they care about have been sexually abused or sexually harassed. The JDI Posters informs inmates that calls are confidential, anonymous, unmonitored and free of charge. It further provides an anonymous pin for the inmate to utilized as well as the 800 number to contact JDI. A review of the memo from JDI indicates it is an announcement from them related to the emotional support line. The memo explains what the emotional support line is and advises that it is not a reporting line. The memo indicates the emotional support line is free, unrecorded, unmonitored, anonymous and confidential. It further indicates who answers the line, when it is available and how they can be reached (phone number and mailing address). A screenshot of the JPay announcement indicated it was sent to the inmate population in 2018. During the tour the auditor observed PREA information posted in each housing unit at the facility as well as in common areas. The Just Detention International (JDI) Poster was also observed in each housing unit. The JDI Poster was in English and Spanish on larger size paper. The JDI Posters were observed on the wall of the officer's station as well as on some of the bulletin board in the dayrooms. The JDI Poster included the phone number as well as a universal pin that inmates could use in lieu of their own pin number. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. A few inmates stated they replace the Posters sometimes, but the replacements are to update older Posters that are worn. During the tour the auditor observed that the mailroom was located in the administration area outside the secure perimeter. All housing units as well as a few common areas have a locked mail box for kites and US mail. Inmates can place mail in the boxes and a specific third shift staff member is responsible for collecting the US mail and placing it in the mailroom for staff to process the following day. Conversation with the mailroom staff indicated that outgoing mail is brought to them, weighted and processed for postage. The staff stated the outgoing mail is provided to them sealed and that they do not open the correspondence unless it looks suspicious. The staff advised that legal mail is treated differently in that it is brought up to the mailroom by the PCM. The staff stated legal mail is stamped and is never opened. The incoming mail process for regular mail includes receiving it, logging it and then opening it and scanning the documents for any issues/concerns. The staff stated they make a copy of the correspondence and the copy is provided to the inmate while the original is shredded. The staff stated with regard to incoming legal mail, they do not open the legal mail but rather they make a copy of the outside of the envelope and provide it to the control room. The control room staff will then provide the correspondence to the inmate, who will open the document in front of the staff and provide the original envelope back to the staff and keep the copy of the envelope. The original documents inside the envelope are retained by the inmate. The control staff do not read or scan the legal mail once opened. The auditor inquired about mail sent to Just Detention International (JDI). The mailroom staff stated they were not familiar with JDI and were unsure how mail to and from the organization would be treated. The facility provides access to victim advocates through the JDI hotline. The auditor tested the JDI hotline during the on-site portion of the audit. Inmates are asked to select "1" for English or "2" for Spanish when picking up the

phone. The auditor utilized the number on the JDI Poster as well as the universal pin number on the poster and was able to reach a live person. The live person was initially an answering service staff who advised the auditor that she would be forwarding the auditor to the advocate. A JDI staff member was then reached and indicated that the hotline is available to provide services to inmates Monday through Friday from 11:00am until 9:00pm. She stated the inmates can also send correspondence through the mail. She stated they offer counseling and crisis intervention through a lot of yes and no questions to allow as much privacy as possible. She stated all the information provided is confidential and is not shared unless they threaten to harm themselves or someone else. The staff confirmed they can accommodate LEP and disabled inmates. Interviews with 40 inmates, including those who reported sexual abuse, indicates eight were aware outside services for victims of sexual abuse and seven were provided contact information for Just Detention International. The few inmates that were aware of JDI stated they just knew the information was posted. It should be noted that while only seven inmates advised they were provided contact information for JDI, the auditor observed it posted throughout the facility, on the tablets/kiosks and on information distributed to inmates during orientation.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 05.03.130, page 2 states calls made to the crime stoppers tip line, the sexual abuse hotline, and other calls/services approved by the CFA Deputy Director will be at no cost to the prisoner. Page 5 further states all telephone, TTY, CapTel, Videophone, and VRS calls made from telephones/ devices designated for prisoner use shall be monitored, except for calls to the following: a public official (i.e., any elected federal, state, or local government official, or an Ambassador or a consulate general) who has made a written request to not have their calls monitored, business telephone numbers of attorneys, the Legislative Ombudsman, DRM, an Embassy, a Consulate, and legitimate legal service organizations after a request has been received from the prisoner not to monitor, except if the attorney is related to the prisoner by blood or marriage and a number on the universal list, except as otherwise indicated on Attachment B. Attachment B confirmed that the Sexual Abuse Support Line is a number that falls under the monitoring exception. A review of 05.03.118 did not produce information related to how mail to JDI is treated. A review of the JDI Poster indicated that inmates are advised they can contact Just Detention International for help over the phone if they or someone they care about have been sexually abused or sexually harassed. The JDI Posters informs inmates that calls are confidential, anonymous, unmonitored and free of charge. It further provides an anonymous pin for the inmate to utilized as well as the 800 number to contact JDI. A review of the memo from JDI indicates it is an announcement from them related to the emotional support line. The memo explains what the emotional support line is and advises that it is not a reporting line. The

memo indicates the emotional support line is free, unrecorded, unmonitored, anonymous and confidential. It further indicates who answers the line, when it is available and how they can be reached (phone number and mailing address). A screenshot of the JPay announcement indicated it was sent to the inmate population in 2018. Interviews with 40 inmates, including those who reported sexual abuse indicates eight were aware outside services for victims of sexual abuse and seven were provided contact information for Just Detention International. The few inmates that were aware of JDI stated they just knew the information was posted. It should be noted that while only seven inmates advised they were provided contact information for JDI, the auditor observed it posted throughout the facility, on the tablets/kiosks and on information distributed to inmates during orientation.

115.53 (c): The PAQ indicated that the agency or facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. The agency has a MOU with Just Detention International that indicates JDI will provide a statewide, sexual abuse support line for incarcerated sexual abuse survivors in MDOC facilities. Additionally, the MOU indicates that JDI shall 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. Further it states that JDI will respond to confidential correspondence from sexual abuse survivors incarcerated in MDOC facilities. The MOU also states that MDOC will provide incarcerated sexual abuse survivors access to JDI's sexual abuse support line toll free, at no cost to the prisoner. It also states that MDOC will provide prisoners with confidential and anonymous access to JDI's sexual abuse support line and with confidential mailing to JDI, during the life of the agreement. A review of the MOU indicates it was signed and executed on April 11, 2018.

Based on a review of the PAQ, 03.03.140, 05.03.118, 05.03.130, An End to Silence Handbook, PREA Poster, Memorandum of Understanding (MOU) with Just Detention International, memo from JDI, screenshots of the memo on JPay, observations from the facility tour and interviews with random inmates and inmates who reported sexual abuse indicate that this standard appears to require corrective action. A review of documentation indicated that the mailing address to JDI was only provided one time via a kiosk message sent in 2018. As such, the mailing address is not available to inmates. A review of 05.03.118 did not produce information related to how mail to JDI is treated. The auditor inquired about mail sent to Just Detention International (JDI). The mailroom staff stated they were not familiar with JDI and were unsure how mail to and from the organization would be treated. Interviews with 40 inmates, including those who reported sexual abuse indicates eight were aware outside services for victims of sexual abuse and seven were aware of Just Detention International. The few inmates that were aware of JDI stated they just knew the information was posted.

Corrective Action

The facility will need to provide inmates with the address to Just Detention International. The information should include how mail to the organization is treated. The documentation should also express any limits to confidentiality (i.e. it is not a reporting mechanisms and when they can release the information). A copy of the updated materials will need to be distributed to the inmates and provided to the auditor. Additionally, the facility will need to ensure all future inmates are provided the information and are informed of JDI and their services. The facility will need to update the current mail policy to indicate how mail to JDI is treated. Mailroom staff should be provided training related to this update. A copy of the updated policy and training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated JDI Poster
2. Photos of Updated Poster Around Facility
3. Updated JCS Operating Procedure 05.03.118 - Prisoner Mail
4. Staff Training Sign-In Sheets

The facility provided the updated JDI Poster in English and Spanish that had both the phone number and the mailing address. The JDI Posters also stated that calls to the number were free, confidential, unrecorded and unmonitored. The JDI Poster also advised that it is not a reporting line and provided the correct speed dial to report sexual abuse. Numerous photos were provided confirming the updated JDI Posters were placed around the facility, including in each housing unit.

The facility updated their mail procedure to include language that mail to and from JDI is treated as legal mail. Staff training sign-in sheets were provided confirming

	<p>appropriate staff, including mailroom staff, were trained on the updated policy.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the agency website. A review of the PREA posters as well as the agency’s website confirms that third parties can report on behalf of an inmate. Third parties can contact the facility, call the Sexual Abuse Hotline, report online by clicking the “report online” link on the page or by writing the PREA Office. Additionally, PREA posters provide inmates information that can be shared with family and friends on reporting via the agency website or through the Sexual Abuse Hotline. The agency also provides the opportunity for third party grievances. The auditor tested the third party reporting mechanism prior to the on-site portion of the audit on March 5, 2023. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual harassment allegations/incidents. The auditor submitted the form on March 3, 2023. During the on-site portion of the audit the PC indicated that the agency had not received the information that was submitted via the online form. The PREA staff completed a test of the online form on March 13, 2023 through a submission and confirmed that the information was not received. The staff indicated that the website was recently updated and as such there may be an issue that was a result of the update. The PREA staff provided confirmation to the auditor during the interim report period that the website issue was alleviated. On March 22, 2022 the auditor submitted the online form again to test the functionality. On March 23, 2023 the auditor was provided confirmation, via email, with a copy of</p>

	<p>the submission information, that the test was received. During the tour the third party information (via the PREA Reporting Poster) was observed in visitation and the front entrance. The PREA Reporting Poster was in English and Spanish on larger size paper. The PREA Reporting Posters in visitation were also framed.</p> <p>Based on a review of the PAQ, PREA Poster, the agency’s website and the submission of the online form this standard was corrected during the interim report period and as such is compliant.</p>
--	---

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA) 3. Employee Handbook 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who</p>

reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 03.03.140, page 7 states employees shall immediately report in writing any knowledge, suspicion, information, or observation of conduct prohibited by this policy to the appropriate supervisor and the facility PREA Coordinator, regardless of the method of the report. Pages 54-55 of the Employee Handbook state employees are required to report any incidents of sexual abuse to a supervisor. Incidents must be reported whether witnessed by the employee or reported to the employee by an offender. Failure to report as required by this rule shall result in disciplinary action for violation of Work Rule #33 "Reporting Violations." Interviews with seventeen random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation Staff stated that they would immediately report the information to the Supervisor, PREA Compliance Manager and/or Control.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 03.03.140, page 7 states employees shall immediately report in writing any knowledge, suspicion, information, or observation of conduct prohibited by this policy to the appropriate supervisor and the facility PREA Coordinator, regardless of the method of the report. Pages 54-55 of the Employee Handbook state employees are required to report any incidents of sexual abuse to a supervisor. Incidents must be reported whether witnessed by the employee or reported to the employee by an offender. Failure to report as required by this rule shall result in disciplinary action for violation of Work Rule #33 "Reporting Violations." Interviews with seventeen random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation Staff stated that they would immediately report the information to the Supervisor, PREA Compliance Manager and/or Control.

115.61 (c): 03.03.140, page 8 states 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 prisoner shall be informed by the practitioner of their duty to report and that confidentiality is limited. A review of investigations indicated that zero were reported to medical and/or mental health care staff. Interviews with medical and mental health care staff confirm that at the initiation of services with an inmate they disclose their limitation of confidentiality and their duty to report. Both staff stated they are required to report any allegation, incident or information related to sexual abuse that occurred within an institutional setting. One of the two staff interviewed stated that

she had an inmate report sexual abuse to her and she reported the information to security.

115.61 (d): 03.03.140, page 8 states 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 extent the law requires such reporting.

Allegations of sexual abuse by a prisoner under the age of 18, or by a vulnerable adult, shall be reported to the Michigan State Police (MSP). review of investigative reports confirmed that none were reported by an inmate under eighteen or anyone considered a vulnerable adult. The PC stated that any reports of sexual abuse by someone under the age of eighteen or someone considered a vulnerable adult under state or local laws would be reported to protective agency and the county. He stated they would narrow down which protective agency is required to be notified and then they would contact the local law enforcement. The interview with the Warden indicated that they do not house inmates under eighteen, but for those under eighteen and/or vulnerable adults they would report the information to the Michigan State Police.

115.61 (e): 03.03.140, page 9 states any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution. The Department investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the Department's efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. All reported allegations of employee sexual abuse/sexual harassment or employee overfamiliarity, whether reported verbally or in writing, shall be referred for investigation as set forth in 02.03.100 "Employee Discipline" or 01.01.140 "Internal Affairs," as appropriate. Any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution. The Department investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the Department's efforts will not be an obstacle for prosecution. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to the facility investigator. A review of twelve investigative reports indicated one was reported via Warden to Warden notification, two were reported via the hotline, one was reported via a grievance form and eight were reported verbally. All twelve allegations (including two that did not meet the definition of sexual abuse or sexual harassment) were documented and investigated.

Based on a review of the PAQ, 03.03.140, Employee Handbook, Investigative Reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

115.62	Agency protection duties
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 432 378">Documents:</p> <ol data-bbox="256 412 1161 591" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 1161 512">2. Policy Directive 05.01.140 – Prison Placement and Transfer <li data-bbox="256 546 564 580">3. Incident Reports <p data-bbox="256 703 416 736">Interviews:</p> <ol data-bbox="256 770 922 949" style="list-style-type: none"> <li data-bbox="256 770 922 804">1. Interview with the Agency Head Designee <li data-bbox="256 837 703 871">2. Interview with the Warden <li data-bbox="256 904 732 938">3. Interview with Random Staff <p data-bbox="256 1061 588 1095">Findings (By Provision):</p> <p data-bbox="256 1196 1476 2036">115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 05.01.140, pages 5 states whenever a prisoner is subject to imminent risk of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Actions to protect the victim may include, but are not limited to, changes in housing units and/or assignments, transfers and stop orders. The PAQ stated that there have been zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months The Agency Head Designee stated actions would be taken related inmates at imminent risk of sexual abuse. He stated this starts with the movement process. He also stated they find a secure housing location for protection, that is the least restrictive means as possible. He indicated the imminent risk would be documented, there would be a timely response and it would be investigated. The Warden stated that if there was an inmate deemed at risk of imminent sexual abuse the facility would immediately remove the individual from the area and have him brought in for an interview. She further stated they would attempt to remove the threat and have the other prisoner transferred, if necessary. Interviews with seventeen random staff confirmed that staff would take immediate action to protect the inmate by securing them, keeping them safe and notifying the Supervisor.</p>

	<p>Based on a review of the PAQ, 05.01.140, Incident Reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>
--	---

115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. Investigative Reports 4. Warden to Warden Notification Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 03.03.140 pages 8-9 state any allegations received directly in the PREA Section shall be forwarded to the facility where the conduct is alleged to have occurred. If an allegation received at a facility pertains 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 as follows. For allegations of sexual abuse within the MDOC - To the appropriate facility head. The appropriate facility head shall verify whether the allegation had been previously investigated. If not, they shall ensure the allegation is entered into the Department's</p>

computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Manager. For allegations of sexual abuse that occurred outside the MDOC - To the outside facility or local law enforcement agency where the incident was alleged to have occurred. When a PREA allegation is received by any MDOC office or location, other than a correctional facility, it shall be reported using the MDOC Online PREA Reporting Form on the MDOC website/PREA page. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, another state or federal prison, an MDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be scanned and e-mailed to the PREA Manager for review and follow-through. The PAQ indicated that during the previous twelve months the facility had three inmate report that they were sexually abused while confined at another facility. The auditor requested documentation related to the three Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 hours after receiving the allegation. 03.03.140 pages 8-9 state any allegations received directly in the PREA Section shall be forwarded to the facility where the conduct is alleged to have occurred. If an allegation received at a facility pertains 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 as follows. For allegations of sexual abuse within the MDOC - To the appropriate facility head. The appropriate facility head shall verify whether the allegation had been previously investigated. If not, they shall ensure the allegation is entered into the Department's computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Manager. For allegations of sexual abuse that occurred outside the MDOC - To the outside facility or local law enforcement agency where the incident was alleged to have occurred. When a PREA allegation is received by any MDOC office or location, other than a correctional facility, it shall be reported using the MDOC Online PREA Reporting Form on the MDOC website/PREA page. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, another state or federal prison, an MDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be scanned and e-mailed to the PREA Manager for review and follow-through. The auditor requested documentation related to the three Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 03.03.140 pages 8-9 state any allegations received directly in the PREA Section shall be forwarded to the facility where the conduct is alleged to have occurred. If an

allegation received at a facility pertains 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 as follows. For allegations of sexual abuse within the MDOC - To the appropriate facility head. The appropriate facility head shall verify whether the allegation had been previously investigated. If not, they shall ensure the allegation is entered into the Department's computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Manager. For allegations of sexual abuse that occurred outside the MDOC - To the outside facility or local law enforcement agency where the incident was alleged to have occurred. When a PREA allegation is received by any MDOC office or location, other than a correctional facility, it shall be reported using the MDOC Online PREA Reporting Form on the MDOC website/PREA page. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, another state or federal prison, an MDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be scanned and e-mailed to the PREA Manager for review and follow-through. The auditor requested documentation related to the three Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 03.03.140, page 8-9 state if an allegation received at a facility pertains 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 as follows. For allegations of sexual abuse within the MDOC - To the appropriate facility head. The appropriate facility head shall verify whether the allegation had been previously investigated. If not, they shall ensure the allegation is entered into the Department's computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Manager. For allegations of sexual abuse that occurred outside the MDOC - To the outside facility or local law enforcement agency where the incident was alleged to have occurred. When a PREA allegation is received by any MDOC office or location, other than a correctional facility, it shall be reported using the MDOC Online PREA Reporting Form on the MDOC website/PREA page. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, another state or federal prison, an MDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be scanned and e-mailed to the PREA Manager for review and follow-through. The Agency Head Designee stated that these allegations are reported from Agency Head to Agency Head. He indicated that the PC acts as a liaison for any that come from an outside agency, but from within the agency the facility head (Warden) is the point of contact. He indicated that when an allegation comes in via this notification the agency/facility first looks up to see if the inmate is housed within the MDOC, and if they are, they follow the regular investigative process. He stated if the inmate is not part of MDOC they look up the appropriate

agency and forward the information to them. The Agency Head Designee confirmed that they have received allegations from another agency and that they forward all for investigation. The interview with the Warden confirmed that if they received an allegation that an inmate was abused while housed at Cooper Street he would email the PC and ensure an investigation was initiated immediately. She stated that they had a recent example in January of an allegation received from another facility/ agency and that they opened and completed an investigation into the allegation. The PAQ stated that there were three allegations received from another Warden/Agency Head within the previous twelve months. A review of documentation confirmed there were three allegations received from another facility/agency via a Warden to Warden notification. All three were documented on the investigative spreadsheet and had an investigation completed. One of the investigations was reviewed as part of the investigative file review.

Based on a review of the PAQ, 03.03.140, Investigative Reports, Warden to Warden Notification Documents and interviews with the Agency Head Designee and Warden, this standard appears to be require corrective action. The auditor requested documentation related to the three Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the three Warden to Warden notification for the allegations reported at Cooper Street that occurred at another facility/agency.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification Documentation on OAS Information

The facility provided clarification that the OAS was incorrect related to Warden to Warden notifications. The number provided in provision (a) was the number of

	<p>allegations received by the facility where they completed an investigation as required under provision (d). The facility indicated they did not have any inmates report sexual abuse that occurred at another facility.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Prison Rape Elimination Act (PREA) Manual 3. Sexual Violence Response and Investigation Guide 4. MDOC Computer Based Training (CBT) - Sexual Abuse and Sexual Harassment in Confinement 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with First Responders 2. Interviews with Random Staff 3. Interviews with Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could</p>

destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. The PREA Manual, page 25 states that custody staff shall; separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable, and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Additionally, a review of the Sexual Violence Response and Investigation Guide and the PREA training confirmed that the first responder duties are included in the materials. The Sexual Violence Response and Investigation Guide is utilized by all staff to direct them on steps and actions to take post sexual abuse. The PAQ indicated that during the previous twelve months there were five allegations of sexual abuse. The PAQ stated that in all five instances the staff first responder separated the individuals and advised the victim and abuser not to take any action to destroy any evidence. It further indicated that all five allegations were reported within a timeframe that still allowed for evidence collection, but none required securing the crime scene. A review of documentation indicated there was one allegation that involved all first responder duties (separation, securing of crime scene and notifying the inmates not to take any action to destroy evidence). A second allegation involved non-security first responder duties. None of the other investigation reviewed involved immediate first responder duties. The interview with the security first responder indicated that first responder duties would include not leaving the prisoner alone, contacting mental health, contacting health care, contacting the supervisor, contacting the PC, securing the area and completing all actions noted on their first responder sheet. The non-security first responder stated she would make sure the scene is safe and the victim and abuser are separated. She further stated she would not let the individuals destroy evidence and would refer them to mental health. The interviews with inmates who reported sexual abuse indicated that the allegations were handled quickly. One inmate stated he told staff and an hour later he was taken to the Supervisor's office. A second inmate stated he reported via a grievance form and had a quick response where he was moved off the caseload of the alleged staff perpetrator. The third inmate stated he notified mental health and the Captain came to speak with him a week later.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. The PREA Manual page 26 states that non-custody staff first responders shall immediately notify his/her chain of command and request that the prisoner victim not take any action to destroy physical evidence. The PAQ indicated that during the previous twelve months there were five allegations of sexual abuse that involved a non-security staff first responder. It further stated that the non-security first responder notified security in all five instances. A review of documentation indicated there was one allegation that involved all first responder duties (separation, securing

	<p>of crime scene and notifying the inmates not to take any action to destroy evidence). A second allegation involved non-security first responder duties including notifying security staff. The interview with the security first responder indicated that first responder duties would include not leaving the prisoner alone, contacting mental health, contacting health care, contacting the supervisor, contacting the PC, securing the area and completing all actions noted on their first responder sheet. The non-security first responder stated she would make sure the scene is safe and the victim and abuser are separated. She further stated she would not let the individuals destroy evidence and would refer them to mental health. Interviews with random staff confirmed that they were aware of first responder duties. Most stated they would separate the individuals, report the allegation and secure the crime scene.</p> <p>Based on a review of the PAQ, the Prison Rape Elimination Act (PREA) Manual, Sexual Violence Response and Investigation Guide, PREA Training Investigative Reports and interviews with random staff, staff first responders and the inmates who reported sexual abuse, this standard appears to be compliant.</p>
--	---

115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The facility indicated that they have a facility specific policy, however at the issuance of the interim report, the auditor had not received the policy. The Warden confirmed that the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners investigators and facility</p>

leadership. She indicated this is through the facility PREA policy.

Based on a review of the PAQ and the interview with the Warden, this standard appears to require corrective action.

Corrective Action

The facility will need to provide the facility specific coordinated response plan.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. JCS Operating Procedure 03.03.140

The facility provided their facility specific policy that included a coordinated response plan in the last few pages of the policy. The coordinated response plan outlined duties for first responders, supervisor staff, the PCM, the Warden, the investigator and classification. Additionally, it outlines that the PCM coordinate with medical and mental health for appropriate services.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Recommendation

The auditor highly recommends that the coordinated response plan be updated to specifically identify medical and mental health care response, rather than in general terminology under the PCM duties.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreements <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of six collective bargaining agreements indicated that all had a section that indicated that the employer has the authority to suspend, demote, discharge or take other appropriate disciplinary actions against employees for just cause. The interview with the Agency Head Designee confirmed that the agency has unions (collective bargaining entities), however the agreements do not prevent the agency from removing staff from contact with inmates and do not determine or dictate the type of discipline that staff receive.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the collective bargaining agreements as well as information from the interview with the Agency Head Designee, this standard appears to be compliant.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)
3. The Prison Rape Elimination Act (PREA) Manual
4. Prison Rape Elimination Act (PREA) Sexual Abuse Retaliation Monitoring (CAJ-1022)
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 03.03.140, page 10, states retaliation for reporting or participating in an investigation is prohibited. Prisoners and employees who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation for reporting the incident or participating in the investigation. Upon receiving an allegation of sexual abuse, designated employees shall initiate a PREA Sexual Abuse Retaliation Monitoring form (CAJ-1022) to be completed in accordance with the PREA Manual. Employees or prisoners who report sexual abuse, or a prisoner who is an alleged victim of sexual abuse, shall be monitored for retaliation for a period of at least 90 days, unless the investigation results in a finding of unfounded. If unfounded, retaliation monitoring may be discontinued, and the reason noted on the form. The PAQ indicated that the agency designates staff members with monitoring for possible retaliation.

115.67 (b): 03.03.140, page 10, states retaliation for reporting or participating in an investigation is prohibited. Prisoners and employees who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation for reporting the incident or participating in the investigation. Upon receiving an allegation of sexual abuse, designated employees shall initiate a PREA Sexual Abuse Retaliation Monitoring form (CAJ-1022) to be completed in accordance with the PREA Manual. Employees or prisoners who report sexual abuse, or a prisoner who is an alleged victim of sexual abuse, shall be monitored for retaliation for a period of at least 90 days, unless the investigation results in a finding of unfounded. If unfounded, retaliation monitoring may be discontinued, and the reason noted on the form. The PREA Manual, page 18, states that the Department shall act promptly to remedy any retaliation including employing protective measures such as housing changes, transfers, changes of alleged staff work assignments and continuing such monitoring beyond 90 calendar days if the initial monitoring indicates a need. A review of twelve investigative reports indicated seven were sexual abuse and required monitoring for retaliation. All seven instances, including the one victim who was at another MDOC facility, included monitoring for retaliation via the CAJ-1022. None of the documentation reviewed indicated any retaliation was reported. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head Designee stated there are rules and regulations and policies for retaliation. He indicated there is a mandatory 90 day monitoring for retaliation process. He further confirmed that they can take protective measures such as moving housing, transferring to another facility, removal of staff abuser from contact with inmates and offering emotional support services. The Agency Head Designee additionally stated that if there is sexual abuse reported they are typically looking to move one of the individuals and that all protective measures available are listed on the monitoring for retaliation form. The interview with the Warden indicated that the facility could employ protective measures to protect inmates and staff from retaliation via: housing changes, facility transfers, removal of the staff from contact with the prisoner(s) and offering of victim support services. The staff responsible for monitoring for retaliation stated that he does two week checkups with the inmate to determine if they have been retaliated against and if so they contact the supervisor. He stated they can take protective measures including separating the individuals and checking on them during rounds. Interviews with the inmates who reported sexual abuse stated indicated two of the three felt protected from any retaliation. All three stated they felt safe at the facility.

115.67 (c): The PAQ stated that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.

03.03.140, page 10, states retaliation for reporting or participating in an investigation is prohibited. Prisoners and employees who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation for reporting the incident or participating in the investigation. Upon receiving an allegation of sexual abuse, designated employees shall initiate a PREA Sexual Abuse Retaliation Monitoring form (CAJ-1022) to be completed in accordance with the PREA Manual. Employees or prisoners who report sexual abuse, or a prisoner who is an alleged victim of sexual abuse, shall be monitored for retaliation for a period of at least 90 days, unless the investigation results in a finding of unfounded. If unfounded, retaliation monitoring may be discontinued, and the reason noted on the form. The PREA Manual, pages 17 and 18 addresses that upon receipt of a sexual abuse allegation, staff shall initiate the 90-calendar day retaliation monitoring using the appropriate form. It indicates that the Department shall monitor for changes that may suggest possible retaliation by prisoners or staff, regardless if the prisoner is transferred. The PREA Manual indicates that staff who report sexual abuse will be monitored by supervisory staff, other than their direct supervisor, and that the supervisor will monitor for retaliatory performance reviews, reassignments and other retaliatory actions not substantiated as legitimate discipline or performance matters. With regard to prisoners who reported sexual abuse or who have been an alleged victim, the PREA Manual indicates that supervisory staff shall monitor for disciplinary sanctions, housing/ program changes and also conduct periodic status checks. Page 18 indicates that monitoring may continue beyond 90 calendar days if the initial monitoring indicates a need. A review of CAJ-1022 shows that the form has check boxes to indicate the required components are reviewed and monitored by the staff including: face to face contact, review of program changes, review of disciplinary reports, review of performance evaluations, review of housing changes and review of staff reassignments. The PAQ indicated that there had been zero instances of retaliation in the previous twelve months. The Warden stated that if they suspect retaliation the Inspectors (investigators) would be contacted to review the video and review any other evidence to determine if there are any retaliation issues. He stated they would speak to the individual and conduct an investigation. The Warden further stated they have not had any issue with retaliation at the facility. The staff responsible for monitoring for retaliation indicated he monitors demeanor of the individual including any changes in daily routine. She stated he also checks discipline and if they have quit things such as their job assignment. The staff indicated he monitors for three months and that he does not know the maximum length of time he would monitor. He stated the would just continue monitoring and refer the inmate to the mental health supervisor. A review of twelve investigative reports indicated seven were sexual abuse and required monitoring for retaliation. All seven instances, including the one victim who was at another MDOC facility, included monitoring for retaliation via the CAJ-1022. Of the seven monitoring documents, only two had documentation of any checks required under this provision. Two included a review of housing changes. None of the seven had documentation of any other element (i.e. discipline, work, program, etc.).

115.67 (d): 03.03.140, page 10, states retaliation for reporting or participating in an investigation is prohibited. Prisoners and employees who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation for reporting the incident or participating in the investigation. Upon receiving an allegation of sexual abuse, designated employees shall initiate a PREA Sexual Abuse Retaliation Monitoring form (CAJ-1022) to be completed in accordance with the PREA Manual. Employees or prisoners who report sexual abuse, or a prisoner who is an alleged victim of sexual abuse, shall be monitored for retaliation for a period of at least 90 days, unless the investigation results in a finding of unfounded. If unfounded, retaliation monitoring may be discontinued, and the reason noted on the form. The PREA Manual, page 17, states that supervisory staff will conduct period status checks when monitoring for retaliation. A review of CAJ-1022 confirms that staff check a box for face to face contact. The form indicates face to face contact is required for all monitoring. A review of seven monitoring documents confirmed all seven included period face-to-face status checks. The interview with the staff responsible for monitoring indicated that he conducts periodic status checks every two weeks and also during rounds.

115.67 (e): 03.03.140, page 10, states retaliation for reporting or participating in an investigation is prohibited. Prisoners and employees who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, are protected from retaliation for reporting the incident or participating in the investigation. Upon receiving an allegation of sexual abuse, designated employees shall initiate a PREA Sexual Abuse Retaliation Monitoring form (CAJ-1022) to be completed in accordance with the PREA Manual. Employees or prisoners who report sexual abuse, or a prisoner who is an alleged victim of sexual abuse, shall be monitored for retaliation for a period of at least 90 days, unless the investigation results in a finding of unfounded. If unfounded, retaliation monitoring may be discontinued, and the reason noted on the form. The PREA Manual, page 18, states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including the 90-calendar day retaliation monitoring if deemed necessary. A review of the CAJ-1022 forms indicates the form includes a box that can be checked if the monitoring is being completed for someone who is in fear of retaliation or is cooperating with a sexual abuse/sexual harassment investigation. A review of investigative reports did not produce any individuals who expressed fear of retaliation. The interview with the Agency Head Designee indicated the same protective measures would be provided for individuals who cooperate with an investigation or express fear of retaliation. He indicated there are rules and regulations and policies for retaliation. He indicated there is a mandatory 90 day monitoring for retaliation process. He further confirmed that they can take protective measures such as moving housing, transferring to another facility, removal of staff abuser from contact with inmates and offering emotional support services. The Agency Head Designee additionally stated that if there is sexual abuse reported they are typically looking to move one of the individuals and that all protective measures

available are listed on the monitoring for retaliation form. The interview with the Warden indicated that the facility could employ protective measures to protect inmates and staff from retaliation via: housing changes, facility transfers, removal of the staff from contact with the prisoner(s) and offering of victim support services. The Warden stated that if they suspect retaliation the Inspectors (investigators) would be contacted to review the video and review any other evidence to determine if there are any retaliation issues. She stated they would speak to the individual and conduct an investigation.

(f): Auditor not required to audit this provision.

Based on a review of the PAQ, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, CAJ-1022, investigative reports and information from interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse indicate this standard requires corrective action. A review of twelve investigative reports indicated seven were sexual abuse and required monitoring for retaliation. All seven instances, including the one victim who was at another MDOC facility, included monitoring for retaliation via the CAJ-1022. Of the seven monitoring documents, only two had documentation of a review of housing changes. None of the seven had documentation of any other element (i.e. discipline, work, program, etc.).

Corrective Action

The facility will need to train appropriate staff on the required checks under provision (c). Staff should be trained on how to complete the CAJ-1022 properly related to those checks. A copy of the training should be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Curriculum

	<ol style="list-style-type: none"> 2. Staff Training Sign-In Sheets 3. Monitoring for Retaliation <p>The facility provided a training curriculum as well a staff training sign-in sheets confirming that staff were provided training on the requirements for monitoring for retaliation.</p> <p>The facility provided eleven examples of monitoring for retaliation that were completed during the corrective action period. Six of the eleven were not adequate as the forms were not filled out correctly. The forms were for inmates and had checks related to staff marked. All included face-to-face periodic status checks.</p> <p>The auditor advised that staff needed additional training on this process. The facility provided additional training that was completed with staff that included colored highlights detailing which requirements were to be checked for inmates and which were to be checked for staff. This training was sent to appropriate staff and read receipts were forwarded to the auditor confirming they read and understood the updated training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	--

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 04.05.120 - Segregation Standards 3. The Prison Rape Elimination Act (PREA) Manual 4. Investigative Reports 5. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 04.05.120, page 2 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 completed and a determination has been made that no less restrictive means of separation from likely abusers exists. 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 separating a prisoner from likely abusers exists, the prisoner shall be assigned to temporary segregation only until an alternative means of separation from likely abusers can be arranged and should not exceed 30 calendar days pending investigation unless extenuating circumstances exist. If the prisoner is held in temporary segregation for more than 30 calendar days, the facility shall afford the prisoner a review to determine whether there is a continuing need for separation. The facility shall clearly document the basis for the facility's concern for the prisoner's safety and the reason why no less restrictive means of separation can be arranged. 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: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. Further, page 3 states prisoners being housed in temporary segregation longer than seven business days for the following reasons shall have their placement reviewed in accordance with Paragraph FFF. Paragraph FFF (page 11) 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 segregation who are serving a detention sanction for misconduct. A housing unit team review shall be conducted within seven calendar days of the prisoner being classified to administrative segregation. SCC shall review the prisoner at least every 30 calendar days thereafter until the prisoner is reclassified to general population status. SCC reviews shall be an out-of-cell personal interview with each prisoner. If the prisoner chooses not to participate in the review, the highest ranking SCC member shall personally visit the prisoner to encourage his/her participation. The PAQ indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of housing documentation for inmates who reported sexual abuse indicated all remained in the same housing status (general population). The facility does not have a segregated housing unit and as such they were not placed in involuntary segregated housing. The interview with the Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in segregated housing unless there are no other available alternative means of separation from likely abusers. She stated Cooper Street does not have segregated housing unit and they do not place inmates who report sexual abuse in segregated housing. The Warden further stated that policy state that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. The Warden further reiterated that the facility does not have a segregated housing unit and as such they have not involuntarily segregated anyone. During the tour the auditor confirmed there was not a segregated housing unit, as such no interviews of staff who supervise inmates in segregated housing or inmates in segregated housing were completed.

Based on a review of the PAQ, 04.05.120, the Prison Rape Elimination Act (PREA) Manual, Investigative Reports, Housing Assignments for Inmate Victims of Sexual Abuse and the interview with the Warden, this standard appears to be compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 01.01.140 - Internal Affairs 3. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 4. The Prison Rape Elimination Act (PREA) Manual

5. Letter from the Michigan State Police
6. Investigator Training Records
7. Investigative Reports (Current & Historical)

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 03.03.140 page 8, states All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 28 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).

01.01.140, page 2 states internal Affairs has jurisdiction to investigate or assist in any Departmental investigation, including all allegations of employee, contractor, and offender misconduct. Generally, allegations concerning the conduct of offenders are not investigated by Internal Affairs unless it also involves allegations of employee or contractor misconduct. All allegations of prisoner misconduct are administered pursuant to 03.03.105 "Prisoner Discipline." When a worksite administrator suspects criminal activity, they shall ensure an immediate referral is made to the Michigan State Police (MSP) or other appropriate law enforcement agency. There were 25 allegations reported during the previous twelve months, eight inmate-on-inmate and seventeen staff-on-inmate. A review of twelve investigations (including two that did not rise to the level of sexual abuse or sexual harassment after review by the auditor) confirmed that all were investigated by facility/agency investigators. One investigation was deemed substantiated and was referred for prosecution. Another investigation was referred to MSP for investigation and was still open. Additional investigations were referred to MSP but were declined for criminal investigation. All of

the twelve investigations reviewed were thorough and objective. Eleven were timely and were completed within 60 days. The one investigation that was not timely was the substantiated investigation. All twelve included interviews and four included collection of evidence such as video monitoring and physical. The interview with the facility investigator indicated that she would immediately complete a request for investigation for review and determination. She indicated that if an allegation was reported anonymously or through a third party she would approach it a little differently because there is not a named victim. She indicated she would attempt to identify the victim. The agency investigator stated that she initiates an investigation as soon as she receives the notice that she is assigned the investigation. She stated that it is in policy that they do not care how the allegation came in or was reported. She stated they investigate all allegations the same.

115.71 (b): 03.03.140, page 8 states investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 28 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). A review of the Basic Investigator Training curriculum confirms that it covers: PREA standards, the PREA Manual, definitions, reactions of sexual abuse victims, protective custody, referral for prosecution and victim notification. The training curriculum also includes: Miranda and Garrity, evidence collection, interviewing techniques and report writing. A review of the NIC training also confirms that it covers the required elements under this provision. A review of twelve investigations indicated they were completed by eight different investigators. All eight were documented with the Basic Investigator Training (which includes the NIC training) and/or the NIC training. The interviews with the investigators confirmed that both had received specialized training. Both confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative investigation.

115.71 (c): 03.03.140 page 8, states all investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, pages 28 and 29 state that the facility shall coordinate the actions of the investigation, first responders, law enforcement and forensic examiners to ensure that available direct and circumstantial evidence is gathered and preserved, including any physical DNA

evidence and available electronic monitoring data. It also states that investigators shall interview alleged victims, suspected perpetrators and sufficient witnesses to establish facts. Additionally, page 29 states that the investigator shall also review prior complaints and reports of sexual abuse involving the suspected perpetrator at the facility/facilities. There were 25 allegations reported during the previous twelve months, eight inmate-on-inmate and seventeen staff-on-inmate. A review of twelve investigations (including two that did not rise to the level of sexual abuse or sexual harassment after review by the auditor) confirmed that all were investigated by facility/agency investigators. One investigation was deemed substantiated and was referred for prosecution. Another investigation was referred to MSP for investigation and was still open. Additional investigations were referred to MSP but were declined for criminal investigation. All twelve included interviews and four included collection of evidence such as video monitoring and physical. The interview with the facility investigator indicated that her initial investigative steps would involve interviewing the victim and having the victim seen by medical. She stated this would be done within fifteen minutes of the reported sexual abuse. The facility investigator further stated that after the initial steps she would report the incident, search for evidence, collect evidence, interview individuals, contact the PC and review cameras. She indicated she would be responsible for gathering evidence such as photos, bodily fluids, health care documents, statements, electronic monitoring data and other information in the prisoner's file. The agency investigator stated that her first steps of the investigation include reading the information on why the investigation was requested and reviewing any video or obtaining a copy of any video. She stated the video is very important because of the limited retention period. She stated she will determine if the allegation needs referred to MSP, and if so refer it out immediately. She stated her first steps would also include ensuring the victim was sent out for a forensic medical examination, if applicable. The agency investigator further stated she would review any urgent thing that need to happen, collect all evidence (video, log books, round reader, etc.) and then interview the victim. She indicated after the victim she would interview any witnesses and then interview the alleged suspect last. She further stated after all evidence and interviews were complete she would clean up her written document and determine a final finding of the investigation. She stated she would also ensure all elements required for PREA are included in the investigative report, such as a review of prior complaints and any staff actions that contributed to the sexual abuse. The agency investigator stated that she would be responsible for collecting all evidence, other than physical (collected by MSP), including: video, audio, log books, schedules, interviews, etc.

115.71 (d): 03.03.140 page 8, states all investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 29, states that investigators shall interview alleged victims, suspected perpetrators and sufficient witnesses to establish facts. When the evidence appears to support criminal prosecution, the assigned inspector shall coordinate all investigative interviews with law enforcement to ensure that interviews conducted by the Department, if any, will

not be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated one investigation was substantiated and was referred for prosecution. At the time of the onsite portion of the audit the facility had not received a response related to the prosecution process. The investigation did not indicate compelled interviews were completed. The interview with the facility investigator indicated that MSP would take over when the allegation involved any compelled interviews. The agency investigator stated they do not conduct compelled interviews because they refer criminal investigations to MSP. She stated they give MSP the opportunity to investigate first and if they choose not to they would then ensure Garrity was not asked for. She further stated MSP would be responsible for referring all investigations for prosecution.

115.71 (e): 03.03.140 page 8, states all investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 29, states that the credibility of the 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". Additionally, it states that 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 allegation. The interviews with the investigators confirmed that the agency does not require the inmate victim to submit to a polygraph test or any other truth-telling device in order to continue with the investigation. Additionally, the facility investigator stated that she does not judge credibility, rather she looks at the facts. The agency investigator stated that credibility is always determined on a case-by-case basis through interviews, prior history of complaints and other elements of the evidence. The interviews with the inmates who reported sexual abuse indicated they were not required to take a polygraph or truth telling device test.

115.71 (f): 03.03.140 page 8, states all investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. The PREA Manual, page 29, states that investigative reports shall include; an effort to determine whether staff actions or inaction contributed to the abuse, a description of physical, forensic and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. There were 25 allegations reported during the previous twelve months, eight inmate-on-inmate and seventeen staff-on-inmate. A review of twelve investigations (including two that did not rise to the level of sexual abuse or sexual harassment after review by the auditor) confirmed that all were investigated by facility/agency investigators. One investigation was deemed substantiated and was referred for prosecution. Another investigation was referred to MSP for investigation and was still open. Additional investigations were referred to MSP but were declined for criminal investigation. All of the twelve investigations were documented in a written report and included information on the initial allegation, those involved, statements/

interviews, evidence reviewed, facts and the investigative finding. The interview with the facility investigator confirmed that administrative investigations are documented in a written report. She confirmed that the report includes information on who, what, where, what was reviewed and what the evidence showed. She further stated that during the investigation she interviews all parties and reviews video footage to determine if staff actions or failure to act contributed to the sexual abuse. The agency investigator indicated that the investigative report would include a description of the allegation received, a list of evidence collected, the list of steps taken during the investigation, a summary of the interviews, a conclusion and the investigative finding. She confirmed that 90 percent of the time she goes to the scene where the allegation occurred to look to see if staff made rounds. She stated she will also review cameras to assist with the review and determine if there was anything that staff could have done to prevent the incident. She further indicated that her review is sort of like the incident review that is completed at the end of the investigation, she makes sure that staff were not negligent.

115.71 (g): 03.03.140, page 9 states any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution. The Department investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the Department's efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. However, the Department investigation shall proceed in accordance with 01.01.140 "Internal Affairs" regardless of whether the referral results in criminal prosecution. Criminal investigations are completed by the Michigan State Police. No criminal investigations were completed by the MSP, two were open. One was substantiated and referred to MSP for prosecution. There were zero criminal investigation available for the auditor to review. The interview with the facility investigator confirmed that criminal investigations would be documented in a written report. She stated that the report would include all elements as an administrative investigation and that it would include the referral to MSP. The agency investigator stated that when MSP completes an investigation they get a copy of the report through a FOIA request (for tracking purposes).

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 03.03.140, page 9 states any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution. The Department investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the Department's efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. The PAQ indicated that there were five allegations referred for prosecution since the last PREA audit. Further communication with the staff indicated this number was incorrect and there were zero investigations referred for prosecution. A review of investigative reports indicated that there was one investigation that was

substantiated that was referred for prosecution. The facility investigator stated they refer all allegations of sexual abuse to MSP, who handles any prosecution. The agency investigator indicated that MSP refers all allegations for prosecution and the agency stance is they refer everything to MSP. She stated anything is substantiated they hope to get it sent for prosecution through MSP.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PREA Manual, page 30, states that all investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 03.03.140, page 9 states in all investigations of employee sexual abuse/sexual harassment, investigators shall personally interview the complainant, the alleged victim if not the complainant, the alleged perpetrator, and sufficient witnesses to establish the facts. The investigation shall not be closed simply due to the resignation, transfer, or termination of the accused employee. The interview with the facility investigator confirmed that an investigation would continue regardless of whether the staff member and/or inmate remained employed/incarcerated with the agency. The agency investigator stated the investigation is continued no matter what and that if the inmate or staff leave prior to the investigation they make a note of that and continue with the investigation to the best of their abilities.

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

115.71 (l): 03.03.140, page 9 states any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution. The Department investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the Department's efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. The interview with the Warden indicated that the facility remains informed of the progress of external investigations through the facility investigator. She stated MSP would communicate with the facility investigator about any updates. The interview with the PC indicated the agency has really good partnerships and rapport with local and state law enforcement. With regard to communication, he stated Inspectors at the facility usually communicate with the agencies and that some of the prisons have MSP offices. He further stated that there is a working relationship between the agency and outside law enforcement to keep the information flowing. The PCM stated that the if an outside agency

	<p>conducts an investigation they remain informed through the Inspector. The facility investigator indicated that if MSP conducted an investigation she would be responsible for aiding them with documents and escorts. The agency investigator stated that when MSP conducts an investigation she would basically be there to assist them by providing access to inmate, pulling documents and setting up interviews. She indicated that the agency works beside MSP.</p> <p>Based on a review of the PAQ, 01.01.140, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, Letter from the Michigan State Police, Investigator Training Records, Investigative Reports (Current & Historical) and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and the inmates who reported sexual abuse, the facility appears to meet this standard.</p>
--	---

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Prison Rape Elimination Act (PREA) Manual 3. Basic Investigator Training 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Manual, page 29, indicates a preponderance of evidence shall be the standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Basic Investigator Training Manual confirms it directs investigators</p>

that a preponderance of the evidence is the standard in determining if an allegation is substantiated for administrative investigation. A review of twelve investigative reports indicated that ten were sexual abuse or sexual harassment and all had an administrative investigation completed in the previous twelve months. One staff-on-inmate sexual abuse investigation was substantiated and based on the information contained in the report, was based on a preponderance of evidence. The other nine investigations reviewed appeared to have investigative findings appropriate based on the evidence. Interviews with both investigators confirmed that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence. The facility investigator stated that the level is based on all the evidence together.

Based on a review of the PAQ, the Prison Rape Elimination Act (PREA) Manual, Basic Investigator Training, Investigative Reports and information from the interviews with investigative staff it appears this standard is compliant.

115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. The Prison Rape Elimination Act (PREA) Manual 4. Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Actions (CAJ-1021) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 03.03.140, page 10 states the Warden shall ensure the alleged victim is notified in writing of the final disposition of an investigation involving allegations of sexual abuse. The PREA Prisoner Notification of Sexual Abuse Investigative Findings and Action Form (CAJ-1021) shall be used for this purpose once the final reviewer has made their determination of findings. The alleged victim shall sign for receipt of the notification. The CAJ-1021 shall be retained as part of the investigative packet. A review of CAJ-1021 confirms that the form includes a section for the investigative finding as well as sections for actions taken against a staff suspect and/or a prisoner suspect. The form has the name of the staff providing the notification as well as the date it was provided. The PAQ indicated that there were five investigations completed within the previous twelve months and five inmates were notified verbally or in writing of the results of the investigation. The interview with the Warden confirmed that inmate victims are notified of the outcome of the investigations. The agency investigator stated that there is a form that is utilized and the notification is through the written form. The facility investigator also confirmed that inmate victims are notified of the outcome of the investigation. The interviews with the inmates who reported abuse indicated that none knew if they were to be informed of the outcome of the investigation into their allegation. All three stated they were not provided notification. The auditor reviewed investigative files for the inmates interviewed and confirmed that all three had a CAJ-1021 in the investigative file. A review of a sample of seven sexual abuse investigation indicated all seven had a victim notification documented via the CAJ-1021.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency shall request the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 03.03.140, page 10 states the Warden shall ensure the alleged victim is notified in writing of the final disposition of an investigation involving allegations of sexual abuse. The PREA Prisoner Notification of Sexual Abuse Investigative Findings and Action Form (CAJ-1021) shall be used for this purpose once the final reviewer has made their determination of findings. The alleged victim shall sign for receipt of the notification. The CAJ-1021 shall be retained as part of the investigative packet. The PREA Manual, page 30, states that the assigned investigator shall remain informed about the progress of the criminal investigation and disposition. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. Further communication with the staff indicated this number was incorrect and that there were five notifications made following an outside entity investigation. A review of investigative reports indicated there were two criminal investigation by

MSP, however both were still open.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ stated that there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past twelve months and that the agency subsequently informed the inmate of the requirements under this provision. 03 03.03.140, pages 9-10 state if an investigation of employee sexual abuse/harassment determines the allegations are substantiated, the facility conducting the investigation shall inform the victim of the following using the CAJ-1021: any disciplinary action is taken. However, details of the discipline, including specific charges and sanctions shall not be provided; the employee is no longer assigned within the prisoner's unit; the employee is no longer employed at the facility; the Department learns the employee has been indicted on a charge related to sexual abuse within the facility, or; the Department learns that the employee has been convicted on a charge related to sexual abuse within the facility. The CAJ-1021 shall be retained as part of the investigative packet. A review of CAJ-1021 confirms that the form includes a section for the investigative finding as well as sections for actions taken against a staff suspect and/or a prisoner suspect. For staff this includes: that disciplinary action was taken, that the staff is no longer assigned to the housing unit, that the staff is no longer employed at the facility, that the staff was indicted on a charge related to the allegation and/or that the staff was convicted on a charge related to this allegation. A review of seven sexual abuse investigations indicated five were staff-on-inmate. Three were unfounded, one was unsubstantiated and one was substantiated. The inmate victim of the substantiated allegation was notified that the staff member was no longer employed at the facility via the CAJ-1021. The interviews with inmates who reported sexual abuse indicated that all three were against a staff member and none were notified about anything related to the staff member. It should be noted that none of the inmates interviewed had a substantiated investigative finding.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 03.03.140, page 10 states if a prisoner alleges they were sexually abused by another prisoner, the Department shall subsequently inform the alleged victim of the following using the CAJ-1021: the Department learns the alleged abuser has been

indicted on a charge related to sexual abuse within the facility, or; the Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The CAJ-1021 shall be retained as part of the investigative packet. A review of CAJ-1021 confirms that the form includes a section for the investigative finding as well as sections for actions taken against a staff suspect and/or a prisoner suspect. For the inmate it includes whether he/she has been indicated on a charge related to the allegation and/or he/she was convicted on a charge related to the allegation. A review of investigative reports indicated there were two inmate-on-inmate sexual abuse allegations, however none were substantiated. As such none required notifications under this provision. The interviews with the inmates who reported sexual abuse indicated that none of the allegations were against another inmate and as such no notifications were required.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 03.03.140, page 10 states the Warden shall ensure the alleged victim is notified in writing of the final disposition of an investigation involving allegations of sexual abuse. The PREA Prisoner Notification of Sexual Abuse Investigative Findings and Action Form (CAJ-1021) shall be used for this purpose once the final reviewer has made their determination of findings. The alleged victim shall sign for receipt of the notification. The CAJ-1021 shall be retained as part of the investigative packet. A review of CAJ-1021 confirms that the form includes a section for the investigative finding as well as sections for actions taken against a staff suspect and/or a prisoner suspect. The form has the name of the staff providing the notification as well as the date it was provided. The PAQ stated that five notifications to inmates were made under this standard and four were documented. A review of a sample of seven sexual abuse investigation indicated all seven had a victim notification documented via the CAJ-1021. A review of seven sexual abuse investigations indicated five were staff-on-inmate. Three were unfounded, one was unsubstantiated and one was substantiated. The inmate victim of the substantiated allegation was notified that the staff member was no longer employed at the facility via the CAJ-1021.

115.73(f): This provision is not required to be audited.

Based on a review of the PAQ, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, CAJ-1021, Investigative Reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
---------------	---

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 02.03.100 – Employee Discipline
3. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)
4. Policy Directive 01.01.140 – Internal Affairs
5. The Prison Rape Elimination Act (PREA) Manual
6. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 03.03.140, page 6 states it is a felony for employees to engage in sexual contact with a prisoner, as defined in MCL 750.520c. MDOC employees that engage in such conduct prohibited by this policy are subject to investigation and disciplinary action pursuant to 01.01.140 “Internal Affairs” and 02.03.100 “Employee Discipline.” 01.01.140, page 4 states when there is sufficient evidence of a work rule violation, the employee shall receive notice as set forth in 02.03.100 “Employee Discipline.” 02.03.100, page 2 states an employee being investigated for an alleged rule violation shall be suspended if the employee has a pending criminal charge for any controlled substance or criminal sexual conduct offense, or has any pending criminal felony charge. Attachment A (Discipline Guide) of 02.03.100 indicates the discipline for sexual abuse of an offender is discharge while discipline for overly familiar or unauthorized contact and sexual harassment of an offender is determined by OEA Administrator or designee and may be any sanction up to and including discharge, unless otherwise specified above.

115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. 03.03.140, page 6 states it is a felony for employees to engage in sexual contact with a prisoner, as defined in MCL 750.520c. MDOC employees that engage in such conduct prohibited by this policy are subject to investigation and disciplinary action pursuant to 01.01.140 “Internal Affairs” and 02.03.100 “Employee

Discipline.” 01.01.140, page 4 states when there is sufficient evidence of a work rule violation, the employee shall receive notice as set forth in PD 02.03.100 “Employee Discipline.” 02.03.100, page 2 states an employee being investigated for an alleged rule violation shall be suspended if the employee has a pending criminal charge for any controlled substance or criminal sexual conduct offense, or has any pending criminal felony charge. Attachment A (Discipline Guide) of 02.03.100 indicates the discipline for sexual abuse of an offender is discharge while discipline for overly familiar or unauthorized contact and sexual harassment of an offender is determined by OEA Administrator or designee and may be any sanction up to and including discharge, unless otherwise specified above. A review of investigative reports confirmed there was one substantiated staff-on-inmate sexual abuse investigation. The investigation was referred to the Michigan State Police who forwarded it for prosecution. At the time of the on-site portion of the audit, the facility had not yet received a response related to the prosecution process. The staff member resigned prior to the completion of the agency investigation and as such no discipline was issued.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 03.03.140, page 6 states it is a felony for employees to engage in sexual contact with a prisoner, as defined in MCL 750.520c. MDOC employees that engage in such conduct prohibited by this policy are subject to investigation and disciplinary action pursuant to 01.01.140 “Internal Affairs” and 02.03.100 “Employee Discipline.” 01.01.140, page 4 states when there is sufficient evidence of a work rule violation, the employee shall receive notice as set forth in 02.03.100 “Employee Discipline.” 02.03.100, page 4 states employees who commit similar rule violations should generally receive similar discipline for their conduct. An employee who continues to commit rule violations should generally receive more severe discipline than an employee who commits a single rule violation. However, some conduct is so egregious to warrant discharge for a first offense. Attachment A shall be used to determine the appropriate discipline for rule violations that are committed by employees, absent a finding of mitigating or aggravating circumstances that support a departure from the discipline identified for the rule violation. Attachment A is not to be used to determine the discipline for supervisory and managerial employees because these employees are held to a higher standard of conduct than other employees. The PREA Manual, page 31, states that disciplinary sanctions for sexual harassment and other violations of Department sexual abuse and sexual harassment policies and work rules shall be commensurate with policy and the nature and circumstances of the acts committed, the staff member’s disciplinary history and sanctions imposed for comparable offenses committed by other staff with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there

was one substantiated staff-on-inmate sexual abuse allegation. A review of investigative reports confirmed there was one substantiated staff-on-inmate sexual abuse investigation. The investigation was referred to the Michigan State Police who forwarded it for prosecution. At the time of the on-site portion of the audit, the facility had not yet received a response related to the prosecution process. The staff member resigned prior to the completion of the agency investigation and as such no discipline was issued.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 03.03.140, page 7 states all terminations for violations of agency sexual abuse or sexual harassment policies or work rules, or resignations by employees 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 any relevant licensing bodies. The PAQ indicated that there have been zero staff member who were reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. A review of investigative reports confirmed there was one substantiated staff-on-inmate sexual abuse investigation. The investigation was referred to the Michigan State Police who forwarded it for prosecution. At the time of the on-site portion of the audit, the facility had not yet received a response related to the prosecution process. The staff member resigned prior to the completion of the agency investigation and as such no discipline was issued.

Based on a review of the PAQ, 02.03.100, 03.03.140, 01.01.140, the Prison Rape Elimination Act (PREA) Manual and Investigative Reports indicates that this standard appears to be compliant.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA)

3. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 03.03.140, page 6 states contractual employee or volunteer who engages in such behavior shall be prohibited from providing services within any Department correctional facility. The PAQ indicated that there have been contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months, but stated zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates. Further communication with the staff indicated this was incorrectly marked and that there were not contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated sexual abuse or sexual harassment allegations that involved a volunteer or contractor.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 03.03.140, page 6 states contractual employee or volunteer who engages in such behavior shall be prohibited from providing services within any Department correctional facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by contractors or volunteers would result in the volunteer or contractor not being allowed back inside the facility. She stated they would place a stop order on the individual.

Based on a review of the PAQ, 03.03.140, Investigative Reports and information from the interview with the Warden, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 03.03.105 - Prisoner Discipline
3. The Prison Rape Elimination Act (PREA) Manual
4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 03.03.105, page 1 states alleged violations of written rules are classified as Class I, Class II, or Class III misconduct and are further defined in Attachments A, B, and C of this policy. Class I misconducts are subject to all hearing requirements set forth in MCL 791.252 and all requirements currently set forth in Administrative Rules and policy directives for Class I "major" misconduct. Class II and Class III misconducts are subject to all requirements currently set forth in Administrative Rules and policy directives for "minor" misconducts. A misconduct that is a felony shall be referred to the appropriate law enforcement agency as well as being pursued through the Department disciplinary process. The initiation of the disciplinary process may be delayed if it would interfere with the criminal investigation or prosecution. Attachment A, illustrates that sexual assault and sexual misconduct fall under a Class I rule violation. Attachment B, indicates the sanctions for Class I rule violations include, detention (punitive segregation), toplock, loss of privileges and restitution. The PAQ indicated there have been zero administrative finding of inmate-on-inmate sexual abuse and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports confirmed there were zero substantiated inmate-on-inmate sexual abuse or sexual harassment allegations during the previous twelve months.

115.78 (b): 03.03.105, page 1 states alleged violations of written rules are classified as Class I, Class II, or Class III misconduct and are further defined in Attachments A, B, and C of this policy. Class I misconducts are subject to all hearing requirements set forth in MCL 791.252 and all requirements currently set forth in Administrative Rules and policy directives for Class I “major” misconduct. Class II and Class III misconducts are subject to all requirements currently set forth in Administrative Rules and policy directives for “minor” misconducts. A misconduct that is a felony shall be referred to the appropriate law enforcement agency as well as being pursued through the Department disciplinary process. The initiation of the disciplinary process may be delayed if it would interfere with the criminal investigation or prosecution. Attachment A, illustrates that sexual assault and sexual misconduct fall under a Class I rule violation. Attachment B, indicates the sanctions for Class I rule violations include, detention (punitive segregation), toplock, loss of privileges and restitution. The interview with the Warden indicated if a prisoner violates the sexual abuse and sexual harassment policies he would receive a misconduct and go through the disciplinary hearing process to determine sanctions. The Warden confirmed that sanctions would be 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.

115.78 (c): 03.03.105, page 10 states a prisoner with a mental disability is not responsible for misconduct if they lack substantial capacity to know the wrongfulness of their conduct or is unable to conform their conduct to Department rules as a result of the mental disability. The interview with the Warden confirmed that the inmates’ mental illness or mental disability would be considered in the disciplinary process.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff confirmed that they do offer therapy, counseling and other services designed to address and correct underlying motivations for committing sexual abuse and they would offer the services to the inmate perpetrator. The staff stated that they do not require the inmate’s participation in order to gain access or privileges to other benefits or services/ programs.

115.78 (e): The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. The PREA Manual, page 32, states that prisoners are unable to consent to sexual contact with MDOC employees, volunteers or contractors. Therefore, a prisoner may be disciplined for sexual contact with MDOC employees, volunteers or contractors only after it is determined the employee, volunteer or contractor did not consent to

the contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PREA Manual, page 32, states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 03.03.140, page 4, states that prisoners are prohibited from having sexual contact with other prisoners. A prisoner who willingly engages in such behavior is subject to discipline.

Based on a review of the PAQ, 03.03.105, the Prison Rape Elimination Act (PREA) Manual, Investigative Reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)3. Policy Directive 04.06.180 - Mental Health Services4. Policy Directive 04.01.105 - Reception Facility Services5. The Prison Rape Elimination Act (PREA) Manual6. PREA Risk Assessment Manual7. PREA Risk Assessment Worksheet (CAJ-1023)

8. Mental Health Documents

9. Prison Rape Elimination Act Authorization for Release of Information (CAJ-1028)

Interviews:

1. Interview with Staff Responsible for Risk Screening

2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners. The PAQ stated that the meetings were offered within fourteen days of the intake screening. The PAQ also indicated that medical and mental health do not maintain secondary materials documenting compliance with the required services. 04.01.105, page 6 states a prisoner identified as having a history of physical or sexual abuse, or who poses a reasonable concern that they may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities shall be referred to a QMHP. When necessary, prisoners shall be referred for mental health services in accordance with PD 04.06.180 "Mental Health Services." The PREA Manual, page 14 states 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 fourteen calendar days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The interview with the staff responsible for the risk screening, indicated if an inmate discloses prior sexual victimization that is unreported they are immediately referred to mental health. The facility does not track those who disclose prior victimization during the risk screening. As such, the auditor and the PREA staff reviewed numerous risk assessments in order to identify a sample of those that disclosed prior sexual victimization. The auditor was able to identify seven inmates who disclosed prior sexual victimization. Three of the seven were documented with a mental health follow-up, however two were completed prior to the most current risk assessment. One was in 2012 where staff observed sexual abuse and one was 2018

when an inmate disclosed victimization during a hearing. Both were seen by mental health after the incidents and the information from the risk screening indicated these were the disclosures on the risk screening. The interviews with inmates who disclosed prior victimization during the risk screening indicated one of the four were offered a follow-up with mental health. The interview with the staff responsible for the risk screening indicated if an inmate discloses prior sexual victimization that is unreported they are immediately referred to mental health.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners. The PAQ stated that the follow-up meetings were offered within fourteen days of the intake screening. The PAQ also indicated that medical and mental health do not maintain secondary materials documenting compliance with the required services. The PREA Manual, page 14 states 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 fourteen calendar days of the intake screening. If the prisoner accepts the follow-up meeting, staff shall complete a Mental Health Services Referral (CHX-212). The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The facility does not track those who are identified with prior sexual abusiveness. As such, the auditor and the PREA staff reviewed risk assessments and identified three inmates with prior sexual abusiveness. A review of documentation indicated two of the three were offered a follow-up with mental health at a prior risk assessments as the prior sexual abusiveness was identified during previous risk assessments. The interview with the staff responsible for the risk screening, indicated if an inmate is identified with prior sexual abusiveness that is unreported they are immediately referred to mental health

115.81 (c): The facility is not a jail and as such this provision is not applicable.

115.81 (d): The PAQ indicated that information related to sexual victimization and abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. It further indicated that the information is only shared with other staff to inform security and management decisions, including treatment plans, housing, bed, work education and program assignments. Further communication with the staff indicated the information is not strictly limited to medical and mental health practitioners. 03.03.140, page 7 states results of risk assessments shall not be shared with prisoners. Information provided during the risk assessment shall be shared only with those who need to know for housing, bunking, and work assignment placement. Reasonable steps shall be taken to ensure the

confidentiality of information obtained during the risk assessment process. 03.04.108, page 3 states the prisoner health record shall be maintained as a confidential document and stored securely. All employees, including contractual employees, shall be responsible for maintaining the confidentiality of all health information regarding a prisoner. Maintaining confidentiality applies to both the release of documents from a prisoner's health record and providing information regarding a prisoner's diagnosis, health care, and treatment, whether in writing, electronically, or verbally. The PREA Manual, page 14 states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff. Inmate medical and mental health records are both electronic and paper. Inmate medical and mental health records are both electronic and paper. Paper files are maintained in medical records, which is staffed Monday through Friday 8:00am-4:00pm. The door is locked when the records room is not staffed. Access to medical records after hours is restricted to medical and mental health staff, Shift Commanders and Administrative staff. Medical records can be viewed by medical and mental healthcare staff with a need to know. Correctional staff do not have access to medical records and are not able to view the records. Inmate risk screening information is electronic through the OMNI system. Access to the risk screening is via specific user profiles of those with a need to know. During the tour the auditor requested a Correctional Officer attempt to access the risk screening information. The staff did not have access to the reception tab, which is where the risk screening information is stored/located. Investigative records/files are maintained by the PCM, Warden and/or specific investigator completing the sexual abuse investigations. Electronic investigative records are limited to only administrative staff and the investigator. The printed files are maintained by the PCM, Warden or the investigator. It should be noted that during the tour the auditor asked a staff member to demonstrate how verbal reports are documented. The staff initially advised that he writes the information in the housing unit log book, identifying the date, time, inmate and that the inmate reported sexual abuse.

15.81 (e): The PAQ indicated that 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 eighteen. 03.03.140, page 8 states medical and mental health employees shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting. A PREA Authorization for Release of Information Form (CAJ-1028) shall be used for this purpose. A copy of the CAJ-1028 shall be retained for auditing purposes. A review of CAJ-1028 indicates inmates can sign the form releasing information related to victimization in the community that they want reported. Interviews with medical and mental health staff confirmed that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff indicated they were unaware of any separate consent process for those under eighteen because the facility houses adult inmates only and they would never have inmates under the age of eighteen.

Based on a review of the PAQ, 03.03.140, 04.06.180, 04.01.105, the Prison Rape Elimination Act (PREA) Manual, PREA Risk Assessment Manual, CAJ-1023, Mental Health Documents, CAJ-1028 and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The auditor identified seven inmates who disclosed prior sexual victimization. Three of the seven were documented with a mental health follow-up, however two were prior to the most current risk assessment. The interviews with inmates who disclosed prior victimization during the risk screening indicated one of the four were offered a follow-up with mental health. The interview with the staff responsible for the risk screening, indicated if an inmate discloses prior sexual victimization that is unreported they are immediately referred to mental health.

Corrective Action

The facility will need to evaluate their current process for mental health follow-ups for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. The facility will need to train appropriate staff on the process and provide the auditor with documentation of the training. During the corrective action period the facility will need to track these categories and provide the auditor with a list and corresponding documentation related to the mental health follow-ups. It should be noted that if the facility is identifying that the victimization was previously reported during a prior risk screening, the facility is still responsible for ensuring that the follow-up was documented after that risk assessment. Documentation should be verified to confirm that it was offered.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Training Curriculum
2. Staff Training Sign-In Sheets
3. Memorandum Related to Mental Health Follow-Up Notations on OMNI
4. Inmate Risk Screenings

The facility provided a training curriculum that was utilized to train staff on the mental health referral process under this standard. The curriculum included the PREA Manual and the Mentally Disordered Prisoner PowerPoint. The training went over the requirement to refer those with prior victimization and abusiveness to mental health and the use of the mental health referral form. The facility provided sign-in sheets confirming mental health care staff received the training.

The facility also provided a training memo to housing staff that if an inmate discloses prior victimization or is identified with prior abusiveness they are to be offered a mental health follow-up. If they accept the follow-up staff complete the mental health referral. If they decline the follow-up staff are advised to document the information on the assessment in OMNI.

Eleven examples of inmates who disclosed prior victimization and one example of an inmate that was identified with prior abusiveness were provided. The documentation included notes for all twelve indicating they declined the mental health follow-up.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA) 3. Policy Directive 03.04.100 – Health Services 4. Policy Directive 04.06.180 – Mental Health Services 5. The Prison Rape Elimination Act (PREA) Manual 6. HIV and Hepatitis Brochures

7. Investigative Reports

8. Medical/Mental Health Documents (Secondary Documents)

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of services are determined by medical and mental health practitioners according to their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 03.03.140, page 8 states prisoners who report that they have been the victim of a prisoner-on-prisoner sexual abuse or employee sexual abuse shall be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection, and treatment. They also shall be referred to BHCS mental health services for assessment, counseling, and other necessary mental health services consistent with the requirements set forth in 04.06.180 "Mental Health Services." 03.04.100, page 10 states 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. 04.06.180, page 4 states all victims of sexual abuse shall be referred for mental health evaluations and offered treatment that is determined medically necessary. Evaluations and treatment may include follow-up services, treatment plans, and referrals for continued care following their transfer or release from custody. During the tour, the auditor noted that the medical and mental health areas consisted of exam rooms, treatment rooms, two observation cells and a small reception area. The exam and treatment rooms provided privacy through doors with windows. The auditor

observed that the facility did not have any barriers/blinds available for the exam and treatment room doors. During the interim report period the facility provided photos confirming removable barriers were added to allow for adequate confidentiality and privacy when needed. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated services would be provided within the hour and mental health staff stated services would be provided as soon as possible. The staff further confirmed services are based on their professional judgement. A review of a sample of seven sexual abuse investigative reports and medical and mental health documentation confirmed all seven were provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should be noted one inmate was not at the facility when the allegation was reported but he was documented with medical/mental health services at another MDOC facility. Interviews with inmates who reported sexual abuse indicated that all three were provided medical and/or mental health care services.

115.82 (b): The PREA Manual, page 26 states that if no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse, that custody staff first responders shall take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. The facility has 24/7 medical and mental health care. Inmates are immediately escorted to medical upon notification of an allegation of sexual abuse. A review of a sample of seven sexual abuse investigative reports and medical and mental health documentation confirmed all seven were provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should be noted one inmate was not at the facility when the allegation was reported but he was documented with medical/mental health services at another MDOC facility. The interview with the security first responder indicated that first responder duties would include not leaving the prisoner alone, contacting mental health, contacting health care, contacting the supervisor, contacting the PC, securing the area and completing all actions noted on their first responder sheet. The non-security first responder stated she would make sure the scene is safe and the victim and abuser are separated. She further stated she would not let the individuals destroy evidence and would refer them to mental health.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 03.03.140, page 8 states prisoners who report that they have been the victim of a prisoner-on-prisoner sexual abuse or employee sexual abuse shall be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection, and treatment. They also shall be referred to BHCS mental health services for assessment, counseling, and other necessary mental health services consistent

with the requirements set forth in 04.06.180 "Mental Health Services." 03.04.100, page 10 states 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. The agency has brochures for HIV and Hepatitis that are provided to inmates, when necessary. There was one sexual abuse allegation involving penetration reported during the previous twelve months. A review of documentation confirmed that the inmate victim received information and access to HIV and STI testing. The interview with the inmates who reported sexual abuse indicated that they did not have allegations involving any type of penetration and as such sexually transmitted infection prophylaxis was not required. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 03.04.100, page 10 states 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.

Based on a review of the PAQ, 03.03.140, 03.04.100, 04.06.180, the Prison Rape Elimination Act (PREA) Manual, HIV and Hepatitis Brochures, Investigative Reports, Medical/Mental Health Documents, observations from the tour and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy Directive 03.04.100 – Health Services
3. Policy Directive 04.06.180 – Mental Health Services
4. The Prison Rape Elimination Act (PREA) Manual
5. Investigative Reports
6. Medical/Mental Health Documents (Secondary Documents)

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 03.03.140, page 8 states prisoners who report that they have been the victim of a prisoner-on-prisoner sexual abuse or employee sexual abuse shall be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection, and treatment. They also shall be referred to BHCS mental health services for assessment, counseling, and other necessary mental health services consistent with the requirements set forth in PD 04.06.180 “Mental Health Services.” 03.04.100, page 10 states 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. A prisoner who has been treated off-site for an urgent or emergent condition shall be seen by an RN for follow-up no later than the next business day or, if hospitalized, no later than the business day following their

return to the facility. The RN shall consult with the on-call or on-site Medical Provider as necessary to ensure that the prisoner's health care needs are met. The RN shall respond by taking one of the following actions, as deemed appropriate: schedule the prisoner for an appointment no later than the next business day with a Medical Provider and/or schedule a chart review by a Medical Provider to be completed within five business days after the prisoner's return to the facility. Page 7 states Health Care staff shall ensure that necessary additional services are provided as ordered by a Medical Provider. 04.06.180, page 4 states all victims of sexual abuse shall be referred for mental health evaluations and offered treatment that is determined medically necessary. Evaluations and treatment may include follow-up services, treatment plans, and referrals for continued care following their transfer or release from custody. During the tour, the auditor noted that the medical and mental health areas consisted of exam rooms, treatment rooms, two observation cells and a small reception area. The exam and treatment rooms provided privacy through doors with windows. The auditor observed that the facility did not have any barriers/blinds available for the exam and treatment room doors. During the interim report period the facility provided photos confirming removable barriers were added to allow for adequate confidentiality and privacy when needed. A review of a sample of seven sexual abuse investigative reports and medical and mental health documentation confirmed all seven were provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should be noted one inmate was not at the facility when the allegation was reported but he was documented with medical/mental health services at another MDOC facility. The auditor was able to identify seven inmates who disclosed prior sexual victimization. Three of the seven were documented with a mental health follow-up, however two were prior to the most current risk assessment. One was in 2012 where staff observed sexual abuse and one was 2018 when an inmate disclosed victimization during a hearing. Both were seen by mental health after the incidents and the information from the risk screening indicated these were the disclosures on the risk screening.

115.83 (b): 03.03.140, page 8 states prisoners who report that they have been the victim of a prisoner-on-prisoner sexual abuse or employee sexual abuse shall be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection, and treatment. They also shall be referred to BHCS mental health services for assessment, counseling, and other necessary mental health services consistent with the requirements set forth in PD 04.06.180 "Mental Health Services." 03.04.100, page 10 states 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. 04.06.180, page 4 states all victims of sexual abuse shall be referred for mental

health evaluations and offered treatment that is determined medically necessary. Evaluations and treatment may include follow-up services, treatment plans, and referrals for continued care following their transfer or release from custody. The PREA Manual, page 27, states that the evaluation and treatments shall include as deemed medically appropriate follow up services, treatment plans and when necessary referrals for continued care following their transfer, placement in other facilities or release from custody. A review of a sample of seven sexual abuse investigative reports and medical and mental health documentation confirmed all seven were provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should be noted one inmate was not at the facility when the allegation was reported but he was documented with medical/mental health services at another MDOC facility. The interviews with the inmates who reported sexual abuse indicate two of the three were provided follow-up services with medical and/or mental health. Interviews with medical and mental health care staff confirmed that they provide follow-up service, treatment plans and referrals to inmate victims of sexual abuse. The medical staff member stated that follow up services would include transportation to the emergency rooms and referral for continued care. The mental health staff member stated services would include education and treatment for PTSD, suicide risk and sleep issues.

115.83 (c): The PREA Manual, page 27 states that medical and mental health treatment shall be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local hospital for forensic medical examinations. A review of a sample of seven sexual abuse investigative reports and medical and mental health documentation confirmed all seven were provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should be noted one inmate was not at the facility when the allegation was reported but he was documented with medical/mental health services at another MDOC facility. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated this provision does not apply as the facility does not house female inmates.

115.83 (e): The PAQ indicated that this provision does not apply as the facility does not house female inmates.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 03.03.140, page 8 states prisoners who report that they have been the victim of a

prisoner-on-prisoner sexual abuse or employee sexual abuse shall be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection, and treatment. They also shall be referred to BHCS mental health services for assessment, counseling, and other necessary mental health services consistent with the requirements set forth in PD 04.06.180 "Mental Health Services." 03.04.100, page 10 states 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. There was one sexual abuse allegation involving penetration reported during the previous twelve months. A review of documentation confirmed that the inmate victim received information and access to HIV and STI testing. The interviews with the inmates who reported sexual abuse indicated they did not report an allegation that involved any type of penetration and as such sexually transmitted infection tests were not required.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 03.04.100, page 10 states 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. The interviews with the inmates who reported sexual abuse confirmed they did not have to pay for their medical and mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 04.06.180, page 4 states all known prisoner-on-prisoner sexual abusers shall be referred for a mental health evaluation within 60 days of learning of the prisoner's sexual abuse behavior/history and offered treatment when deemed necessary by a QMHP. The PREA Manual, page 27 states that a mental health evaluation of all known prisoner on prisoner abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Two inmate-on-inmate sexual abuse allegations were reported in the previous twelve months. Neither were substantiated and as such did not require an evaluation. It should be noted that a review of documentation indicated that most inmate

perpetrators are referred to mental health after the initial allegation. Interviews with medical and mental health staff indicated that inmate perpetrators would be referred to mental health for an evaluation immediately.

Based on a review of the PAQ, 03.04.100, 04.06.180, the Prison Rape Elimination Act (PREA) Manual, Investigative Reports, Medical/Mental Health Documents and information from interviews with the inmate who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. The auditor was able to identify seven inmates who disclosed prior sexual victimization. Three of the seven were documented with a mental health follow-up, however both were prior to the most current risk assessment. One was in 2012 where staff observed sexual abuse and one was 2018 when an inmate disclosed victimization during a hearing. Both were seen by mental health after the incidents and the information from the risk screening indicated these were the disclosures on the risk screening.

Corrective Action

The facility will need to evaluate their current process for mental health follow-ups for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. The facility will need to train appropriate staff on the process and provide the auditor with documentation of the training. During the corrective action period the facility will need to track these categories and provide the auditor with a list and corresponding documentation related to the mental health follow-ups. It should be noted that if the facility is identifying that the victimization was previously reported during a prior risk screening, the facility is still responsible for ensuring that the follow-up was documented after that risk assessment. Documentation should be verified to confirm that it was offered.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Training Curriculum

	<ol style="list-style-type: none"> 2. Staff Training Sign-In Sheets 3. Memorandum Related to Mental Health Follow-Up Notations on OMNI 4. Inmate Risk Screenings <p>The facility provided a training curriculum that was utilized to train staff on the mental health referral process under this standard. The curriculum included the PREA Manual and the Mentally Disordered Prisoner PowerPoint. The training went over the requirement to refer those with prior victimization and abusiveness to mental health and the use of the mental health referral form. The facility provided sign-in sheets confirming mental health care staff received the training.</p> <p>The facility also provided a training memo to housing staff that if an inmate discloses prior victimization or is identified with prior abusiveness they are to be offered a mental health follow-up. If they accept the follow-up staff complete the mental health referral. If they decline the follow-up staff are advised to document the information on the assessment in OMNI.</p> <p>Eleven examples of inmates who disclosed prior victimization and one example of an inmate that was identified with prior abusiveness were provided. The documentation included notes for all twelve indicating they declined the mental health follow-up.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. The Prison Rape Elimination Act (PREA) Manual

4. PREA Sexual Abuse Incident Review Form (CAJ-1025)

5. Investigative Reports

Interviews:

1. Interview with the Warden

2. Interview with the PREA Compliance Manager

3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 03.03.140, page 10 states an incident-review meeting shall be conducted within 30 days of the completed investigation of sexual abuse, unless that investigation determined the allegation was unfounded. The meeting shall be documented using the Prison Rape Elimination Act (PREA) Sexual Abuse Incident Review (CAJ-1025). The PAQ indicated there were five criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. A review of CAJ-1025 confirms that the form has basic information to include the date of review and the team members reviewing as well as five questions and an area for recommendations. A review of twelve investigations indicated seven were sexual abuse. Of the seven, three required a sexual abuse incident review (four were unfounded). All three had a sexual abuse incident review completed, via the CAJ-1025, within 30 days of the conclusion of the investigation.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. It further states that there were five criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. 03.03.140, page 10 states an incident-review meeting shall be conducted within 30 days of the completed investigation of sexual abuse, unless that investigation determined the allegation was unfounded. The meeting shall be documented using the Prison Rape Elimination Act (PREA) Sexual Abuse Incident Review (CAJ-1025). A review of twelve investigations indicated seven were sexual abuse. Of the seven, three required a sexual abuse incident review (four were unfounded). All three had a sexual abuse incident review completed, via the CAJ-1025, within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. The PREA Manual, page 32, indicates that the review team shall upper-level custody and administrative staff, with input from relevant supervisors, investigators and medical and mental health practitioners. A review of the completed CAJ-1025s indicated that the Warden, PCM, RUM, Inspector and mental health care staff were involved in the review. The interview with the Warden confirmed that the facility has a sexual abuse incident review team. She stated the team consists of upper management, supervisors, investigators medical and mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 03.03.140, page 10 states an incident-review meeting shall be conducted within 30 days of the completed investigation of sexual abuse, unless that investigation determined the allegation was unfounded. The meeting shall be documented using the Prison Rape Elimination Act (PREA) Sexual Abuse Incident Review (CAJ-1025). The PREA Manual, pages 32 and 33 indicate that the facility prepares a report of its findings from sexual abuse incident reviews via the CAJ-1025 and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of CAJ-1025 confirms that the form has basic information to include the date of review and the team members reviewing as well as five questions and an area for recommendations. The five questions include: a need for policy change, if the incident was motivated by demographic and other factors, if there were any physical barriers, if staffing levels were adequate and whether video monitoring technology should be deployed. A review of the three sexual abuse incident reviews indicated (1)-(5) of this provision were considered in all of the reviews. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that they use the information from the sexual abuse incident reviews to determine any weaknesses and to make appropriate modifications and changes. She stated they would identify any blind spots or see if there was a need for additional staffing. The PCM stated that sexual abuse incident reviews are completed by the facility and that she is part of the review team. She stated she had not noticed any trends and that after the review is completed she forwards it to the Warden for review.

	<p>115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. The PREA Manual, page 34, indicates that the Warden shall review and forward through the chain of command to the Deputy Director or designee for consideration any recommendations for improvement. A review of CAJ-1025 indicated that a section exists for recommendations and corrective action. A review of the three sexual abuse incident reviews indicated that a section exists for recommendations and corrective action. None of the three included any recommendations or corrective action.</p> <p>Based on a review of the PAQ, 03.03.140 The Prison Rape Elimination Act (PREA) Manual, CAJ-1025, Investigative Reports and information from interviews with the Warden, the PCM and member of the sexual abuse incident review team, this standard appears to be compliant.</p>
--	---

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA) 3. The Prison Rape Elimination Act (PREA) Manual 4. Survey of Sexual Victimization (SSV) 5. PREA Annual Reports <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at minimum, the data necessary to complete the SSV.</p>

A review of the PREA Manual and 03.03.140 indicates they contain the definitions used to collect data at each facility. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2013 to current. The PREA Annual Reports contains the collected data and is published on the website for the public to view.

115.87 (b): The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at minimum, the data necessary to complete the SSV. A review of the PREA Manual and 03.03.140 indicates they contain the definitions used to collect data at each facility. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2014 to current. The PREA Annual Reports contains the collected data and is published on the website for the public to view.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at minimum, the data necessary to complete the SSV. A review of the PREA Manual and 03.03.140 indicates they contain the definitions used to collect data at each facility. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2014 to current. Additionally, the PREA Annual Report contains the collected data and is published on the website for the public to view.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Manual, page 33, outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report.

	<p>115.87 (e): The PAQ indicated that the agency obtains incident based and aggregated data for every private facility with which it contracts for confinement of its inmates and that the data complies with SSV reporting content. The PREA Manual, page 33, indicates that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. A review of the PREA Annual Report indicates that the agency includes sexual abuse and sexual harassment data related to all inmates under MDOC custody.</p> <p>115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. A review of the Survey of Sexual Victimization indicated that the last survey was submitted in 2018.</p> <p>Based on a review of the PAQ, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, Survey of Sexual Victimization (SSV) and PREA Annual Reports, this standard appears to be compliant.</p>
--	--

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Prison Rape Elimination Act (PREA) Manual 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p>

115.88 (a): The PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Manual, page 33 states that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of the PREA Annual Report indicates that the 2022 report contains information on the background of PREA, Department accomplishments, PREA audits, corrective action, reporting and investigative data. The report contains a comparison of collected data from the previous three years. The report was reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee confirmed that data is collected and aggregated in order to assess and improve the sexual abuse prevention, detection and response policies and training. He stated that corrective action is taken on an ongoing basis through the investigations themselves, the 30 day reviews and the critical incident reviews that are completed after the allegation is reported. He stated that they review to determine any contributing factors and any necessary improvements. The Agency Head Designee further stated that they also complete the annual Survey of Sexual Victimization. The PC confirmed that the agency aggregates sexual abuse data and that it is securely retained. He stated that the data is retained through the retention process on the platform it was collected and that each platform is secure with password access. He further stated that all sensitive information (such as PII) is eliminated so there is nothing to redact. The PC confirmed that corrective action is taken on an ongoing basis related to the data collected. The interview with the PCM indicated that the facility data reviewed and utilized to discuss how the agency can avoid the circumstance/incident and what can be done to avoid it.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. The PREA Manual, page 33 states that the agency's Annual Report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of the PREA Annual Reports indicates that the 2022 report contains information on the background of PREA, Department accomplishments, PREA audits, corrective action, reporting and investigative data. The reports contain a comparison of collected data from the previous three years. The report contains a comparison of collected data from the previous three years. The report was reviewed and approved by the PREA Manager and the Agency Head.

115.88 (c): The PAQ indicated that the agency makes its annual report readily

available to the public at least annually through its website. The PAQ indicated that the annual report is approved by the Agency Head. The review of Annual Reports confirmed that they were reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee confirmed that the PREA Coordinator completes the annual report the Agency Head review and approves it. A review of the website confirmed that current and previous Annual Reports are available to the public online.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility. The PAQ stated that the agency indicates the nature of material redacted. A review of the Annual Reports confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that there is nothing to be redacted as they do not include any labeled or sensitive information. He further stated that PII is not included so there is nothing that would need to be redacted.

Based on a review of the PAQ, the Prison Rape Elimination Act (PREA) Manual, PREA Annual Reports, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Prison Rape Elimination Act (PREA) Manual 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p>

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. The PREA Manual, page 33, states that the Department shall ensure that all sexual abuse and sexual harassment data collected is securely retained. The PC confirmed that the agency aggregates sexual abuse data and that it is securely retained. He stated that the data is retained through the retention process on the platform it was collected and that each platform is secure with password access.

115.89 (b): The PAQ states that the agency will 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 through other means. The PREA Manual, page 34 states the Department shall make all aggregated sexual abuse data as outlined in the data collection section of this manual readily available to the public at least annually through its website. A review of the website confirmed that the most current (2018) Survey of Sexual Victimization as well as previous PREA Annual Reports (aggregated data) are available to the public online.

115.89 (c): The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical PREA Annual Reports confirmed that no personal identifiers were publicly available.

115.89 (d): The PREA Manual, page 34, states that the Department shall maintain sexual abuse data collected pursuant to the data collection section of this manual for at least ten years after the date of the initial collection. A review of the agency's website confirmed that data is available from 2014 to present.

Based on a review of the PAQ, the Prison Rape Elimination Act (PREA) Manual, PREA Annual Reports, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

Recommendation

The auditor recommends that the agency add the required language under provision (b) to policy in addition to the PREA Manual.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Michigan Department of Correction. The agency did not conduct PREA audits during COVID-19, as outside contractors were not authorized access to the facility. The agency did not conduct audits from March 2020 through August 2022.</p> <p>115.401 (b): The facility is part of the Michigan Department of Correction. The current facility is being audited in the first year of the current three year audit cycle and as such is compliant with the current three year audit cycle. A review of the agency audit schedule confirms that the agency has scheduled all MDOC facilities to be audited during the three year audit cycle, with one third being audited each Year.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to retain physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The facility provided the auditor with photos of the audit announcement indicating that the audit announcement was placed throughout the facility six weeks prior to the on-site portion of the audit. During the on-site portion of the auditor observed the audit announcement posted in housing units and common areas on green paper. The announcements were on the entrance doors to each housing units as well as on the bulletin boards in the dayrooms. The announcements were in English and Spanish and were on letters size paper. The audit announcements indicated that correspondence with the auditor would be confidential unless the inmate reported harm to self or someone else. The auditor received one letter from an inmate at the facility. The letter was sealed and did not appear to be opened by facility staff prior to being sent.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was audited during the previous three year audit cycle. A review of the agency website confirmed that all prior PREA reports are available on the agency website. It should be noted that from March 2020 through August 2022 the agency did not conduct audits due to COVID-19.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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 if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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 receive 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
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	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	na

	this standard.)	
	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.52 (e)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.52 (f)	Exhaustion of administrative remedies	

	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.)	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.).	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.)	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.)	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.)	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.)	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.)	na
115.52 (g)	Exhaustion of administrative remedies	
	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.)	na
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, 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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes