

PREA Facility Audit Report: Final

Name of Facility: Richard A. Handlon Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/01/2024

Date Final Report Submitted: 11/04/2024

| 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: 11/04/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Prisk, Kendra |
| Email: | 2kconsultingllc@gmail.com |
| Start Date of On-Site Audit: | 03/27/2024 |
| End Date of On-Site Audit: | 03/28/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Richard A. Handlon Correctional Facility |
| Facility physical address: | 1728 Bluewater Highway, Ionia, Michigan - 48846 |
| Facility mailing address: | |

| Primary Contact |
|-----------------|
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|--------------------------|-----------------------------|
| Name: | Robbie Bradford-Green |
| Email Address: | BradfordGreenR@michigan.gov |
| Telephone Number: | 616- 527- 3100 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-----------------------|
| Name: | Melinda Braman |
| Email Address: | BramanM1@michigan.gov |
| Telephone Number: | 616.527.3100 ext 527 |

| Facility PREA Compliance Manager | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|---------------------|
| Name: | Heidi Smith |
| Email Address: | Smithh@michigan.gov |
| Telephone Number: | 616.527.3100 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 1297 |
| Current population of facility: | 1173 |
| Average daily population for the past 12 months: | 1164 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |

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| Age range of population: | 19 to 82 |
| Facility security levels/inmate custody levels: | II |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 358 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 95 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 55 |

AGENCY INFORMATION

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| Name of agency: | Michigan Department of Corrections |
| Governing authority or parent agency (if applicable): | State of Michigan |
| Physical Address: | 206 East Michigan Avenue, Lansing, Michigan - 48933 |
| 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:

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| 0 |
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Number of standards met:

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|----|
| 45 |
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Number of standards not met:

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| 0 |
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2024-03-27 |
| 2. End date of the onsite portion of the audit: | 2024-03-28 |

Outreach

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| 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: | JDI and RAVE |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 1297 |
| 15. Average daily population for the past 12 months: | 1164 |
| 16. Number of inmate/resident/detainee housing units: | 5 |
| 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1208 |
| 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: | 17 |
| 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: | 129 |
| 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: | 2 |
| 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: | 76 |
| 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: | 2 |
| 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: | 9 |

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| <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>22</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>7</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>48</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>Those who reported sexual abuse were those who reported sexual abuse or sexual harassment.</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>324</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>296</p> |

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| <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:</p> | <p>35</p> |
| <p>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:</p> | <p>No text provided.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>20</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" 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 </p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The auditor ensured a geographically diverse sample of prisoners during interviews. The following prisoners were selected from the housing units: nine were from A, five were from B, ten were from C, five were from D, five were from E, four were from F and two were from segregated housing.</p> |

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| 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): | 36 of the prisoners interviewed were male and four were transgender female. 21 of the prisoners were white, fourteen were black, two were Hispanic and three were another race/ethnicity. One of the prisoners was eighteen to 25, six were 26-35, ten were 36-45, twelve 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 |

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| 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: | 1 |
| 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: | 2 |
| 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: | 2 |
| 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: | 4 |
| 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: | 4 |
| 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: | 4 |
| 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: | 1 |

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| <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 assignments for high risk prisoners and prisoners 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>One prisoner was interviewed utilizing two protocols.</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>12</p> |

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| <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 type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Race, gender and ethnicity</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>Staff were interviewed from all shifts, four were from the 6:00am-2:00pm shift, five were from the 2:00pm-10:00pm shift and three were from the 10:00pm-6:00am shift. Ten of the staff were male and two were female. Eight staff were white, three were Hispanic and one was another race/ethnicity. Eight of the staff were Correctional Officers, one was a Sergeants and three were Lieutenants.</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> |

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| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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

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| | <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: | 2 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input checked="" 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: | 1 |
| 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 type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

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

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| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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Was the site review an active, inquiring process that included the following:

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

This audit was originally schedule for October 16-18, 2023, however due to an outbreak of COVID-19, the audit was rescheduled for March 27-28, 2024. The auditor requested updated information from the original PAQ submission and that information is included in each standard. All policies and procedures and supplemental documentation submitted with the original Pre-Audit Questionnaire was utilized as all were still relevant. Any additional documentation requested or reviewed related to the new on-site timeframe is outlined in each standard.

The on-site portion of the audit was conducted on March 27-28, 2024. One support staff member assisted with prisoner and staff interviews during the on-site portion of the audit. Jessica Szala conducted interviews on March 27, 2024 and March 28, 2024. The auditor and support staff had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected prisoners and staff for interview as well as documents to review. The lead auditor conducted a tour of the facility on March 27, 2024. The tour included all areas associated with the facility to include; housing units, intake, visitation, education, vocation, maintenance, food service, health services, recreation (indoor and outdoor), culinary, programs, administration and the front entrance. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for prisoners in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation

yards. The PREA Poster was observed in English and Spanish on legal size paper. The PREA Poster advises prisoners they can report through a staff member and via the hotline. The PREA Poster provided a phone number for prisoners to call as well as a phone number for probationers and the public to call. The Just Detention International (JDI) Poster was in English and Spanish on legal size paper. The JDI Poster included the phone number as well as a universal pin that prisoners could use in lieu of their own pin number. Informal conversation with prisoners and staff indicated the PREA information has been posted for a while.

Third party information is provided via the PREA Poster. The auditor observed the PREA Poster in visitation, administration and the front entrance. The PREA Poster was in English and Spanish on legal size paper.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least three security staff members and two non-security staff members (day shift only) in each housing unit. Additional security staff were present in program, work and common areas. While not all program, work and common areas had a security staff member directly assigned, in areas where security staff were not directly assigned, routine security checks were required. Additional non-security staff were observed throughout the facility in work, program and common areas. The auditor observed that the staffing was adequate and lines of sight were also adequate based on staffing and video monitoring technology. During the tour the auditor observed blind spots in the laundry rooms of each housing unit and a blind spot in the kitchen. Informal conversation with staff confirmed that staffing is adequate. Staff stated they make rounds at least every hour and that supervisors make rounds at a few times a day. Informal conversation with prisoners also confirmed that staff make

rounds every half hour to an hour and supervisors come through at least once a shift. During the tour the auditor observed cameras in housing units and most work, program and common areas. Cameras are monitored by the staff in control center and can be viewed remotely by administrative staff and investigative staff. Additionally, one housing unit and the vocational area could monitor their specific cameras. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas.

With regard to cross gender viewing, the auditor confirmed that housing units provided adequate privacy through frosted windows, doors and lattice style barriers. Informal conversation with staff and prisoners indicated that prisoners have privacy (from staff) when showering, using the restroom and changing clothes. During the tour the auditor confirmed that strip search areas provided adequate privacy. A review of video monitoring technology revealed cross gender viewing issues in the segregated housing unit observation cells. The monitor in the housing unit showed the prisoner when using the toilet. During the tour the auditor viewed the new light and buzzer system that was recently installed. When a female staff member enters the housing unit the personal body alarm (PBA) sends a signal which activates blue lights and a buzzer. The auditor observed the system, however it only worked in half of the housing units. The facility had recently implemented the system so they were working through the issues. In housing units where the system did not trigger, the staff made a verbal announcement. Informal conversation with staff confirmed females announce verbally. Informal conversation with prisoners and staff indicated the blue light and buzzer system signifies a female in the housing unit.

Prisoner medical and mental health records are both electronic and paper. Paper file are maintained in medical records which is staffed Monday through Friday 7:00am-3:00pm. The area is locked after hours and access is limited to medical and mental health staff. Electronic medical records are only accessible to medical and mental health care staff through the COMS system. Prisoner 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 had 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 in the Inspector's office in a locked area. Electronic investigative records are limited to only administrative staff and the investigator.

During the tour the auditor observed that the mailroom was located in the administration area. All housing units as well as a few common areas had a locked mailbox for kites and US mail. Conversation with the mailroom staff indicated that outgoing mail is sorted and reviewed. All outgoing mail is sealed and is not reviewed unless the prisoner is on the mail watch list. The staff indicated the incoming mail process starts with sorting the mail. All regular mail is opened and photocopied. Mail is reviewed and the copy is provided to the prisoner. The original is maintained for fourteen days and is then shredded. Legal mail is logged and verified. If the prisoner does not have an "A" code the mail would be treated like regular mail. The mailroom staff stated an "A" code has to be requested. Legal mail is then opened in front of the prisoner. The mailrooms staff confirmed that correspondence to and from the Legislative Corrections Ombudsman is treated like legal mail, with or without an "A" code. The mailroom staff stated mail to and from JDI

is also treated like legal mail.

During the tour the auditor was provided a demonstration of the intake process. Prisoners are provided orientation within seven days. Orientation is done in the staff's office. Staff have a checklist and they go through the checklist. The staff ask if the prisoner has any questions about PREA. The staff then provides the JDI memo to the prisoner and has them read it. The staff ask if the prisoner has any questions related to the memo. Staff then go over the PREA Brochure and ask if the prisoner has any questions. Prisoners receive a copy of both forms. The staff indicated the forms are only available in English. The staff advised they do have access to a translation service if needed. Staff further demonstrated that they ask if the prisoner has viewed the PREA video. If they indicate they have, the staff asks them to describe the video to confirm receipt. If the prisoner has not seen the video the staff will show the PREA video through the computer and headphones.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in a private office setting. Staff bring the prisoner in and ask them questions related to risk of victimization. The staff also review information in OMNI to determine if anything has changed. Staff verbally ask the prisoner about prior sexual victimization, age, prior domestic violence and about any mental health issues. The staff indicated they only ask about gender identity and sexual preference if flagged. The staff also stated they only ask about perception of vulnerability if they meet certain criteria. The risk reassessments is also completed in a private office setting. Staff ask the prisoner if there has been any sexual abuse since the initial risk assessment. The staff ask if there is anything new they want to disclose. The staff advised they do not review any file information as they typically have done the

initial and remember that information from the initial risk assessment.

The auditor tested the PREA hotline during the tour. The PREA Poster provided a speed dial number. When the phone is first picked up prisoners 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 had a prisoner assist with calling the hotline number. The call was made and a message was left on March 27, 2024. The auditor was provided confirmation on the same date that the call was received by agency PREA staff. Additionally, during the tour the auditor had a prisoner assist with submitting a kite to test one of the written internal reporting mechanisms. The prisoner assisted the auditor with ensuring appropriate information was included on the kite and the auditor placed the kite in the locked box in the housing unit. The auditor was provided confirmation the following day (March 28, 2024) that the kite was received and would be processed if it was a report of sexual abuse or sexual harassment.

The auditor tested the external reporting mechanism on March 26, 2024 during another MDOC audit. The process for the external reporting mechanism is the same across all MDOC facilities. The auditor utilized a piece of scrape paper and obtained an envelope from staff to send the letter. Prisoners are provided envelopes for legal mail in the library, if needed. The auditor addressed the correspondence to the Legislative Corrections Ombudsman (LCO) via the address on the PREA Brochure. The letter was placed it in the US mailbox in a housing unit. On April 2, 2024 the auditor received confirmation from LCO that the letter was received. The LCO staff advised that they would create a case in their system and forward the complaint to the MDOC PREA Coordinator in Central Office. The staff stated everything they do is confidential

by law. They do not divulge the identity of the person submitting the complaint to the MDOC, unless the complainant is the prisoner and identifying them would be essential for their complaint to be investigated. However, the staff stated if a prisoner tells them they do not want to be identified, they would not divulge their name to MDOC and would try to handle the complaint a different way. During the tour the auditor had a staff member demonstrate how they would document verbal reports of sexual abuse and/or sexual harassment. The staff indicated they would document verbatim what the prisoner told them in the logbook. The auditor probed about an incident report of witnesses statement. The staff indicated "I guess we do that too".

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 26, 2024. At the issuance of the interim report the auditor had not received confirmation 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. Prisoners 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. A universal pin number is on the JDI Poster, however the hotline did not require a pin number. The auditor was able to reach a live person. The live person was initially an answering service staff member 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 prisoners Monday through Friday from 8:00am-8:00pm. 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 prisoners.

The support staff tested the accessibility of the language interpretation service for LEP prisoner interviews. The facility provided the support staff a phone number to call for the interpretation service. The support staff conducted interviews with LEP prisoners through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to prisoners through a staff member. Accommodations were not required during interviews of disabled prisoners.

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, prisoner 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 38 personnel and/or training records that included four staff individuals hired within the previous twelve months, three contractors hired in the previous twelve months, four staff employed over five years and three staff promoted during the previous twelve months. A total of five volunteer files, five contractor files and seven medical and mental health care staff were reviewed.

Prisoner Files. A total of 54 prisoner files were reviewed. 29 prisoner files were of those that arrived within the previous twelve months, ten were disabled prisoners, two were LEP prisoners, six were transgender prisoners and ten were prisoners who reported prior victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

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

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

Incident Reports. The facility does not utilize incident reports or have an incident report log. The auditor reviewed all written documentation for the fifteen investigations

reviewed.

Investigation Files. The auditor reviewed fifteen investigative reports of allegations during the previous twelve months. All fifteen had an administrative investigation and none had a criminal investigation. Four of the investigations were referred to the Michigan State Police, however all were returned back to the facility to investigate.

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 | 15 | 0 | 15 | 0 |
| Staff-on-inmate sexual abuse | 15 | 0 | 15 | 0 |
| Total | 30 | 0 | 30 | 0 |

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 | 10 | 0 | 10 | 0 |
| Staff-on-inmate sexual harassment | 19 | 0 | 19 | 0 |
| Total | 29 | 0 | 29 | 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 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 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 | 1 | 0 | 13 | 1 |
| Staff-on-inmate sexual abuse | 1 | 0 | 14 | 0 |
| Total | 2 | 0 | 27 | 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 | 0 | 9 | 1 |
| Staff-on-inmate sexual harassment | 2 | 0 | 17 | 0 |
| Total | 2 | 0 | 26 | 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:

9

| | |
|---|---|
| <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 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 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>8</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation 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 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>1</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation 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 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>6</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>4</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: | 2 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 facility noted they had nine criminal investigations, however there were not nine criminal investigations. Nine allegations were referred to the MSP to investigated. All nine were returned to the facility from MSP to conduct an investigation. One had an initial investigation completed by MSP but was later returned to the facility as they declined to further investigate. |
| 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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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. MTU – Richard A. Handlon Correctional Facility Operating Procedure OP-MTU 03.03.140 – Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners 4. Policy Directive 01.01.140 – Internal Affairs 5. Policy Directive 02.03.100 – Employee Discipline 6. Policy Directive 02.06.111 – Employment Screening 7. Policy Directive 03.02.105 – Volunteer Services and Programs |

8. Policy Directive 03.02.130 – Prisoner/Parolee Grievances
9. Policy Directive 03.03.105 – Prisoner Discipline
10. Policy Directive 03.03.145 – Youth in Prison
11. Policy Directive 03.04.100 – Health Services
12. Policy Directive 04.01.140 – Prisoner Orientation
13. Policy Directive 04.04.110 – Search and Arrest in Correctional Facilities
14. Policy Directive 04.05.120 – Segregation Standards
15. Policy Directive 04.06.180 – Mental Health Services
16. Policy Directive 04.06.184 – Gender Dysphoria
17. Policy Directive 05.01.140 – Prison Placement and Transfer
18. Policy Directive 05.03.118 – Prisoner Mail
19. Policy Directive 05.03.130 – Prisoner Telephone Use
20. Prison Rape Elimination Act (PREA) Manual
21. Agency Organizational Chart
22. PREA Manager Position Description
23. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The PAQ stated 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 prisons. 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 responses to preventing, detecting and responding to sexual abuse and sexual harassment. The facility also has an Operating Procedure (OP-MTU 03.03.140) that outlines facility specific information related 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, prisoner 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 prisoners, 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 fall under the Assistant Deputy Warden and report to the Warden, Assistant Deputy Warden and PREA Analyst. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's efforts to comply with PREA standards. She indicated that a lot goes into PREA compliance and she ensures cameras are adequate and that information is posted. She advised she ensures allegations are forwarded to her promptly, she completes referrals and she makes sure staff and prisoners are educated on options and processes. The PCM indicated if she identifies an issue complying with a standard she educates herself and finds available resources to get into compliance. She stated she would implement and follow-up.

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. |
|--|---|

| 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 prisoners 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 three contracts entered into or renewed since the last PREA audit. Further communication with the PC indicated this number was incorrect and should be two contracts. 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</p> |

| | |
|--|--|
| | <p>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. 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.</p> <p>Based on the review of the PAQ, agency contracts and the interview with the Contract Administrator, this standard appears to be compliant.</p> |
|--|--|

| | |
|---------------|--|
| 115.13 | Supervision and monitoring |
| | <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 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. Richard A. Handlon Correctional Facility 2023 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. Interviews 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 prisoners 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 prisoner 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 1164 prisoners and the average number of prisoners since the last PREA audit is 1164. The facility employs 358 staff. Security staff mainly make up three shifts, day shift works from 7am-3pm, evening shifts works 3pm-11pm and morning shift works from 11pm-7am. A review of the staffing plan indicates that each shift has Lieutenants and Sergeants that serve as supervisors for the shifts and at least three Correctional Officer per housing unit. Additionally, staff are assigned to work, program and common areas. 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 seventeen page document where one page is dedicated to describe the process for each element under this provision. During the tour the auditor confirmed the facility follows a staffing plan. There were at least three security staff members and two non-security staff members (day shift only) in each housing unit. Additional security staff were present in program, work and common areas. While not all program, work and common areas had a security staff member directly assigned, in areas where security staff were not directly assigned, routine security checks were required. Additional non-security staff were observed throughout the facility in work, program and

common areas. The auditor observed that the staffing was adequate and lines of sight were also adequate based on staffing and video monitoring technology. During the tour the auditor observed blind spots in the laundry rooms of each housing unit and a blind spot in the kitchen. Informal conversation with staff confirmed that staffing is adequate. Staff stated they make rounds at least every hour and that supervisors make rounds at a few times a day. Informal conversation with prisoners also confirmed that staff make rounds every half hour to an hour and supervisors come through at least once a shift. During the tour the auditor observed cameras in housing units and most work, program and common areas. Cameras are monitored by the staff in control center and can be viewed remotely by administrative staff and investigative staff. Additionally, one housing unit and the vocational area could monitor their specific cameras. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Warden confirmed that the facility has a staffing plan and the plan provides for adequate staffing levels to protect prisoners from sexual abuse. She stated the staffing plan is adequate in that it identifies all staff in the areas to ensure staffing is appropriate 24 hours a day. She noted that the staffing plan identifies programming positions to allow for safety when program are occurring. The Warden stated the staffing plan takes into account a multitude of things, including blind spots, budget, security, programs, needed adjustments and number/type of prisoner. She advised the staffing plan is reviewed daily via the Shift Commander and Assistant Deputy Warden. The PCM confirmed that all requirements under this provision are considered when creating and modifying the staffing plan. She stated staffing is based on the needs of the facility and the prisoner population. She indicated for the specialized program at the facility they have an increased number of staff to serve that population. She confirmed staffing may change daily based on the need from shift to shift and the facility is no longer short staffed.

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 stated the most common reason for deviations from the staffing plan is being understaffed. The PREA Manual, page 21 indicates that all deviations from the staffing plan are required to be documented with justification for the deviations. A review of the PAQ supplemental documents indicated that deviations are documented on the daily roster. Examples showed the daily roster indicated which posts were closed and which were manned or unmanned. The documentation also showed the use of voluntary and mandatory overtime in order to meet staffing levels. The Warden stated that the facility documents deviations from the staffing plan on the daily roster. She stated that the daily roster notes any positions that were closed that day due to staffing and how many staff were absent from the shift (i.e. call-ins).

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 September 27, 2023 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 auditor requested the prior annual staffing plan review, however at the issuance of the interim report the documentation had not yet been received. 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)." Informal conversation with staff confirmed that staffing is adequate. Staff stated they make rounds at least every hour and that supervisors make rounds at a few times a day. Informal conversation with prisoners also confirmed that staff make rounds every half hour to an hour and supervisors come through at least once a shift. Interviews with intermediate-level or higher-level facility staff confirmed that they make unannounced rounds and that the unannounced rounds are documented in the log books. The staff indicated that they do not have a pattern with rounds and they go at different times to ensure staff do not notify one another of the rounds. The auditor requested documentation for six random weeks to review unannounced rounds on all shifts. A review of documentation confirmed that unannounced rounds were made across all three shifts in each housing unit.

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. During the tour the auditor observed blind spots in the laundry rooms of each housing unit and a blind spot in the kitchen. The auditor requested the prior annual staffing plan review, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to install mirrors and/or cameras in the identified blind spots. Photos of the modifications will need to be provided. The facility will need to provide the prior annual staffing plan review (2022).

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. Photos of Modifications
2. Staffing Plan Review

The facility provided photos of mirrors that were installed in the laundry rooms and kitchen. Photos confirmed alleviation of blind spots.

The facility provided the originally requested prior annual staffing plan review, which was completed in December 2022.

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

115.14 Youthful inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

115.14 (a): The PAQ stated that the facility does not prohibit placing youthful prisoners in a housing unit in which a youthful prisoner will have sight, sound or physical contact with any adult prisoner through the use of a shared dayroom or other common space, shower area or sleeping quarters. Further communication indicated that youthful prisoners are not housed at the facility and this was why it was marked no in the PAQ. The PAQ stated there were zero youthful prisoners at the facility with separate housing units and zero with the same housing unit as adults. A review of the agency website confirmed that Richard A. Handlon Correctional Facility houses males prisoners 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, 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 prisoners housed at the facility during the previous twelve months.

115.14 (b): The PAQ stated the facility does not maintain sight, sound, and physical separation between youthful prisoners and adult prisoners in areas outside of housing units. Further communication indicated that youthful prisoners are not housed at the facility and this was why it was marked no in the PAQ. A review of the agency website confirmed that Richard A. Handlon Correctional Facility houses males prisoners 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 prisoners housed at the facility during the previous twelve months.

115.14 (c): The PAQ stated the facility does not document the exigent circumstances for each instance in which youthful prisoners' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. It further indicated there were zero youthful prisoners placed in segregated housing to comply with this provision. Further communication indicated that youthful prisoners are not housed at the facility and this was why it was marked no in the PAQ. A review of the agency website confirmed that Richard A. Handlon Correctional Facility houses males prisoners 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.

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

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| 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. Interviews with Random Staff
2. Interviews with Random Prisoners
3. Interviews with Transgender/Intersex Prisoners

Site Review Observations:

1. Observations of Privacy Barriers
2. Opposite Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of prisoners and that there have been zero searches of this kind in the previous twelve months. 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 3 further advises that cross gender searches of female prisoners, including a prison who identifies as female with a search accommodation are prohibited. Page 4 states 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 indicates 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.

115.15 (b): The PAQ indicated that the facility permits cross gender pat down searches of female prisoners, absent exigent circumstances and that there were zero female prisoners that were searched by male staff. Further communication indicated this provision does not apply as the facility does not house female prisoners. 04.04.110, page 3 advises that cross gender searches of female prisoners, including a prison who identifies as female with a search accommodation are prohibited. Page 4 states 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 indicates 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. Interviews with random staff confirmed that transgender female prisoners have not been restricted from access in order to comply with this provision. Staff indicated there may be a delay but not restriction. Interviews with transgender prisoners indicated two had a female search preference and are searched by females and two had a female search preference but were searched by males. The auditor requested information related to transgender searches and search accommodations, however at the issuance of the interim report this documentation had not yet been provided.

115.15 (c): The PAQ indicated that facility policy does not require all cross gender strip searches and all cross gender visual body cavity searches be documented. Further communication with the PCM indicated this was marked in error and policy requires these to be documented. Additionally, the PAQ stated the facility does not house female prisoners and as such that part of provision does 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. Interviews with transgender prisoners indicated two had a female search preference and are searched by females and two had a female search preference but were searched by males.

115.15 (d): The PAQ indicates that the facility has not implemented policies and procedures that enable prisoners 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. Additionally, the PAQ stated that policies and procedures do not require staff of the opposite gender to announce their presence when entering a prisoner housing unit. Further communication with the PCM indicated this was marked in error and the facility does have policies and procedures.

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". The PAQ supplemental documentation included two signs, one which advises staff of the opposite gender that they are to knock and announce. The second advises prisoners that female staff may be in the area and that prisoners are responsible for their own privacy. With regard to cross gender viewing, the auditor confirmed that housing units provided adequate privacy through frosted windows, doors and lattice style barriers. Informal conversation with staff and prisoners indicated that prisoners have privacy (from staff) when showering, using the restroom and changing clothes. During the tour the auditor confirmed that strip search areas provided adequate privacy. A review of video monitoring technology revealed cross gender viewing issues in the segregated housing unit observation cells. The monitor in the housing unit showed the prisoner when using the toilet. During the tour the auditor viewed the new light and buzzer system that was recently installed. When a female staff member enters the housing unit the personal body alarm (PBA) sends a signal which activates blue lights and a buzzer. The auditor observed the system, however it only worked in half of the housing units. The facility had recently implemented the system so they were working through the issues. In housing units where the system did not trigger, the staff made a verbal announcement. Informal conversation with staff confirmed females announce verbally. Informal conversation with prisoners and staff indicated the blue light and buzzer system signifies a female in the housing unit. Interviews with thirteen random staff confirmed that prisoners have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, they stated that staff of the opposite gender announce when entering housing units as well as utilize the light and buzzer system. Interviews with 40 prisoners indicated 35 have privacy when showering, using the restroom and

changing their clothes. Additionally, 33 of the 40 prisoners stated that opposite gender staff announce when entering housing units and/or there is a blue light and buzzer system that is used.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status and that that such searches of this nature have not 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 thirteen staff indicated eleven were aware of a policy prohibiting searching a transgender or intersex prisoner for the sole purpose of determining the prisoner's genital status. Interviews with transgender prisoners confirmed none were searched for the sole purpose of determining their genital status.

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 prisoners. 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 thirteen staff indicated all thirteen had received training on cross gender searches and searches of transgender prisoners. A review of thirteen staff training records indicated all thirteen had received training on cross gender pat down searches and searches of transgender and intersex prisoners.

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 prisoners indicates this standard appears to require corrective action. The auditor requested information related to transgender searches and search accommodations, however at the issuance of the interim report this documentation had not yet been provided. A review of video monitoring technology revealed cross gender viewing issues in the segregated housing unit observation cells.

Corrective Action

The facility will need to provide the requested documentation related to searches of the transgender prisoners. This documentation should include a review of these prisoners search accommodation and determination of how they are to be searched. The facility will further need to provide confirmation that those with search accommodations are searched appropriately. The facility will need to make appropriate modifications related to the video in the observation cells. Photos of the video monitor view will need to be provided confirming the modifications.

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. Search Accommodation Requests
2. Search Documentation
3. Photos of Modifications

The facility provided search accommodation requests for four transgender prisoners. All four were reviewed and were approved for the search accommodation. Documentation was also provided that noted six searches conducted on the four transgender prisoners. All six searches were completed by female staff.

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| | <p>Photos were provided that illustrated black boxes were placed over the toilet area of the cameras in the segregated housing observation cells. The black boxes alleviate the cross gender viewing issue.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | <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. Prisoner Orientation Guidebook 5. Taking Action Video (PREA Video) 6. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment - A Guide for Prisoners (Brochure) 7. RTT Mobile Interpretation Information 8. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interviews with LEP and Disabled Prisoners 3. Interviews with Random Staff <p>Site Review Observations:</p> |

1. Observations of PREA Posters in Accessible Formats

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled prisoners 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 prisoners 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 Prisoner 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 interview with the Agency Head Designee confirmed that the agency takes appropriate steps to ensure prisoners with disabilities and prisoner who are limited English proficient have 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 Agency Head Designee confirmed that the agency has established procedures to provide disabled and LEP prisoners 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 prisoners 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. The auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The PREA Poster was observed in English and Spanish on legal size paper. The PREA Poster advises prisoners they can report through a staff member and via the hotline. The PREA Poster provided a phone number for prisoners to call as well as a phone number for probationers and the public to call. The Just Detention International (JDI) Poster was in English and Spanish on legal size paper. The JDI Poster included the phone number as well as a universal pin that prisoners could use in lieu of their own pin number. Interviews with eight LEP and disabled prisoners indicated six were provided PREA information in a format that they could understand. A review of documentation for ten disabled prisoners and two LEP prisoner indicated all twelve had signed an acknowledgment form indicating they received and understood PREA information, however nine were completed during the interim report period.

115.16 (b): The PAQ stated that the agency has established procedures to provide prisoners 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 prisoners 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 utilizes RTT Mobile Interpretation as a language interpretation service. Staff dial a phone number, select the language of choice, enter a company ID and enter an access code. 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. The auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The PREA Poster was observed in English and Spanish on legal size paper. The PREA Poster advises prisoners they can report through a staff member and via the hotline. The PREA Poster provided a phone number for prisoners to call as well as a phone number for probationers and the public to call. The Just Detention International (JDI) Poster was in English and Spanish on legal size paper. The JDI Poster included the phone number as well as a universal pin that prisoners could use in lieu of their own pin number. The support staff tested the accessibility of the language interpretation service for LEP prisoner interviews. The facility provided the support staff a phone number to call for the interpretation service. The support staff conducted interviews with LEP prisoners through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to prisoners through a staff member. Accommodations were not required during interviews of disabled prisoners. Interviews with eight LEP and disabled prisoners indicated six were provided PREA information in a format that they could understand. A review of documentation for ten disabled prisoners and two LEP prisoner indicated all twelve had signed an acknowledgment form indicating they received and understood PREA information, however nine were completed during the interim report period.

115.16 (c): The PAQ stated that agency policy prohibits the use of prisoner interpreters, prisoner readers, or other types of prisoner assistants except in limited circumstances. The PAQ indicated the facility documents the limited circumstances in individual cases where prisoner interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where a prisoner was utilized to interpret, read or provide other types of assistance. 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. Interviews with thirteen random staff indicated three were aware of a policy prohibiting the use of prisoner interpreters, readers and assistants for sexual abuse allegations. Interviews with eight LEP and disabled prisoners indicated six were provided PREA information in a format that they could understand. None of the eight advised another prisoners was utilized to provide assistance.

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 prisoners indicates that this standard appears to require corrective action. Interviews with thirteen random staff indicated three were aware of a policy prohibiting the use of prisoner interpreters, readers and assistants for sexual abuse allegations.

Corrective Action

The facility will need to train staff on the prohibition under provision (c) as well as the resources to be utilized for LEP/disabled prisoners. A copy of the training will need to be provided (including curriculum and sign in).

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 use with disabled and LEP prisoners.

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.

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| | <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training <p>The facility provided training with staff on the prohibition of prisoners to interpret, read or provide assistance. The training also outlined the resources available for prisoners. Staff signatures were provided confirming receipt of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.17 | Hiring and promotion decisions |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 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 and Contractors <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> |

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with prisoners and prohibits enlisting the services of any contractor who may have contact with prisoners 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 four staff hired in the previous twelve months. At the issuance of the interim report only one document was provided. The auditor requested documentation for three contractors hired during the previous twelve months. At the issuance of the interim report the documentation had not yet been received.

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 prisoners. 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 prisoners, 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 nineteen people were hired in the previous twelve months who had a criminal background records check. The updated PAQ information indicated there were 21 staff hired in the previous twelve months and all 21 had a criminal background records check completed prior to hire. The auditor requested documentation for four staff hired in the previous twelve months. At the issuance of the interim report only one document was provided. The facility did not provide the necessary documentation to determine if prior institutional checks were necessary and completed. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all staff prior to hire and the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse and resignations during investigation. She stated a LIEN check is completed, which is a query of criminal history.

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 prisoners. 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 further indicated that 45 contracts for service had criminal background record checks completed on staff covered in the contract. The updated PAQ information indicated the facility has 35 contractors and all had a criminal background records check completed prior to enlisting their services. The auditor requested documentation for three contractors hired during the previous twelve months. At the issuance of the interim report the documentation had not yet been received. The Human Resource staff confirmed that all contractors have a criminal background records check completed prior to enlisting their services through the LIEN check (criminal history) by staff in Lansing.

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 prisoners 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 for five staff employed over five years. At the issuance of the interim report the documentation had not been provided to determine if criminal background record checks are completed at least every five years. The interview with the Human Resource staff member indicated the agency has a policy directive that requires a LIEN check to be completed every three years through the MSP system, which includes national and state criminal history.

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. A review of documentation for four staff hired in the previous twelve months and three staff promoted in the previous twelve months confirmed all seven had completed the PREA Questionnaire prior to hire/promotion. The Human Resource staff confirmed that the questions under this provision are asked via the PREA form prior to hire and prior to promotion. The staff further confirmed that the agency imposing a continuing affirmative 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.

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 four staff hired in the previous twelve months. At the issuance of the interim report only one document was provided. The auditor requested documentation for three contractors hired during the previous twelve months. At the issuance of the interim report the documentation had not yet been received. The facility did not provide the necessary documentation to determine if prior institutional checks were necessary and completed. The auditor requested documentation for five staff employed over five years. At the issuance of the interim report the documentation had not been provided to determine if criminal background record checks are completed at least every five years.

Corrective Action

The facility will need to provide the requested documentation to determine if additional corrective action is needed.

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.

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| | <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff and Contractor Personnel Files 2. Staff Training <p>The originally requested documentation was provided. The staff and contractors all had a criminal background records check completed prior to hire and at least every five years.</p> <p>One staff hired in the previous twelve months had prior institutional employment. The facility did not complete the prior institutional check as required under the standard. The PREA Analyst reviewed all newly hired staff over the previous twelve months and those hired during the corrective action period and located a second staff member with prior institutional employment. The second staff also did not have the prior institutional check completed. Both of the staff were medical or mental health care staff and the same Human Resource staff member was responsible for the prior institutional checks on both. The facility completed training with the Human Resource staff member on policy, procedure and the form required to be completed. The staff signed that she completed and understood the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Manual 3. Project Review and Approval - CAH-135 <p>Interviews:</p> <ol style="list-style-type: none"> 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 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. The auditor requested documentation related to the expansion, however at the issuance of the interim report the documentation had not yet been provided. During the tour the auditor confirmed there was an expansion to the facility. The facility added a building utilized for culinary arts and education. The auditor viewed the designed was modern with adequate sign lines and numerous video cameras. The interview with the Warden indicated they made substantial expansion or modifications to the facility through the school house. She stated the staff met every two weeks during construction to discuss mirrors, cameras, blind spots, security mechanism, etc. She confirmed PREA was considered during these meeting. 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 prisoner population in the modifications, including male, female and juvenile prisoners. 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.

115.18 (b): The PAQ indicated that the agency/facility has not 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. The auditor requested documentation related to the video monitoring installed related to the expansion, however at the issuance of the interim

report the documentation had not yet been provided. During the tour the auditor observed cameras in housing units and most work, program and common areas. Cameras are monitored by the staff in control center and can be viewed remotely by administrative staff and investigative staff. Additionally, one housing unit and the vocational area could monitor their specific cameras. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The auditor observed that cameras were added to the added building and as such cameras have been installed since the last PREA audit. 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 prisoners 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. The interview with the Warden confirmed that when updating or installing video monitoring technology they consider how the technology will enhance their ability to protect prisoners from sexual abuse. She advised they evaluate the current system and look to determine any blind spots or areas that require additional coverage. She indicated they go through the electronic monitoring officer to determine if there are any issues or additional coverage that may be needed The Warden noted they are preparing to upgrade current video monitoring technology.

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 require corrective action. The auditor requested documentation related to the expansion, however at the issuance of the interim report the documentation had not yet been provided. The auditor requested documentation related to the video monitoring installed related to the expansion, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide documentation related to the facility expansion and the camera installation/modification.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the

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| | <p>facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Physical Plant and Camera Documentation <p>The originally requested documentation was provided that outlined the expansion of the food tech building as well as camera installation and upgrades. The documents illustrated that a team reviewed both projects related to safety and security, to include consideration of sexual safety.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
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| | 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 03.04.100 - Health Services 4. Basic Investigator Training 5. Crime Scene Management and Preservation Training 6. Letter from the Michigan Department of State Police 7. Prison Rape Elimination Act (PREA) Forensic Examination Completed at Outside Hospital (CAJ-1020) 8. Memorandum Related to Victim Advocate Efforts 9. Email Correspondence with Local Rape Crisis Center 10. Victim Advocacy Training Records |

Interviews:

1. Interviews with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interviews with Prisoners who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations and the Michigan State Police (MSP) are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 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. 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 thirteen random staff indicated eleven knew and understood the protocol for obtaining useable physical evidence. Additionally, twelve staff indicated they were aware who conducts sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth and that the protocol was not 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. Further communication with the PCM indicated this was an error and it was developed based on the publication. 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 prisoners who experience sexual abuse access to forensic medical examination onsite and at an outside hospital. It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations are not conducted by SAFE or SANE when possible and that when SAFE/SANE are not available, qualified medical practitioners perform the examination. The PAQ further states that efforts to provide SAFE/ANE are documented. Further communication with the PCM indicated examinations are conducted by SAFE/SANE when possible. 03.04.100, page 10, indicates that any 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. The examination will be performed by a SANE or SAFE, where possible. 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. The updated PAQ information indicated there were four forensic medical examinations completed in the previous twelve months. 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 prisoner 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 were four forensic medical examinations completed by SAFE/SANE at Sparrow Hospital. Two other prisoners were transferred to the hospital, however one declined the examination and one was deferred by the hospital staff. The auditor contacted Sparrow Hospital related to forensic medical examinations. Staff confirmed they provide forensic medical examinations via SAFE/SANE.

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 these efforts are documented. The PAQ further stated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a 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 prisoner 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 facility provided email correspondence with RAVE, the local rape crisis center. In June 2023 attempts were made to contact RAVE related to services under this standard. The facility did not receive a response to any of the attempts. A review of documentation for nine prisoners who reported sexual abuse indicated all nine were offered access to a victim advocate, however all nine declined the services. The PCM confirmed that if requested by the victim, a victim advocate accompanies the prisoner and provides support during the forensic medical examination and during investigatory interviews. She stated she offers these services during business hours and after hours the Shift Commander offers the services. The PCM indicated the agency PREA unit has been attempting to enter into an agreement with RAVE, the local rape crisis center. She stated they have a draft MOU but it has not been executed yet. Interviews with prisoners who reported sexual abuse indicated none were afforded the opportunity to contact anyone after they reported.

115.21 (e): The PAQ indicated that if 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 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 prisoner 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 facility provided email correspondence with RAVE, the local rape crisis center. In June 2023 attempts were made to contact RAVE related to services under this standard. The facility did not receive a response to any of the attempts. A review of documentation indicated five prisoners had a forensic medical examination conducted, none of the prisoners were offered a victim advocate per the CAJ-1020. A

review of documentation for nine prisoners who reported sexual abuse indicated all nine were offered access to a victim advocate, however all nine declined the services. This was documented in the investigative report. The PCM confirmed that if requested by the victim, a victim advocate accompanies the prisoner and provides support during the forensic medical examination and during investigatory interviews. She stated she offers these services during business hours and after hours the Shift Commander offers the services. The PCM indicated the agency PREA unit has been attempting to enter into an agreement with RAVE, the local rape crisis center. She stated they have a draft MOU but it has not been executed yet. Interviews with prisoners who reported sexual abuse indicated none were afforded the opportunity to contact anyone after they reported.

115.21 (f): The PAQ indicated this standards is not applicable however further communication with the PCM 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, Victim Advocacy Training Records and information from interviews with the random staff, the SAFE/SANE, the PREA Compliance Manager and the prisoners who reported sexual abuse this standard appears to require corrective action. A review of documentation indicated five prisoners had a forensic medical examination conducted, none of the prisoners were offered a victim advocate per the CAJ-1020. A review of documentation for nine prisoners who reported sexual abuse indicated all nine were offered access to a victim advocate, however all nine declined the services. This was documented in the investigative report. Interviews with prisoners who

reported sexual abuse indicated none were afforded the opportunity to contact anyone after they reported.

Corrective Action

The facility will need to review the process for victim advocates during forensic medical examinations and investigatory interviews. The facility will need to ensure victims are afforded access prior to the hospital to ensure one is provided if the hospital does not have an advocate. Appropriate staff will need to be trained on this process. Documentation during the corrective action period confirming this process will need to be provided.

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
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Victim Advocacy Documents

The facility provided training that was completed with staff related to offering a victim advocate to victims of sexual abuse. The training notes that a list of trained advocates are available in the control station and that the RUMs, Shift Commanders and PCM also have the lists. The training notes these advocates are to be offered for forensic medical examinations at the hospital as well. Signatures were provided confirming receipt of the training.

A list of sexual abuse allegations during the corrective action period was provided. All victims were offered a victim advocate and all declined the services.

Based on the documentation provided the facility has corrected this standard and as

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| | such appears to be compliant. |
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| 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. Interviews 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 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</p> |

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 59 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all 59 resulted in an administrative investigation. The PAQ indicated that three were referred for a criminal investigation. The PAQ further stated that all administrative and/or criminal investigations were not completed in the past twelve months. The updated PAQ information indicated 76 allegations were reported in the previous twelve months, all 76 had an administrative investigation and nine had a criminal investigation. The interview with the Agency Head Designee confirmed that all allegations have an administrative or criminal investigation completed. He stated the agency completed 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 report, 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 though 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. There were 76 allegations reported during the updated audit period. All 76 resulted in an administrative investigation and nine were referred to MSP. None of the nine were investigated by MSP, but rather they were referred back to the facility for investigation. A review of fifteen sexual abuse and sexual harassment allegations confirmed all fifteen were referred for investigation and had an administrative investigation completed. Four were documented with referral to MSP with notification that they were not investigating.

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. 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. The facility investigator confirmed that all allegations are referred to an agency with legal authority to conduct criminal investigations, unless the activity is clearly not criminal. There were 76 allegations reported during the updated audit period. All 76 resulted in an administrative investigation and nine were referred to MSP. None of the nine were investigated by MSP, but rather they were referred back to the facility for investigation. A review of fifteen sexual abuse and sexual harassment allegations confirmed all fifteen were referred for investigation and had an administrative investigation completed. Four were documented with referral to MSP with notification that they were not investigating.

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 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->

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| | <p>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> |
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| 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. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff <p>Findings (By Provision):</p> |

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with prisoners 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 prisoners' right to be free from sexual abuse and sexual harassment, the right of the prisoner 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 prisoners, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex prisoners 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 prisoners' right to be free from sexual abuse and sexual harassment (Module 1 pages 30-33), the right of the prisoner 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 prisoners (Module 2 pages 39-52), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex prisoners (Module 2 pages 64-84) and how to comply with relevant laws related to mandatory reporting laws (Module 2 pages 30-32). Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated training is provided annually and the training includes the elements under this provision. A review of 21 staff training records indicated that 100% of those reviewed received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of prisoner at the facility and that employees who are reassigned to facilities with opposite gender prisoners 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 prisoners 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 prisoners with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ documents illustrated that PREA training is completed annually. A review of the last three Annual Training Plans confirmed that a two hour PREA training has been offered each year. A review of documentation confirmed that all 21 staff had received training the last two years.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with prisoners 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 21 staff training records indicated that all 21 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.

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| 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. MDOC Computer Based Training (CBT) - Sexual Abuse and Sexual Harassment in Confinement
5. Volunteer and Contractor Training Records

Documents Received During the Interim Report

1. Memorandum Related to Volunteer Training
2. Volunteer Training Records

Interviews:

1. Interviews with Volunteers and Contractors who have Contact with Prisoners

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with prisoners 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 230 volunteers and contractors received PREA training. The updated PAQ information stated that 358 contractors and volunteers have completed training, this was over 100% of the number of contractors and volunteers reported (331). A review documentation for five volunteers and five contractors indicated three had received training. Interviews with the contractor and volunteers confirmed that they had received training on their responsibilities under the agency's sexual abuse and sexual harassment policies.

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 prisoners. Additionally, the PAQ indicates that all volunteers and contractors who have contact with prisoners 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. Page 30 of Program A discusses 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 prisoner contact (such as medical and mental health) receive annual training through the agency either in person or online. A review of the CBT 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 prisoners' right to be free from sexual abuse and sexual harassment (Module 1 pages 30-33), the right of the prisoner 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 prisoners (Module 2 pages 39-52), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex prisoners (Module 2 pages 64-84) and how to comply with relevant laws related to mandatory reporting laws (Module 2 pages 30-32). A review documentation for five volunteers and five contractors indicated three had received training. All those reviewed had completed Program A. Interviews with the contractor and volunteers confirmed that the training they received went over the zero tolerance policy and how/who to report information to. All three individuals advised they received training in person or through videos and they were provided information on the subject.

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). For contractors that complete in-person or web-based training they sign an acknowledgment or complete a quiz confirming their understanding. A review documentation for five volunteers and five contractors indicated three had received training. The three with the completed training signed the Program A acknowledgment.

Based on a review of the PAQ, 03.02.105, Correctional Facilities Administration Security Regulations Program A (Program A), MDOC Computer Based Training (CBT) – Sexual Abuse and Sexual Harassment in Confinement contractor and volunteer training records, documents received during the interim report as well as the interviews with contractors and volunteers indicates that this standard appears to require corrective action. A review documentation for five volunteers and five contractors indicated three had received training.

Corrective Action

The facility will need to ensure all current contractors and volunteers have completed PREA training. A list of current contractors and volunteers as well as a systematic sample (i.e. every 5th person on the list) of their training documents will need to be provided.

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 and Volunteer Training Records
2. List of Volunteers

The facility provided the originally requested contractor and volunteer training records. All were documented with PREA training prior to the on-site portion of the audit. Additionally, the facility provided a list of current volunteers and a systematic sample of PREA training records.

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 Orientation Guidebook
6. Prisoner 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. PREA Prisoner Education Verification (CAJ-1036)
11. PREA Prisoner Information Verification (CAJ-1036a)
12. Prisoner Training Records

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Prisoners

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ stated that prisoners 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. Prisoners receive information on the zero-tolerance policy and how to report allegations through numerous methods including: a video, the Prisoner Handbook, the Brochure, Posters, the Orientation Guidebook and through verbal information from staff. Prisoners 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 727 prisoners 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 prisoners who arrived at the facility over the previous twelve months. The updated PAQ information indicated 882 prisoners received PREA information at intake, which is equivalent to 100% of prisoners who arrive at the facility over the previous twelve months. During the tour the auditor was provided a demonstration of the intake process. Prisoners are provided orientation within seven days. Orientation is done in the staff's office. Staff have a checklist and they go through the checklist. The staff ask if the prisoner has any questions about PREA. The staff then provides the JDI memo to the prisoner and has them read it. The staff ask if the prisoner has any

questions related to the memo. Staff then go over the PREA Brochure and ask if the prisoner has any questions. Prisoners receive a copy of both forms. The staff indicated the forms are only available in English. The staff advised they do have access to a translation service if needed. Staff further demonstrated that they ask if the prisoner has viewed the PREA video. If they indicate they have, the staff asks them to describe the video to confirm receipt. If the prisoner has not seen the video the staff will show the PREA video through the computer and headphones. The interview with intake staff confirmed that prisoners are provided information on the agency's sexual abuse and sexual harassment policies during intake. The staff stated he meets with the prisoner within seven days to conduct orientation. He asks them if they know what PREA is and if they have seen the PREA video. If they have not, he shows them the video in his office. If they advise they have seen the video staff require the prisoner to describe it to confirm they did view it. Prisoners are provided the JDI memo as well as the orientation packet, which includes information on PREA. 20 of the 40 prisoners interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. A review of 29 prisoner files of those received in the previous twelve months indicated all 29 had received PREA education. Twelve of the 29 had received the education at a prior facility. Fourteen of the 29 had received it at Richard A. Handlon, but the education was completed during the interim report period. It should be noted that the facility is not an intake facility and as such all prisoners 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. Prisoners 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 Orientation Guidebook and through verbal information from staff. Prisoners 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 prisoner 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, the Orientation Guidebook 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 704 prisoners received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of the prisoners who arrived and stayed longer than 30 days. The updated PAQ information indicated 860 prisoners received comprehensive PREA education, which is equivalent to 100% of those received in the previous twelve months whose length of stay was 30 days or longer. During the tour the auditor was provided a demonstration of the intake process. Prisoners are provided orientation within seven days. Orientation is done in the staff's office. Staff have a checklist and they go through the checklist. The staff ask if the prisoner has any questions about PREA. The staff then provides the JDI memo to the prisoner and has them read it. The staff ask if the prisoner has any questions related to the memo. Staff then go over the PREA Brochure and ask if the prisoner has any questions. Prisoners receive a copy of both forms. The staff indicated the forms are only available in English. The staff advised they do have access to a translation service if needed. Staff further demonstrated that they ask if the prisoner has viewed the PREA video. If they indicate they have, the staff asks them to describe the video to confirm receipt. If the prisoner has not seen the video the staff will show the PREA video through the computer and headphones. It should be noted that all prisoners receive education via the PREA video upon arrival into the agency. Prisoners that arrive at the facility have come through the intake facility where the initial education is provided. All policies and procedures, with the exception of the PREA Compliance Manager at the facility are the same. A review of 29 prisoner files of those received in the previous twelve months indicated all 29 had received PREA education. Twelve of the 29 had received the education at a prior facility. Fourteen of the 29 had received it at Richard A. Handlon, but the education was completed during the interim report period. The interview with intake staff confirmed that prisoners are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated he meets with the prisoner within seven

days to conduct orientation. He asks them if they know what PREA is and if they have seen the PREA video. If they have not, he shows them the video in his office. If they advise they have seen the video staff require the prisoner to describe it to confirm they did view it. Prisoners are provided the JDI memo as well as the orientation packet, which includes information on PREA. 20 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 and the agency/facility's policies and procedures in response to an allegation of sexual abuse. Most stated they were provided the education the day of arrival or a few days after arrival.

115.33 (c): The PAQ indicated that of those that were not educated within 30 days, all prisoners have been educated subsequently. The PAQ documents stated that all prisoners were educated in 2013. Additionally, it stated that agency policy requires that prisoners 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. Prisoners 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 Orientation Guidebook, Posters and through verbal information from staff. Prisoners

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 prisoner 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, the Orientation Guidebook 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 intake staff confirmed that prisoners are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated he meets with the prisoner within seven days to conduct orientation. He asks them if they know what PREA is and if they have seen the PREA video. If they have not, he shows them the video in his office. If they advise they have seen the video staff require the prisoner to describe it to confirm they did view it. Prisoners are provided the JDI memo as well as the orientation packet, which includes information on PREA.. Interviews with eight LEP and disabled prisoners indicated six had received information in a format they could understand. A review of 54 total prisoner files indicated all 54 had completed PREA education, however 36 were completed during the interim report period.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for prisoners who are LEP, deaf, visually impaired, otherwise disabled and 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 prisoners 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 PREA Manual, page 18 establishes the

procedure to provide disabled prisoners 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 Prisoner 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 Video is available with closed captioning. The PREA Manual, page 18 establishes the procedure to provide disabled prisoners 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. The facility has a purchase order with Global Interpreting Services, LLC. This organization provides interpretive services when needed. A review of documentation for ten disabled prisoners and two LEP prisoner indicated all twelve had signed an acknowledgment form indicating they received and understood PREA information, however nine were completed during the interim report period.

115.33 (e): The PAQ indicated that the agency maintains documentation of prisoner participation in PREA education sessions. For initial intake prisoners 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 prisoners 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 prisoner viewed the video and if staff provided educational materials addressing sexual abuse and sexual harassment. A review of 54 total prisoner files indicated all 54 had completed PREA education, however 36 were completed during the interim report period. All 54 signed the CAJ-1036.

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, prisoner handbooks or other written formats. A review of documentation indicates that the facility has PREA information available through Posters, the Brochure, the Orientation Guidebook and the Prisoner Handbook. During the tour the auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The PREA Poster was observed in English and Spanish on legal size paper. The PREA Poster advises prisoners they can

report through a staff member and via the hotline. The PREA Poster provided a phone number for prisoners to call as well as a phone number for probationers and the public to call. The Just Detention International (JDI) Poster was in English and Spanish on legal size paper. The JDI Poster included the phone number as well as a universal pin that prisoners could use in lieu of their own pin number. Informal conversation with prisoners and staff indicated the PREA information has been posted for a while.

Based on a review of the PAQ, 04.01.140, 03.03.140, the Taking Action Video, the Prisoners Guidebook, the Prisoner 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, prisoner records, observations made during the tour, as well as information from interviews with intake staff, random prisoners and LEP and disabled prisoners indicate that this standard requires corrective action. A review of 29 prisoner files of those received in the previous twelve months indicated all 29 had received PREA education. Twelve of the 29 had received the education at a prior facility. Fourteen of the 29 had received it at Richard A. Handlon, but the education was completed during the interim report period. A review of 54 total prisoner files indicated all 54 had completed PREA education, however 36 were completed during the interim report period. A review of documentation for ten disabled prisoners and two LEP prisoner indicated all twelve had signed an acknowledgment form indicating they received and understood PREA information, however nine were completed during the interim report period.

Corrective Action

The facility will need to ensure they have corrected their PREA education process. The facility will need to ensure all current prisoners have completed PREA education. An assurance memo will need to be provided related to this education. A list of prisoners that arrived during the corrective action period as well as a systematic sample (i.e. every tenth prisoner on the list) of confirmation of their PREA education will need to be provided. Further, the facility will need to provide confirmation that LEP and disabled prisoners received education during the corrective action period in accessible formats.

Recommendation

The auditor highly recommends that the facility utilize the new PREA video from the PRC as well as utilize the juvenile PREA resources for the serious mental illness (SMI) prisoners. Further the auditor highly recommends that staff verbally go over

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| | <p>information on the LCO and JDI.</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"> 1. List of Prisoners that Arrived During the Corrective Action Period 2. Prisoner Education Records 3. Assurance Memorandum 4. LEP Prisoner Education Records <p>The facility provided a list of prisoners that arrived during the corrective action period and a systematic sample of education documents. All prisoners were documented with PREA education within 30 days of arrival at the facility. Additionally, an assurance memorandum was provided confirming that the facility reviewed and confirmed all prisoners had received PREA education.</p> <p>The facility provided a list of LEP and disabled prisoners at the facility and re-education documentation. The facility re-educated the prisoners on PREA in accessible formats. The facility also provided a memo that indicated they had not received any LEP or disabled prisoners during the corrective action period that required accommodations for education.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.34 | Specialized training: Investigations |
| | 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. 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

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated this provision is not applicable, however further communication with the PCM indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 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 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 documentation indicated that 20 facility staff have completed the specialized investigator training, including the eight investigators who completed the twelve reviewed investigations. Interviews with the investigative staff confirmed they received specialized training. The facility investigator indicated the training he received included information on interviews, how to secure evidence, meeting with the victim, suspect and witnesses and how to pull video evidence. 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 documentation indicated that 20 facility staff have completed the specialized investigator training, including the eight investigators who completed the twelve reviewed investigations. Interviews with the investigators confirmed they 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 maintains documentation showing that investigators have completed the required training and that nineteen facility investigator had completed the required training. A review of fifteen investigations indicated they were completed by eight investigators. All eight had completed the

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| | <p>specialized investigator training.</p> <p>115.34(d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 03.03.140, the Prison Rape Elimination Act (PREA) Manual, the Basic Investigator Training, the NIC 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.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ stated this provision does not apply, however further communication with the PCM indicated 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</p> |

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 69 medical and mental health care staff and that 100% of the staff received the specialized training. The updated PAQ information indicated there are 48 medical and mental health care staff and 100% have received specialized training. A review of seven medical and mental health staff documents confirmed that all seven had received the specialized training. Interviews with medical and mental health staff confirm that both have received specialized training. Both staff confirmed the required topics under this provision were included in the training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. 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 this provision was not applicable, however further communication with the PCM confirmed 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 seven medical and mental health staff documents confirmed that all seven had received the specialized training and completed a quiz online to confirm understanding and acknowledgment.

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 Annual 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. The auditor confirmed through the document that PREA is a two hour training that is part of the in-service. A review of the CBT 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 prisoners' right to be free from sexual abuse and sexual harassment (Module 1 pages 30-33), the right of the prisoner 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 prisoners (Module 2 pages 39-52), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex prisoners (Module 2 pages 64-84) and how to comply with relevant laws related to mandatory reporting laws (Module 2 pages 30-32). 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). A review of eight medical and mental health care staff records indicated four received training under 115.31. The other four were not documented with training as required under 115.32.

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 appears to require corrective action. A review of eight medical and mental health care staff records indicated four received training under 115.31. The other four were not documented with training as required under 115.32.

Corrective Action

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| | <p>The facility will need to provide the requested documentation. If not available, additional corrective action will be necessary.</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"> 1. Contractor Training <p>The facility provided the originally requested contractor training documents. All medical and mental health care staff were documented with contractor training (Program A) under 115.32.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 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"> 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 05.01.140 - 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. Prisoner Assessment and Re-Assessment Records

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Random Prisoners
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 Prisoner 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 prisoners. 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 a private office setting. Staff bring the prisoner in and ask them questions related to risk of victimization. The staff also review information in OMNI to determine if anything has changed. Staff verbally ask the prisoner about prior sexual victimization, age, prior domestic violence and about any mental health issues. The staff indicated they only ask about gender identity and sexual preference if flagged. The staff also stated they only ask about perception of vulnerability if they meet certain criteria. The interview with the staff who conduct the risk screening confirmed

that prisoners are screened for their risk of victimization and abusiveness during intake.

115.41 (b): The PAQ indicated that the policy requires that prisoners be screened for risk of sexual victimization or risk of sexually abusing other prisoners 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 726 prisoners, or 100% of those that arrived in the previous twelve months that stayed longer than 72 hours were screened for risk of sexual victimization or risk of sexually abusing other prisoners within 72 hours. The updated PAQ indicated that 871 prisoners had an initial risk screening completed within 72 hours of arrival. This is equivalent to 100% of those that arrived in the previous twelve months and stayed longer than 72 hours. A review of 29 prisoner files of those that arrived within the previous twelve months indicated that 21 had an initial risk screening. Twelve of the 21 were completed within 72 hours of arrival. Interviews with fourteen prisoners that arrived within the previous twelve months indicated that seven had been asked the risk screening questions during intake. The interview with the staff responsible for the risk screening confirmed that prisoners are screened for their risk of victimization and abusiveness within 72 hours.

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 prisoner 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.

115.41 (d): A review of CAJ-1023 indicates that the intake screening considers the following criteria to assess prisoners 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 conduct the risk screening confirmed that the elements under this provision are considered in the risk screening. He stated they utilize the CAJ-1023 form to complete the risk assessment. He further stated he verbally asks about prior sexual victimization, age, domestic violence and cognitive disability. The staff stated the initial risk screening includes a file review and the questions, while the reassessment includes just the one follow-up question.

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 conduct the risk screening confirmed that the elements under this provision are considered in the risk screening. He stated they utilize the CAJ-1023 form to complete the risk assessment. He further stated he verbally asks about prior sexual victimization, age, domestic violence and cognitive disability. The staff stated the initial risk screening includes a file review and the questions, while the reassessment includes just the one follow-up question.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each prisoner's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the prisoner'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 498, or 70% of prisoners entering the facility who stayed longer than 30 days were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. The updated PAQ information indicated 828 prisoners had a reassessment completed within 30 days of arrival. This is equivalent to less than 100% of those that arrived and stayed longer than 30 days. The risk reassessments is also completed in a private office setting. Staff ask the prisoner if there has been any sexual abuse since the initial risk assessment. The staff ask if there is anything new they want to disclose. The staff advised they do not review any file information as they typically have done the initial and remember that information from the initial risk assessment. A review of a 29 prisoner files of those that arrived in the previous twelve months indicated fifteen prisoners had a reassessment completed. Twelve of the fifteen were completed within 30 days of arrival. The interview with staff responsible for the risk screening indicated that prisoners are reassessed within 30 days but not before fourteen days. Interviews with fourteen prisoners that arrived in the previous twelve months indicated one was asked the risk screening questions on more than one occasion.

115.41 (g): The PAQ indicated that policy requires that a prisoner'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 prisoner'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 PREA 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 prisoners are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with fourteen prisoners that arrived in the previous twelve months indicated one was asked the risk screening questions on more than one occasion. A review of sexual abuse investigations indicated six required a reassessment due to an incident of sexual abuse. Two of the prisoner victims were reassessed after the sexual abuse allegation/ investigation.

115.41 (h): The PAQ indicated that policy prohibits disciplining prisoners for refusing to answer whether or not the prisoner has a mental, physical or developmental disability; whether or not the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the prisoner has previously experienced sexual victimization; and the prisoner'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 prisoners 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. Prisoner 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 had 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. The interview with the PCM and staff responsible for the risk screening confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. They advised the risk screening is completed in the OMNI system.

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 prisoner files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random prisoners indicates that this standard appears require corrective action. The staff indicated they only ask about gender identity and sexual preference if flagged. The staff also stated they only ask about perception of vulnerability if they meet certain criteria. A review of 29 prisoner files of those that arrived within the previous twelve months indicated that 21 had an initial risk screening. Twelve of the 21 were completed within 72 hours of arrival. Interviews with fourteen prisoners that arrived within the previous twelve months indicated that seven had been asked the risk screening questions during intake. The staff advised they do not review any file information as they typically have done the initial and remember that information from the initial risk assessment. A review of a 29 prisoner files of those that arrived in the previous twelve months indicated fifteen prisoners had a reassessment completed. Twelve of the fifteen were completed within 30 days of arrival. Interviews with fourteen prisoners that arrived in the previous twelve months indicated one was asked the risk screening questions on more than one occasion. A review of sexual abuse investigations indicated six required a reassessment due to an incident of sexual abuse. Two of the prisoner victims were reassessed after the sexual abuse allegation/investigation.

Corrective Action

The facility will need to review their current initial and reassessment process. Training will need to be conducted with appropriate staff on the process as well as the timelines. The facility will need to ensure that all prisoners receive an initial risk assessment, a 30 day reassessment and a reassessment due to incident of sexual abuse, when applicable. The facility will need to provide a list of prisoners that arrived during the corrective action period as well as a systematic sample (i.e. every tenth prison) of risk assessments (initial and reassessment) to confirm they were completed within the timeframe. Additionally, the facility will need to develop a process to ensure all prisoner victims of sexual abuse are provided a risk reassessment if the investigation is determined to be substantiated or unsubstantiated. A list of sexual abuse allegations during the corrective action period and associated reassessments will need to be provided.

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
2. List of Sexual Abuse Allegations During Corrective Action Period
3. Prisoner Risk Assessments

The facility provided training that was completed with staff on the initial and reassessment risk process. The training included timelines for the initial risk assessment and reassessment, the requirement to complete reassessments due to incident of sexual abuse, and the process for verbally asking all necessary questions and conducting a file review to confirm information. Staff signatures were provided confirming receipt and understanding.

A list of prisoners that arrived during the corrective action period and a systematic sample of risk assessments were provided. All had an initial risk assessments completed within 72 hours and all had a reassessment completed within 30 days.

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| | <p>The facility a list of sexual abuse allegations during the corrective action period and reassessments for the victims due to incident of sexual abuse. None were substantiated and as such no perpetrators were reassessed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.42 | Use of screening information |
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| | <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. 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 Prisoner Biannual Reviews 8. LGBTI Prisoner Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interviews with Transgender/Intersex Prisoners 5. Interviews with Gay, Lesbian and Bisexual Prisoners |

Site Review Observations:

1. Location of Prisoner Records.
2. Housing Assignments of LGBTI Prisoners
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 prisoners 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 when determining cell assignments. She stated it also is utilized for work assignments and call-outs to ensure compatibility. She further advised the information is utilized for mental health follow-ups as well. The interview with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to provide a risk score. This score is then utilized for bunking people appropriately. Victims cannot be housed with aggressors and as such the score are utilized to determine who individuals can lock with (be housed with). The staff advised they do not necessarily use the information for programming/job assignments. A review of the housing assignments for high risk victims and high risk abusers indicated they were housed in the same housing units. Due to the number of housing units and the limited number of confirmed victims and aggressors, it was determined that the facility had the ability to keep these individuals separate. The auditor did not view any issues with job and programming assignments for the high risk prisoners.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each prisoner. 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 provide a risk score. This score is then utilized for bunking people appropriately. Victims cannot be housed with aggressors and as such the score are utilized to determine who individuals can lock with (be housed with). The staff advised they do not necessarily use the information for programming/job assignments.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex prisoners 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 prisoners 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 provided 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. The PCM stated that policy dictates how GID prisoners are housed. She indicated they try to house a GID prisoner with another GID prison. The PCM confirmed that housing of transgender and intersex prisoners would consider the health and safety of the prisoners and whether the placement would present any security or management problems. Interviews with transgender prisoners indicated three of the four were asked about how they felt about their housing and programming assignments.

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. A review of documentation for six transgender prisoners confirmed all six had biannual assessments completed. The staff responsible for the risk screening confirmed that transgender and intersex prisoners are reassessed biannually. The PCM stated she was unsure about biannual assessments as these are completed by counselors and unit managers. Further communication with staff confirmed reassessments are completed biannually.

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. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex prisoners' view with respect to their safety are given serious consideration. Interviews with transgender prisoners indicated three of the four were asked how they felt about their safety with regard to housing and programming.

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. During the tour it was observed that separate shower times paired with the frosted windows and lattice type barriers provided adequate separate showers for transgender and intersex prisoners. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex prisoners are afforded the opportunity to shower separately. The PCM stated transgender and intersex prisoners have selective designated shower times, during count, when the rest of the population is not out. Interviews with transgender prisoners confirmed all four are afforded the opportunity to shower separately.

115.42 (g): The memo related to gender/gender identity 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 prisoners. As such the auditor requested that staff identify LGB prisoners known to staff for interview purposes and documentation purposes. A review of housing assignments for prisoners staff identified as LGB as well as housing assignments for GID (transgender and intersex) prisoners indicated they were housed across different units at the facility. The interviews with the PC and PCM confirmed that the agency does not have a consent decree and that LGBTI prisoners are not placed in one housing unit or one facility based on their gender identify and/or sexual preference. Interviews with eight LGBTI prisoners indicated none felt that they were placed in any specific housing unit, facility or wing based on their sexual preference and/or gender identity.

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 Prisoner Biannual Reviews, LGBTI Prisoner Housing Documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI prisoners, indicates that this standard appears to require corrective action. The staff advised they do not necessarily use the

information for programming/job assignments. A review of the housing assignments for high risk victims and high risk abusers indicated they were housed in the same housing units. Due to the number of housing units and the limited number of confirmed victims and aggressors, it was determined that the facility had the ability to keep these individuals separate. The auditor did not view any issues with job and programming assignments for the high risk prisoners.

Corrective Action

The facility will need to review the current housing, job and programming assignments for high risk victims and abusers. The facility will need to ensure these groups are separated. The facility will need to train appropriate staff on this process. A copy of the training will need to be provided. Additionally, an updated list of high risk victims and high risk abusers will need to be provided. The list will need to include housing and job/program assignments.

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
2. High Risk Prisoners Housing, Programing and Job Assignments

The facility provided training with staff on placement and programming of high risk prisoners. The training noted to keep separate those at high risk of victimization and those at high risk of abusiveness. Staff signatures were provided.

The high risk victim and high risk abuser lists were provided to the auditor. Victims and predators were housed together in three housing units. The facility provided justification of the placement, as these are program housing units and the prisoners are assigned to the specific programming and are not able to be housed anywhere else. The high risk victim and high risk abusers were not housed in the same cells and

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| | <p>were strategically placed within the housing unit. Additionally, each housing unit had direct staff supervision. A review of job assignments and other assignments did not illustrate any issues with the high risk populations.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.43 | Protective Custody |
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| | 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. Housing Assignments of Prisoners at High Risk of Victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Prisoners in Segregated Housing 3. Interviews with Prisoners in Segregated Housing for Risk of Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Special Management Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of prisoners 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.</p> |

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 prisoners 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 prisoners at high risk of victimization in segregated housing unless there are no other available alternative means of separation of likely abusers. A review of housing assignments for prisoners at high risk of victimization (known victims) confirmed none were involuntarily segregated due to risk of victimization.

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 observed the segregation housing unit was one wing of one of the housing buildings. A separate outdoor recreation area was observed for those in the segregated housing unit. Prisoners have access to recreation five days a week and showers three days a week. Phones can be utilized once a week via a cordless phone. Prisoners are able to provide grievances or mail to any staff or they can place it in the locked box when they are out of their cell. The interview with the staff who supervise prisoners in segregated housing indicated that if a prisoner is involuntarily segregated due to their risk of sexual victimization they would have access to anything those in general population have access to, it would just be offered in a different way as they would not be able to physically go to calls outs or a work assignment. He further stated any restriction would be documented. A review of housing assignments for prisoners at high risk of victimization (known victims) confirmed none were involuntarily segregated due to risk of victimization. There were no prisoners in segregated housing due to their risk of victimization and as such no interviews were conducted. It should be noted that at least one prisoner was interviewed from the segregated housing unit as a random prisoner from the housing unit.

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 prisoners have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that prisoners would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. She stated the prisoner would typically not remain in involuntary segregated housing for longer than five or six day and if it was that long it would be due to a need to transfer the prisoners. The interview with the staff who supervise prisoners in segregated housing confirmed that any prisoner at risk of victimization that is placed in involuntary segregated housing would only be placed there until an alternative means of separation could be arranged. He indicated this would be utilized as a last resort and since they only have temporary segregation the prison would not remain back there more than 30 days, but typically it would be less than seven days. A review of housing assignments for prisoners at high risk of victimization (known victims) confirmed none were involuntarily segregated due to risk of victimization. There were no prisoners in segregated housing due to their risk of victimization and as such no interviews were conducted. It should be noted that at least one prisoner was interviewed from the segregated housing unit as a random prisoner from the housing unit.

115.43 (d): The PAQ indicated there have been zero instances where prisoners 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 prisoners at high risk of victimization (known victims) confirmed none were involuntarily segregated due to risk of victimization.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such prisoner 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. The interview with the staff who supervise prisoners in segregated housing confirmed that prisoners would be reviewed at least every 30 days for their continued need of separation from the general population. There were no prisoners in segregated housing due to their risk of victimization and as such no interviews were conducted. It should be noted that at least one prisoner was interviewed from the segregated housing unit as a random prisoner from the housing unit.

Based on a review of the PAQ, 04.05.120, the Prison Rape Elimination Act (PREA) Manual, Housing Assignments of Prisoners at High Risk of Victimization, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise prisoners in segregated housing indicates that this standard appears to be compliant

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| 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 Orientation Guidebook
7. Prisoner Handbook - An End to Silence
8. Michigan Department of Corrections Identifying and Addressing Sexual Abuse and Sexual Harassment - A Guide for Prisoners (Brochure)
9. PREA Poster
10. Incident Reports (Verbal Reports)

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Prisoners
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 prisoners to report privately to agency officials; sexual abuse or sexual harassment; retaliation by other prisoners 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 Corrections 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 Prisoner Orientation Guidebook and the Prisoner Handbook confirm that they all provide methods to report sexual abuse. The PREA Poster advises prisoners that they can call the Sexual Abuse Hotline and provides an anonymous pin. The Brochure indicates that prisoners 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 prisoners can report to a staff member, through the MDOC Sexual Abuse Hotline or by contacting the Legislative Corrections Ombudsman's Office or the Michigan State Police. The Prisoner Handbook advises prisoners 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 as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The PREA Poster was observed in English and Spanish on legal size paper. The PREA Poster advises prisoners they can report through a staff member and via the hotline. The PREA Poster provided a phone number for prisoners to call as well as a phone number for probationers and the public to call. The auditor tested the PREA hotline during the tour. The PREA Poster provided a speed dial number. When the phone is first picked up prisoners 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 had a prisoner assist with calling the hotline number. The call was made and a message was left on March 27, 2024. The auditor was provided confirmation on the same date that the call was received by agency PREA staff. Additionally, during the tour the auditor had a prisoner assist with submitting a kite to test one of the written internal reporting mechanisms. The prisoner assisted the auditor with ensuring appropriate information was included on the kite and the auditor placed the kite in the locked box in the housing unit. The auditor was provided confirmation the following day (March 28, 2024) that the kite was received and would be processed if it was a report of sexual abuse or sexual harassment. Interviews with 40 prisoners confirmed that all were aware of at least one method to report sexual abuse and sexual harassment. Prisoners stated they can report through the hotline, Jpay, staff, MSP and through their family. Interviews with thirteen staff confirmed that prisoners have multiple ways to report sexual abuse and sexual harassment including verbally, in writing, through the hotline and through Jpay.

115.51 (b): The PAQ stated that the agency provides at least one way for prisoners to report abuse or harassment to a public entity or office that is not part of the agency. 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 prisoners that they can report through the Legislative Correction's Ombudsman. The Brochure include the mailing address to LCO, advises that LCO is the external reporting entity, and indicates that

prisoners can remain anonymous when reporting to LCO and direction on how to do so. During the tour the auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The PREA Poster was observed in English and Spanish on legal size paper. The PREA Poster did not contain information on the Legislative Corrections Ombudsman. During the tour the auditor observed that the mailroom was located in the administration area. All housing units as well as a few common areas had a locked mailbox for kites and US mail. Conversation with the mailroom staff indicated that outgoing mail is sorted and reviewed. All outgoing mail is sealed and is not reviewed unless the prisoner is on the mail watch list. The staff indicated the incoming mail process starts with sorting the mail. All regular mail is opened and photocopied. Mail is reviewed and the copy is provided to the prisoner. The original is maintained for fourteen days and is then shredded. Legal mail is logged and verified. If the prisoner does not have an "A" code the mail would be treated like regular mail. The mailroom staff stated an "A" code has to be requested. Legal mail is then opened in front of the prisoner. The mailrooms staff confirmed that correspondence to and from the Legislative Corrections Ombudsman is treated like legal mail, with or without an "A" code. The auditor tested the external reporting mechanism on March 26, 2024 during another MDOC audit. The process for the external reporting mechanism is the same across all MDOC facilities. The auditor utilized a piece of scrape paper and obtained an envelope from staff to send the letter. Prisoners are provided envelopes for legal mail in the library, if needed. The auditor addressed the correspondence to the Legislative Corrections Ombudsman via the address on the PREA Brochure. The letter was placed in the US mailbox in a housing unit. On April 2, 2024 the auditor received confirmation from LCO that the letter was received. The LCO staff advised that they would create a case in their system and forward the complaint to the MDOC PREA Coordinator in Central Office. The staff stated everything they do is confidential by law. They do not divulge the identity of the person submitting the complaint to the MDOC, unless the complainant is the prisoner and identifying them would be essential for their complaint to be investigated. However, the staff stated if a prisoner tells them they do not want to be identified, they would not divulge their name to MDOC and would try to handle the complaint a different way. Interviews with 40 prisoners indicated eleven were aware that they could report to the Legislative Corrections Ombudsman as an outside reporting mechanism and nineteen stated they knew they could report anonymously. The PAQ indicated that prisoners 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. 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. During the tour the auditor had a staff member demonstrate how they would document verbal reports of sexual abuse and/or sexual harassment. The staff indicated they would document verbatim what the prisoner told them in the logbook. The auditor probed about an incident report of witnesses statement. The staff indicated "I guess we do that too". Interviews with 40 prisoners confirmed 36 knew they could report allegations of sexual abuse or sexual harassment verbally or in writing to staff and 37 knew they could report via a third party. Interviews with thirteen random staff confirmed that prisoners can report verbally, in writing, anonymously and through a third party. Eleven staff stated verbal reports would be documented immediately. Staff indicated the written documentation would be in the log book or via a critical report. A review of investigative reports indicated twelve were reported verbally. A review of documentation indicated nine were documented in a written report (email).

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of prisoners. 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 thirteen random staff indicated all thirteen knew they could privately report sexual abuse and sexual harassment of prisoners

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 Orientation Guidebook, the Prisoner Handbook, 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 prisoners and random staff, this standard appears to require corrective action. During the tour the auditor had a staff member demonstrate how they would document verbal reports of sexual abuse and/or sexual harassment. The staff indicated they would document verbatim what the prisoner told them in the logbook. The auditor probed about an incident report of witnesses statement. The staff indicated "I guess we do that too". Interviews with thirteen random staff confirmed that prisoners can report verbally, in writing, anonymously and through a

third party. Eleven staff stated verbal reports would be documented immediately. Staff indicated the written documentation would be in the log book or via a critical report. A review of investigative reports indicated twelve were reported verbally. A review of documentation indicated nine were documented in a written report (email).

Corrective Action

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. A list of sexual abuse allegations during the corrective action and associated written documentation of verbal reports will need to be provided.

Recommendation

The auditor highly recommends that the facility post information related to the LCO, including that prisoners can remain anonymous when reporting to the organization. Further, the auditor highly recommends that this information also be verbally relayed to prisoners during education under 115.33.

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
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Written Documentation of Verbal Allegations

Facility staff received a training that outlined that verbal reports are to be

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| | <p>documented in an email to the PCM. Staff signatures were provided confirming receipt of the training. The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. All verbal reports were documented in an email to the PCM.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | <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. PREA Prisoner Grievance Form (Step I) - CAJ-1038A 4. PREA Prisoner Grievance Appeal Form (Step II) - CAJ-1038B 5. Grievance Log 6. Investigative Reports <p>Interviews</p> <ol style="list-style-type: none"> 1. Interviews with Prisoners who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.52 (a): The PAQ indicated that the agency is exempt from this standard. 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</p> |

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 the agency is exempt from this standard. 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 (c): The PAQ indicated that the agency is exempt from this standard. 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 (d): The PAQ indicated that the agency is exempt from this standard. 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. The updated PAQ indicated that there were zero grievances of sexual abuse in 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. Interviews with prisoners who reported sexual abuse indicated one was aware he was to be notified of the outcome of the investigation. None of the four indicated they reported via a grievance.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. 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. The updated PAQ indicated that there were zero grievances of sexual abuse in 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 (f): The PAQ indicated that the agency is exempt from this standard. 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. The updated PAQ indicated that there were zero grievances of sexual abuse in 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 is exempt from this standard. 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. The updated PAQ noted there were zero prisoners grievances alleging sexual abuse that resulted in disciplinary action by the agency against the prisoner for having filed the grievance in bad faith.

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

| 115.53 | Inmate access to outside confidential support services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents: <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. Prisoner Handbook – An End to Silence
6. Just Detention International (JDI) Poster
7. Memorandum from Just Detention International to People in MDOC
8. Memorandum of Understanding (MOU) with Just Detention International

Interviews:

1. Interviews with Random Prisoners
2. Interviews with Prisoners 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 prisoners with access to outside victim advocates for emotional support services related to sexual abuse by; giving prisoners mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; and enabling reasonable communication between prisoners and these organizations in as confidential a manner as possible. The PAQ indicated that the agency provides prisoners with access to such services by giving prisoner mailing addresses and telephone numbers for immigrant services agencies for persons detained solely for civil immigration purposes. 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

Corrections 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 prisoners 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 prisoners that calls are confidential, anonymous, unmonitored and free of charge. It further provides an anonymous pin for the prisoner 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). During the tour the auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The Just Detention International (JDI) Poster was in English and Spanish on legal size paper. The JDI Poster included the phone number as well as a universal pin that prisoners could use in lieu of their own pin number. 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. Prisoners 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. A universal pin number is on the JDI Poster, however the hotline did not require a pin number. The auditor was able to reach a live person. The live person was initially an answering service staff member 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 prisoners Monday through Friday from 8:00am-8:00pm. 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 prisoners. During the tour the auditor observed that the mailroom was located in the administration area. All housing units as well as a few common areas had a locked mailbox for kites and US mail. Conversation with the mailroom staff indicated that outgoing mail is sorted and reviewed. All outgoing mail is sealed and is not reviewed unless the prisoner is on the mail watch list. The staff indicated the incoming mail process starts with sorting the mail. All regular mail is opened and photocopied. Mail is reviewed and the copy is provided to the prisoner. The original is maintained for fourteen days and is then shredded. Legal mail is logged and verified. If the prisoner does not have an "A" code the mail would be treated like regular mail. The mailroom staff stated an "A" code has to be requested. Legal mail is then opened in front of the prisoner. The mailrooms staff confirmed that correspondence to and from JDI is treated like legal mail. Interviews with 40 prisoners, including those who reported sexual abuse, indicated thirteen were aware of outside victim advocacy services for victims of sexual abuse

and fifteen were aware of Just Detention International. While only a fourth indicated they were aware of JDI, the information is visibly posted throughout the facility and is provided in documentation received upon arrival at the facility. Prisoners are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ stated that the facility informs prisoners, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also indicated that the facility informs prisoners 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 Corrections 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 prisoners 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 prisoners that calls are confidential, anonymous, unmonitored and free of charge. It further provides an anonymous pin for the prisoner 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). During the tour the auditor observed PREA information posted in each housing unit as well as in common areas. Information was posted in the housing units by the phones, on dayroom bulletin boards and at the entrance to the housing units. Additionally, the information was posted at the phones on the recreation yards. The Just Detention International (JDI) Poster was in English and Spanish on legal size paper. The JDI Poster included the phone number as well as a universal pin that prisoners could use in lieu of their own pin number. During the tour the auditor observed that the mailroom was located in the administration area. All housing units as well as a few common areas had a locked mailbox for kites and US mail. Conversation with the mailroom staff indicated that outgoing mail is sorted and reviewed. All outgoing mail is sealed and is not reviewed unless the prisoner is on the

mail watch list. The staff indicated the incoming mail process starts with sorting the mail. All regular mail is opened and photocopied. Mail is reviewed and the copy is provided to the prisoner. The original is maintained for fourteen days and is then shredded. Legal mail is logged and verified. If the prisoner does not have an "A" code the mail would be treated like regular mail. The mailroom staff stated an "A" code has to be requested. Legal mail is then opened in front of the prisoner. The mailrooms staff confirmed that correspondence to and from JDI is treated like legal mail. Interviews with 40 prisoners, including those who reported sexual abuse, indicated thirteen were aware of outside victim advocacy services for victims of sexual abuse and fifteen were aware of Just Detention International. While only a fourth indicated they were aware of JDI, the information is visibly posted throughout the facility and is provided in documentation received upon arrival at the facility.

115.53 (c): The PAQ indicated that the agency or facility does not maintain an MOU or other agreement with community service providers that are able to provide prisoners with emotional services related to sexual abuse. It also states that the agency or facility does not maintain copies of the MOU. Further communication with the PCM indicated this was incorrect and the facility does have an 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, observations from the facility tour and interviews with random prisoners and prisoners who reported sexual abuse indicate that this standard appears to be complaint.

Recommendation

The auditor highly recommends that the facility verbally go over information on JDI during education under 115.33.

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| 115.54 | Third-party reporting |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 432 374">Documents:</p> <ol data-bbox="256 412 667 589" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 557 517">2. Agency Website <li data-bbox="256 555 504 589">3. PREA Poster <p data-bbox="256 698 587 732">Findings (By Provision):</p> <p data-bbox="256 842 1481 1503">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 a prisoner. A review of the PREA Poster as well as the agency’s website confirms that third parties can report on behalf of a prisoner. 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 prisoners information that can be shared with family and friends on reporting via the agency website or through the Sexual Abuse Hotline. Third party information is provided via the PREA Poster. The auditor observed the PREA Poster in visitation, administration and the front entrance. The PREA Poster was in English and Spanish on legal size paper. 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 26, 2024. At the issuance of the interim report the auditor had not received confirmation that the test was received.</p> <p data-bbox="256 1612 1481 1769">Based on a review of the PAQ, PREA Poster, the agency’s website and the submission of the online form this standard appears to require corrective action. At the issuance of the interim report the auditor had not received confirmation that the test was received.</p> <p data-bbox="256 1881 504 1915">Corrective Action</p> <p data-bbox="256 2024 1481 2058">The facility will need to provide confirmation that the test submission was received. If</p> |

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| | <p>it was not received the auditor will submit another during the corrective action period.</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"> 1. Website Submission <p>The auditor resubmitted a test of the third party reporting mechanism on the website on May 24, 2024. Confirmation was provided on May 28, 2024 that the submission was received.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.61 | Staff and agency reporting duties |
| | 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. Employee Handbook 4. Investigative Reports <p>Interviews:</p> |

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

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 prisoners or staff who 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 thirteen 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 immediately report the information to their supervisor and/or the PREA Compliance Manager.

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 thirteen 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 immediately report the information to their supervisor and/or the PREA Compliance Manager.

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 there were six allegations reported to medical and/or mental health care staff. The staff documented the information in an email and reported it to security staff. Interviews with medical and mental health care staff confirm that at the initiation of services with a prisoner 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 staff interviewed stated she had become aware of a sexual abuse or sexual harassment incident 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). A review of investigative reports confirmed that none were reported by a prisoner 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 while they do not house anyone under eighteen, any reports by a vulnerable adult would be referred to MSP.

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 Inspector. A review of investigative reports indicated twelve were reported verbally, one was reported via a third party, one was reported through the hotline and one was observed by staff. All fifteen were referred to the facility investigators for investigation.

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 |
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| | <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 05.01.140 – Prison Placement and Transfer 3. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ was blank however further communication with the PCM indicated that when the agency or facility learns that a prisoner is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the prisoner. 05.01.140, pages 5 states whenever a prisoner is subject to imminent risk of</p> |

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 prisoners who were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of documentation confirmed all victims of sexual harassment were offered emotional support services. None required any immediate actions. The Agency Head Designee stated the prisoners at imminent risk of sexual abuse all starts with the movement process. He 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 a prisoner deemed at imminent risk of sexual abuse they would ensure the prisoner was taken to a safe location and the PCM would be contacted to initiate an investigation. She stated they would determine what to do depending on the situation. This may include locking the other prisoner in segregated housing or placing the individual at risk in segregated housing, if they requested it. She further stated the information may need to be referred to MSP. Interviews with random staff indicated they would take protective measures including separating and/or moving the prisoner to another housing unit. Staff also advised they would report the information to their supervisor.

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.

| 115.63 | Reporting to other confinement facilities |
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| | 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 4. Investigative Log <p>Interviews:</p> |

1. Interview with the Agency Head Designee

2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that a prisoner 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 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 prisoners report sexually abused that occurred while confined at another facility. The updated PAQ indicated there were zero allegations reported in the previous twelve months that a prisoner was sexually abused while confined at another facility. The auditor requested documentation related to the Warden to Warden notification, however at the issuance of the interim report the documentation had not 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 ours 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 Warden to Warden notification, however at the issuance of the interim report the documentation had not been received.

115.63 (c): The PAQ indicated that the agency or facility documents that is 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 Warden to Warden notification, however at the issuance of the interim report the documentation had not 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 prisoner is housed within the MDOC, and if they are, they follow the regular investigative process. He stated if the prisoner 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 indicated that if she receives an email with an allegation from another facility she provides this to the Inspector to start the investigative process. She stated if it has not already been investigated they will let the other Warden know they have initiated the investigation so they can check with the prisoner. The Warden indicated she has received emails from other agencies/facilities and she forwarded the information for investigation via the Inspector. The PAQ stated that there were three allegations received from another Warden/Agency Head within the previous twelve months. The updated PAQ information indicated there were six allegations received from another Warden/Agency head within the previous twelve months. A review of the investigative log and investigative reports confirmed indicated there were seven allegations reported via Warden to Warden notification. All seven had an investigation initiated/completed.

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

Verification of Corrective Action Since the Interim Audit Report

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| | <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"> 1. Warden to Warden Notification <p>The facility provided the originally requested Warden to Warden notifications. All three were documented in writing and were provided within 72 hours.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.64 | Staff first responder duties |
| | <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. 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 Prisoners who Reported Sexual Abuse |

Findings (By Provision):

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 a prisoner 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 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 CBT 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 33 allegations of sexual abuse reported during the previous twelve months and all 33 involved the separation of the alleged victim and abuser. The PAQ noted four involved the collection of physical evidence and four involved requesting the individuals not take any action to destroy any evidence. The updated PAQ information indicated there were 34 sexual abuse allegations that required separation of the alleged victim and abuser, 34 that involved the collection of physical evidence, 34 that involved the protection of a crime scene and three that required staff to advise the victim and/or perpetrator not to take any action to destroy evidence. A review of documentation indicated four involved first responder duties. All four documented the separation, preservation of the crime scene and the instruction to not destroy evidence. Eight of the fifteen victims were separated through a housing change. The interview with the security first responder indicated that the first responder would separate the individuals, contact the supervisor, take the victim to medical and not allow them to take any action, such as showering, to prevent them from destroying evidence.

Interviews with prisoners who reported sexual abuse indicated that none involved any immediate first responder duties. All four advised that they did have action taken the same day or the following day after reporting the allegation. One prisoner stated he reported and was taken to the hospital.

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 seventeen allegations of sexual abuse that involved a non-security staff first responder. All seventeen allegations were reported to a security staff member and three involved the non-security first responder requesting the victim not take any action to destroy evidence. The updated PAQ information indicated there were nineteen allegations that involved a non-security first responder. The non-security first responder stated would provide a safe space and would gather evidence through a discussion with the prisoner. She stated she would call the control center to report the allegation and she would keep the prisoner with her to keep them safe. Interviews with random staff confirmed that they are aware of their first responder duties. A review of documentation indicated six allegations were reported to medical and mental health care staff. All six notified security. Five involved transport to the hospital for a forensic medical examination (one victim declined the examination and one was deferred by the hospital).

Based on a review of the PAQ, the Prison Rape Elimination Act (PREA) Manual, Sexual Violence Response and Investigation Guide, the CBT PREA Training, Investigative Reports and interviews with random staff, staff first responders and the prisoners who reported sexual abuse, this standard appears to be compliant.

| 115.65 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. MTU - Richard A. Handlon Correctional Facility Operating Procedure OP-MTU 03.03.140 - Prison Rape Elimination Act (PREA) and Prohibited Sexual Contact Involving Prisoners <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> |

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| | <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. A review of OP-MTU 03.03.140 confirmed that it outlines duties for first responders, supervisor, medical, mental health, investigators, counselors and the Warden. The Warden stated that the PREA Manual and the facility policy outline the coordinated response plan. She indicated they do trainings annually on this information and they also have staff meeting to go over duties and responsibilities.</p> <p>Based on a review of the PAQ, OP-MTU 03.03.140 and the interview with the Warden, this standard appears to be compliant.</p> |
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| 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</p> |

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| | <p>agency from removing staff from contact with prisoners 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> |
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| 115.67 | Agency protection against retaliation |
| | 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. Prison Rape Elimination Act (PREA) Sexual Abuse Retaliation Monitoring (CAJ-1022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Prisoners who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated that the agency has a policy to protection all prisoners and staff who report sexual abuse and sexual harassment or who cooperate with</p> |

sexual abuse or sexual harassment investigations from retaliation by other prisoners or staff. The PAQ further stated that the agency designates staff members or departments with monitoring for possible retaliation. 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.

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. None of the allegations against staff involved removal of the alleged staff abuser. All victims were offered emotional support services via mental health services. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a prisoner 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 prisoners 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 the facility conducts monitoring for retaliation where prisoners meet with staff so they are comfortable and can disclose any issues. She stated they protect from retaliation through staffing levels and cameras. She further confirmed that they can protect individuals from retaliation by changing housing assignments, facility transfers,

removal of staff abusers and emotional support services. The interview with the staff responsible for monitoring indicated that if he is responsible for monitoring for retaliation he does so for 90 days. He indicated he meets with the prisoner to let them know he is the monitor and he will be checking in with them biweekly on any issues. He confirmed protective measures can include housing changes, facility transfers, removal of staff abuser and emotional support services. The interviews with prisoners who reported sexual abuse indicated three felt safe at the facility and one felt protected against retaliation.

115.67 (c): The PAQ stated that the agency/facility monitors the conduct and treatment of prisoners or staff who reported sexual abuse and of prisoners who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by prisoners or staff. The PAQ indicated that monitoring is conducted for 90 days, that 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 have been zero instances of retaliation in the previous twelve months. The Warden stated that if they suspect retaliation they would conduct an investigation and would make any necessary moves

or take necessary protective actions. The interview with the staff responsible for monitoring for retaliation indicated that he conduct monitoring for 90 days and if there is a need to monitor further he would extend another 30 days, until he deemed it necessary to cease monitoring. He stated he would monitor misconducts and any changes to daily activities. He confirmed he would review housing changes, job changes, staff performance reviews and staff post changes. A review of nine sexual abuse investigations indicated all nine required monitoring for retaliation. All nine had monitoring for retaliation documented for the 90 day period. Five included notation of the checks required under this provision. All nine included periodic status checks.

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 monitoring documents confirmed that staff conducted periodic face to face status checks during the monitoring period for all six prisoner victims. The interview with the staff responsible for monitoring confirmed that monitoring includes periodic status checks every two weeks.

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 documentation confirmed there were zero prisoners or staff who cooperated with an investigation that were required to be monitored. Additionally, no individuals expressed fear of retaliation based on the review of the forms and investigations. 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 prisoners 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 the facility conducts monitoring for retaliation where prisoners meet with staff so they are comfortable and can disclose any issues. She stated they protect from retaliation through staffing levels and cameras. She further confirmed that they can protect individuals from retaliation by changing housing assignments, facility transfers, removal of staff abusers and emotional support services. The Warden stated that if they suspect retaliation they would conduct an investigation and would make any necessary moves or take necessary protective actions.

115.67 (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 and information from interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and the prisoner who reported sexual abuse, the facility appears to require corrective action. A review of nine sexual abuse investigations indicated all nine required monitoring for retaliation. All nine had monitoring for retaliation documented for the 90 day period. Five included notation of the checks required under this provision. All nine included periodic status checks.

Corrective Action

The facility will need to train appropriate monitoring staff on the required checks under provision (c) and the requirement to document those checks on the CAJ-1022. Confirmation of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

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| | <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"> 1. Staff Training <p>The facility provided training documentation related to monitoring for retaliation. The training included the CAJ-1022 and ensuring notation of appropriate checks under provision (d). Staff signatures were provided confirming receipt of training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 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. Prisoner Victim Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Prisoners 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 prisoners 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 prisoner 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 prisoners who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the auditor observed the segregation housing unit was one wing of one of the housing buildings. A separate outdoor recreation area was observed for those in the segregated housing unit. Prisoners have access to recreation five days a week and showers three days a week. Phones can be utilized once a week via a cordless phone. Prisoners are able to provide grievances or mail to any staff or they can place it in the locked box when they are out of their cell. She stated the prisoner would typically not remain in involuntary segregated housing for longer than five or six day and if it was that long it would be due to a need to transfer the prisoners. The Warden confirmed that they have not had any prisoner victims placed in involuntary segregated housing over the previous twelve months. The interview with the staff who supervise prisoners in segregated housing indicated that if a prisoner is involuntarily segregated due to report of sexual abuse they would be afforded access to programs, privileges, education and work opportunities to the extent possible. He stated they would have access to anything those in general population have access to, it would just be offered in a different way as they would not be able to physically go to calls outs or a work assignment. He further stated any restriction would be documented. The staff who supervise prisoners in segregated housing confirmed that any prisoner victim of sexual abuse that is placed in involuntary segregated housing would only be placed there until an alternative means of separation could be arranged. He indicated this would be utilized as a last resort and since they only have temporary segregation the prison would not remain back there more than 30 days, but typically it would be less than seven days. The staff confirmed any prisoner victim placed in involuntary segregated housing for longer than 30 days would be reviewed at least every 30 days for their continued need of separation from the general population. The auditor requested housing assignments for those who reported sexual abuse, prior to the allegation and after, however at the issuance of the interim report the documentation had not yet been received.

Based on a review of the PAQ, 04.05.120, the Prison Rape Elimination Act (PREA) Manual, Investigative Reports, Housing Assignments for Prisoner Victims and the interviews with the Warden and staff who supervise prisoners in segregated housing, this standard appears to require corrective action. The auditor requested housing assignments for those who reported sexual abuse, prior to the allegation and after, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested housing documentation.

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| | <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"> 1. Victim Housing Documentation <p>The originally requested housing documents were provided. None of the victims were placed in involuntary segregated housing after reporting sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 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) <p>Interviews:</p> |

1. Interviews with Investigative Staff
2. Interviews with Prisoners 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 does not have a policy related to criminal and administrative agency investigations. Further communication with staff indicated that this was an error and that the agency/facility does have 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 76 allegations reported during the updated audit period. All 76 resulted in an administrative investigation and nine were referred to MSP. None of the nine were investigated by MSP, but rather they were referred back to the facility for investigation. A review of fifteen sexual abuse and sexual harassment allegations confirmed all fifteen were referred for investigation and had an administrative investigation completed. Four were documented with referral to had an MSP with notification that they were not investigating. Fourteen of the fifteen were timely investigations. All fifteen were thorough and objective. The facility investigator stated that following an allegation the information goes to the PCM/Inspector and then gets assigned through the Warden's Office. The investigation would start that same day or the next day. He stated allegations reported anonymously or third party would be investigated the same as an allegation reported via any other method. The agency investigator stated that she initiate 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 documentation indicated that 20 facility staff have completed the specialized investigator training, including the eight investigators who completed the twelve reviewed investigations. Interviews with the investigators confirmed they 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.

115.71 (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. A review of fifteen sexual abuse and sexual harassment allegations confirmed all fifteen were referred for investigation and had an administrative investigation completed. All fifteen included necessary interviews as well as a review of prior complaints of the alleged perpetrator. Thirteen involved evidence collection including DNA, physical and electronic. The interview with the facility investigator indicated his initial steps following an allegation would be to print

everything that was sent to him and gather any information through collection of video, pictures, paperwork, SAFE/SANE, etc. He indicated he would build his folder so he know what questions to ask during interview. The facility investigator further stated he would then interview the victim and gather any additional pertinent information. He would then interview the perpetrator and any witnesses. He advised he would then gather any remaining evidence, including healthcare documents and put all the information today. Further, he stated he would be responsible for gathering evidence such as physical, digital, written and verbal (interviews). He noted that he reviews prior complaints through information provided by the Warden's secretary. 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 three were substantiated however none compelled interviews. The interview with the facility investigator indicated that he would consult with the facility investigator related to 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 interview with

the facility investigator indicated he was unsure if they would require the prisoner victim to submit to a polygraph test or any other truth-telling device in order to continue with the investigation but he would consult with the Inspector on this. Further communication with the Inspector confirmed they do not require the victim to take a polygraph or truth telling device test. Additionally, the facility investigator stated that credibility is based on numerous factors, such as corroboration among witnesses and/or evidence. 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. Interviews with prisoners 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. A review of fifteen sexual abuse and sexual harassment allegations confirmed all fifteen were referred for investigation and had an administrative investigation completed. All fifteen 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. He stated the investigative report includes information on the complaint; relevant documents; evidence; interviews; conclusion; charges and the investigative finding. He stated the report is put together to tell a chronological story. He further stated that during the investigation something may come out during interviews or a review of evidence that would indicate if staff were doing what they were supposed to be doing (i.e. conducting required rounds). 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. There were allegations referred to MSP, however none had a completed investigation by MSP. One included a report by MSP, however documented noted that the incident was referred back to the facility for investigation. A review of the MSP report confirmed they document the actions they take in a written report. The MSP reported contained information related to the allegation and all applicable interviews and evidence. Interviews with investigative staff confirmed that criminal investigations would be documented in a written report by 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 has been one allegation referred for prosecution since the last PREA audit. A review of investigative reports indicated six of those reviewed were referred to MSP. Three were declined by MSP. The three substantiated investigations were not criminal in nature and as such were not referred to MSP. The documentation noted none were referred for prosecution. The facility advised there was one allegation referred to MSP that they initially conducted investigative steps, but later returned the information to the facility to investigate. The facility investigator stated cases are referred for prosecution when substantiated and/or if they believe the incident is a felony. 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 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 prisoner remained employed/incarcerated with the agency. The agency investigator stated the investigation is continued no matter what and that if the prisoner 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 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 in some of the prisons have MSP offices for that partnership. He further stated that there is a working relationship between the agency and outside law enforcement to keep the information flowing. The interview with the Warden indicated that the facility remains informed of the progress of MSP investigation through phone calls, emails and texts. She stated they usually send a report back to the facility and work with facility investigators as much as they can. The PCM stated that the MSP detective will email the facility investigator as thing progress and if the prosecuting attorney is involved he/she will also provide updates via email. The facility investigators stated that if MSP conducts an investigation he would assist and help them with whatever is needed. The agency investigator stated that when MSP conducts an investigation she would basically be there to assist them by providing access to prisoner, pulling documents and setting up interviews. She indicated that the agency works beside MSP.

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 prisoners who reported sexual abuse, the facility appears to meet this standard. It should be noted that during a review of the investigative reports the auditor observed that investigations were very well organized, extremely detailed and included each element required under this standard. The auditor advised the facility that the investigations were among the best reviewed by the auditor. While the facility does

not exceed each provision of this standard, the facility exceeds components based on a review of the investigative reports, including provision (a), (c) and (f).

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. The Prison Rape Elimination Act (PREA) Manual
3. Basic Investigator Training
4. Investigative Reports

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

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 that a preponderance of the evidence is the standard in determining if an allegation is substantiated for administrative investigation. A review of fifteen sexual abuse and sexual harassment allegations confirmed all fifteen were referred for investigation and had an administrative investigation completed. All fifteen had an investigative finding appropriate for the evidence (preponderance). Interviews with investigators confirmed that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence.

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.

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| 115.73 | Reporting to inmates |
| | <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="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1465 815" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 1465 557">2. Policy Directive 03.03.140 – Sexual Abuse and Sexual Harassment of Prisoners – Prison Rape Elimination Act (PREA) <li data-bbox="256 591 995 624">3. The Prison Rape Elimination Act (PREA) Manual <li data-bbox="256 658 1386 736">4. Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Actions (CAJ-1021) <li data-bbox="256 770 632 804">5. Investigative Reports <p data-bbox="256 927 416 960">Interviews:</p> <ol data-bbox="256 994 1086 1173" style="list-style-type: none"> <li data-bbox="256 994 703 1028">1. Interview with the Warden <li data-bbox="256 1061 812 1095">2. Interviews with Investigative Staff <li data-bbox="256 1128 1086 1162">3. Interviews with Prisoners who Reported Sexual Abuse <p data-bbox="256 1285 588 1319">Findings (By Provision):</p> <p data-bbox="256 1420 1481 2092">115.73 (a): The PAQ indicated that the agency has a policy requiring that any prisoner 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 zero investigations completed within the previous twelve months but there were 28 notifications made. The updated PAQ information indicated there were 39 sexual abuse allegations</p> |

completed in the previous twelve months that had a victim notification. The interview with the facility investigator confirmed that prisoners are informed of the outcome of the investigation into their allegation via the Inspector. The agency investigator stated that there is a form that is utilized and the notification is through the written form. Interviews with prisoners who reported abuse indicated one knew that he was to be notified of the outcome of the investigation into his allegation. One advised he was provided notification a month after reporting. A review of investigative reports indicated all nine sexual abuse victims were provided notification of the outcome of the investigation.

115.73 (b): The PAQ that if an outside entity conducts such investigations, the agency shall request the relevant information from the investigative entity in order to inform the prisoner 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 was one investigation completed within the previous twelve months by an outside agency and the victim notification was pending. The updated PAQ information indicated there were six sexual abuse allegations completed by an outside agency that involved a notification. A review of investigative reports confirmed that all nine had a victim notification via the CAJ-1021. One MSP investigation was completed, however the auditor had not received any documentation related to notification of the outcome of the criminal investigation.

115.73 (c): The PAQ indicated that following a prisoner's allegation that a staff member has committed sexual abuse against the prisoner, the agency/facility subsequently informs the prisoner whenever: the staff member is no longer posted within the prisoner'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 substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a prisoner in an agency facility in the past twelve months. 103 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 indicated on a charge related to the allegation and/or that the staff was convicted on a charge related to this allegation. A review of investigative reports confirmed there were zero substantiated staff on prisoner sexual abuse or sexual harassment allegations and there were zero allegations where a staff member was removed from the unit or facility. As such, no notifications were required under this provision. Interviews with prisoners who reported sexual abuse indicated none were against a staff member and as such none involved any notifications under this provision.

115.73 (d): The PAQ indicates that following a prisoner's allegation that he or she has been sexually abused by another prisoner, 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 prisoner 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 three substantiated prisoner on prisoner sexual abuse or sexual harassment allegations however none required notification under this provision. Interviews with prisoners who reported sexual abuse indicated wall four were against another prisoner, but none of the four had any notifications under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to prisoners 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 there were 33 notifications to prisoners under this standard and all 33 were documented. A review of investigative reports indicated all nine sexual abuse victims were provided notification of the outcome of the investigation. A review of investigative reports confirmed that all nine sexual abuse investigations had a victim notification via the CAJ-1021. One MSP investigation was closed, however the auditor had not received any documentation related to notification of the outcome of the criminal investigation.

(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 prisoners who reported sexual abuse, this standard appears to require corrective action. A review of investigative reports confirmed that all nine sexual abuse had a victim notification via the CAJ-1021. One MSP investigation was closed, however the auditor had not received any documentation related to notification of the outcome of the criminal investigation.

Corrective Action

The facility will need to provide the notification related to the MSP criminal investigation.

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 Information

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| | <p>The facility provided documentation noting that while allegations were referred to MSP for investigation, none were investigated by MSP. All allegations were presented to MSP, who in turn referred the allegations back to the facility to investigate. Therefore, notifications were not required. The one completed MSP investigation included a report of investigative steps, but was later returned back to the facility to investigate as they did not move forward with a full investigation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Findings (By Provision):</p> <p>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."</p> |

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 were zero substantiated staff on prisoner allegations.

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 were zero substantiated staff on prisoner allegations.

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 were zero substantiated staff on prisoner allegations.

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 |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy Directive 03.03.140 - Sexual Abuse and Sexual Harassment of Prisoners - |

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| | <p>Prison Rape Elimination Act (PREA)</p> <p>3. Investigative Reports</p> <p>Interviews:</p> <p>1. Interview with the Warden</p> <p>Findings (By Provision):</p> <p>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 prisoners. 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 not been any contractors or volunteers who have been 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.</p> <p>115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with prisoners 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 individual being restricted from coming inside the facility. She stated they would refer the allegation to MSP to investigate.</p> <p>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.</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | 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
5. Disciplinary Records

Interviews:

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

Findings (By Provision):

115.78 (a): The PAQ stated that prisoners are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the prisoner engaged in prisoner-on-prisoner 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 three administrative finding of prisoner-on-prisoner sexual abuse and zero criminal finding of guilt for prisoner-on-prisoner sexual abuse within the previous twelve months. The updated PAQ information there was one prisoner who violated the sexual abuse and sexual harassment policies during the previous twelve months. A review of investigative reports indicated there were three substantiated prisoner-on-prisoner sexual abuse or sexual harassment allegations during the previous twelve months. In all instances the prisoner

perpetrator was disciplined with loss of privileges.

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 that a prisoner perpetrator would hopefully face criminal prosecution for sexual assault but at the facility level policy would dictate discipline. She stated there is point system that deals with custody levels related to the discipline process. The Warden confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the prisoner’s disciplinary history, and the sanctions imposed for comparable offenses by other prisoners 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 prisoners’ 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 prisoner to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated the facility offers therapy, counseling and other services designed to address and correct underlying reasons or motivations for sexual abuse. The staff stated that they do not consider whether to require the offending prisoner to participate in order to gain access to other programming and benefits. All services are voluntary.

115.78 (e): The PAQ stated that the agency disciplines prisoners for sexual contact with staff only upon finding that the staff member did not consent to such contact.

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| | <p>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.</p> <p>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.</p> <p>115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between prisoners 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.</p> <p>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.</p> |
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| 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 Questionnaire 2. 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 Services 4. Policy Directive 04.01.105 – Reception Facility Services 5. The Prison Rape Elimination Act (PREA) Manual |

6. PREA Risk Assessment Manual
7. 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. Interviews 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 prisoners 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 are offered within fourteen days of the intake screening. The PAQ also indicated that medical and mental health 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 1% of those prisoners who reported prior victimization were seen within fourteen days by medical or mental health practitioners. A review of documentation for six prisoners who disclosed prior sexual victimization during the risk screening indicated all six were provided a follow-up with mental health, however all six were completed during the interim report period after the auditor determined the process was not being completed appropriately. Interviews with prisoner who disclosed prior victimization during the risk screening indicated he was not offered a follow-up with mental health. The interview with the

staff responsible for the risk screening indicated that prisoners who disclose prior sexual victimization are offered a follow-up with mental health within seven days.

115.81 (b): The PAQ indicated all prison prisoners 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 are offered within fourteen days of the intake screening. 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 prisoners who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of documentation for four prisoners who were identified with prior sexual abusiveness during the risk screening indicated all four were provided a follow-up with mental health, however all four were completed during the interim report period after the auditor determined the process was not being completed appropriately. The interview with the staff responsible for the risk screening indicated that prisoners who are identified with prior sexual abusiveness are offered a follow-up with mental health within seven days. It should be noted that that facility is not an intake facility and as such many of the prisoners who were identified with prior sexual abusiveness have previously been identified during a prior risk screening.

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

115.81 (d): The PAQ indicated that information related to sexual victimization and abusiveness that occurred in an institutional setting is not 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. 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. Prisoner medical and mental health records are both electronic and paper. Paper file are maintained in medical records which is staffed Monday through Friday 7:00am-3:00pm. The area is locked after hours and access is limited to medical and mental health staff. Electronic medical records are only accessible to medical and mental health care staff through the COMS system. Prisoner 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 had 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 in the Inspector's office in a locked area. Electronic investigative records are limited to only administrative staff and the investigator.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the prisoner 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 prisoners can sign the form releasing information related to victimization in the community that they want reported. Interviews with medical and mental health staff indicated that mental health does not obtain consent prior to reporting sexual abuse that did not occur in an institutional setting The mental health staff stated she would normally report that information anyway to the PC and document it. Both staff further stated that the facility does not house anyone 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 prisoners who disclosed victimization during the risk screening, this standard appears to require corrective action. A review of documentation for six prisoners who disclosed prior sexual victimization during the risk screening indicated all six were provided a follow-up with mental health, however all six were completed during the interim report period after the auditor determined the process was not being completed appropriately. A review of documentation for four prisoners who were identified with prior sexual abusiveness during the risk screening indicated all four were provided a follow-up with mental health, however all four were completed during the interim report period after the auditor determined the process was not being completed appropriately. Interviews

with medical and mental health staff indicated that mental health does not obtain consent prior to reporting sexual abuse that did not occur in an institutional setting. The mental health staff stated she would normally report that information anyway to the PC and document it.

Corrective Action

The facility will need to develop a process to ensure all prisoners who disclose sexual victimization during the risk screening and all prisoners identified with prior sexual abusiveness during the risk screening are offered a follow-up with mental health within fourteen days. A process memo will need to be provided to the auditor describing the procedure and appropriate staff will need to be trained on the procedure. Confirmation of the training will need to be provided to the auditor. Additionally, a list of prisoner who disclosed prior victimization and a list of those identified with prior sexual abusiveness will need to be provided to the auditor as well as sample showing appropriate mental health follow-up was offered. The facility will also need to provide training to medical and mental health staff on the consent process related to reports of sexual victimization that occurred outside a correctional setting. 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. Staff Training
2. Prisoner Risk Assessments
3. Mental Health Documentation

The facility provided training with staff on the process for mental health follow-ups for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. The training included PREA standard language, the 1036a form and the CHX-212 referral form. The training outlined these are to be completed for a yes response to questions two or twelve. Staff signatures were provided confirming

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| | <p>receipt of the training.</p> <p>The facility provided documentation for thirteen prisoners under this standard who accepted mental health services. Two prisoners disclosed prior sexual victimization, four had prior abusiveness and six were dual (both victimization and abusiveness). All were offered a mental health follow-up and had mental health services provided within fourteen days.</p> <p>Additionally, staff were trained on the informed consent process for reporting sexual abuse that occurred outside a correctional setting. The training noted that prisoners are required to sign a release of information prior to staff reporting that information. Staff signatures were provided confirming receipt and understanding of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> |
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| 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) <p>Interviews:</p> |

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

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that prisoner 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 do not 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 an emergency room, treatment rooms, exam rooms, and a reception area. The reception area consisted of a small waiting space. Exam and treatment rooms provided privacy through doors with windows and window blinds. Interviews with medical and mental health care staff confirm that prisoners receive timely unimpeded access to emergency medical treatment and crisis intervention services. The medical staff member stated that services would be provided immediately, while the mental health staff member indicated services would be provided the same day or next day. Both staff confirmed that services would be based on their professional judgement as well

as needs and protocol. Interviews with prisoners who reported sexual abuse noted three of the four were provided medical and/or mental health services. A review of nine sexual abuse investigative reports and medical and mental health documentation indicated all nine victims were provided medical and/or mental health services, including six that were transported to the local hospital and four that had a forensic medical examination completed.

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. Prisoners are immediately escorted to medical upon notification of an allegation of sexual abuse. A review of nine sexual abuse investigative reports and medical and mental health documentation indicated all nine victims were provided medical and/or mental health services, including six that were transported to the local hospital and four that had a forensic medical examination completed.

The interview with the security first responder indicated that the first responder would separate the individuals, contact the supervisor, take the victim to medical and not allow them to take any action, such as showering, to prevent them from destroying evidence. The non-security first responder stated would provide a safe space and would gather evidence through a discussion with the prisoner. She stated she would call the control center to report the allegation and she would keep the prisoner with her to keep them safe.

115.82 (c): The PAQ indicated that prisoner 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 prisoners, when necessary. There were six sexual abuse allegations involving penetration reported during the previous twelve months. Four were transported to the local hospital for a

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| | <p>forensic medical examination where these services are provided. The auditor did not review any documentation to confirm this or any documentation to confirm the other two were provided the services at the facility. Interviews with prisoners who reported sexual abuse indicated two involved an allegation that would necessitate sexually transmitted infection prophylaxis and both were provided these services. Interviews with medical and mental health care staff confirm that prisoners receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.</p> <p>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.</p> <p>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 prisoners who reported sexual abuse, this standard appears to be compliant.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <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 03.04.100 - 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. Interviews with Medical and Mental Health Staff
2. Interviews with Prisoners 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 prisoners 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 an emergency room, treatment rooms, exam rooms, and a reception area. The reception area consisted of a small waiting space. Exam and treatment rooms provided privacy through doors with windows and window blinds. A review of nine sexual abuse investigative reports and medical and mental health documentation indicated all nine victims were provided medical and/or mental health services, including six that were transported to the local hospital and four that had a forensic medical examination completed. A review of documentation for six prisoners who disclosed prior sexual victimization during the risk screening indicated all six were provided a follow-up with mental health, however all six were completed during the interim report period after the auditor determined the process was not being completed appropriately.

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 nine sexual abuse investigative reports and medical and mental health documentation indicated all nine victims were provided medical and/or mental health services, including six that were transported to the local hospital and four that had a forensic medical examination completed. Interviews with prisoners who reported sexual abuse indicated two were provided follow-up services with medical and/or mental health care staff. Interviews with medical and mental health care staff confirmed that they provide follow-up service, treatment plans and referrals to prisoner victims of sexual abuse. Staff advised they provide supportive therapies, coping skills, trauma processing, grounding techniques, testing, prophylaxis and evaluations.

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 secondary medical and mental health documentation indicated that prisoners have immediate access to medical and mental health care when needed, including urgent and routine services. A review of nine sexual abuse investigative reports and medical and mental health documentation indicated all nine victims were provided medical and/or mental health services, including six that were transported to the local hospital and four that had a forensic medical examination completed. 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): This PAQ indicated that provision does not apply as the facility does not house female prisoners.

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

115.83 (f): The PAQ indicated that prisoner 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 were six sexual abuse allegations involving penetration reported during the previous twelve months. Four were transported to the local hospital for a forensic medical examination where these services are provided. The auditor did not review any documentation to confirm this or any documentation to confirm the other two were provided the services at the facility. Interviews with prisoners who reported sexual abuse indicated two involved penetration and both were provided testing for sexually transmitted infections.

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. Interviews with prisoners who reported sexual abuse confirmed those who indicated they was seen by medical and/or mental health did not pay for services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known prisoner-on-prisoner 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. There was one substantiated prisoner on prisoner sexual abuse allegations reported during the previous twelve month. At the issuance of the interim report documentation had not been provided related to the attempted mental health evaluation. Interviews with medical and mental health staff indicated that mental health services are provided to both the victim and abuser and as such someone would attempt an evaluation the same day of the reported allegation on the alleged perpetrator.

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 prisoner who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. A review of documentation for six prisoners who disclosed prior sexual victimization during the risk screening indicated all six were provided a follow-up with mental health, however all six were completed during the interim report period after the auditor determined the process was not being completed appropriately. There was one substantiated prisoner on prisoner sexual abuse allegations reported during the previous twelve month. At the issuance of the interim report documentation had not been provided related to the attempted mental health evaluation.

Corrective Action

The facility will need to develop a process to ensure all prisoners who disclose sexual victimization during the risk screening and all prisoners identified with prior sexual abusiveness during the risk screening are offered a follow-up with mental health within fourteen days. A process memo will need to be provided to the auditor describing the procedure and appropriate staff will need to be trained on the procedure. Confirmation of the training will need to be provided to the auditor. Additionally, a list of prisoner who disclosed prior victimization and a list of those identified with prior sexual abusiveness will need to be provided to the auditor as well as sample showing appropriate mental health follow-up was offered. The facility will need to provide training with medical and mental health care staff on the requirement of mental health evaluations on known prisoner-on-prisoner perpetrators required under provision (h) as well as the attempted mental health evaluation of the known prisoner perpetrator.

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
2. Prisoner Risk Assessments
3. Mental Health Documentation

The facility provided training with staff on the process for mental health follow-ups for those who disclose prior sexual victimization during the risk screening. The training included PREA standard language, the 1036a form and the CHX-212 referral form. The training outlined these are to be completed for a yes response to questions two or twelve. Staff signatures were provided confirming receipt of the training.

The facility provided documentation for thirteen prisoners who accepted mental health services. Two prisoners disclosed prior sexual victimization, four had prior abusiveness and six were dual (both victimization and abusiveness). All were offered a mental health follow-up and had mental health services provided.

Additionally, the facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There were four substantiated investigations, however all were sexual harassment. The facility referred the perpetrators to mental health for an attempted evaluation to illustrate the process under this standard. All four were seen by the QMHP.

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

115.86 Sexual abuse incident reviews

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. 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 Member

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 28 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. The updated PAQ information indicated there were 39 sexual abuse incident reviews completed in the previous twelve months. 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 nine sexual abuse investigative reports indicated all nine required a sexual abuse incident review. All nine had a completed sexual abuse incident review, six of which were completed 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. The PAQ further stated there were 28 investigations of sexual abuse complete at the facility where a sexual abuse incident review was completed within 30 days. The updated PAQ information indicated there were 39 sexual abuse incident reviews completed in the previous twelve months. 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 nine sexual abuse investigative reports indicated all nine required a sexual abuse incident review. All nine had a completed sexual abuse incident review, six of which were completed 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 they included the staff under this provision as part of the incident review team. The interview with the Warden confirmed that the facility has a sexual abuse incident review team. She confirmed the team consists of upper management, supervisors, investigators, medical staff 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 and 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 nine sexual abuse incident reviews indicated (1)-(5) of this provision were considered in all of the reviews, however the reviews were a checklist and did not include incident specific information. 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 see what they can do at the facility level, such as moving staff, adding cameras, alleviating blind spots, etc. She stated if they make recommendations they will implement them. The PCM stated that she is part of the sexual abuse incident review team and she has not noticed any trends. She stated once the reports are submitted, if there was something they identified that contributed to the incident, she would ensure they make recommendations and fix the issue.

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 sexual abuse incident reviews indicated that a section exists for recommendations and corrective action. None of the sexual abuse incident reviews completed included any recommendations or corrective action.

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 require corrective action. A review of nine sexual abuse incident reviews indicated (1)-(5) of this provision were considered in all of the reviews, however the reviews were a checklist and did not include incident specific information.

Corrective Action

The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated sexual abuse incident reviews (with incident specific information - not a checklist).

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. List of Sexual Abuse Allegations During the Corrective Action Period
2. PREA Sexual Abuse Incident Review Form (CAJ-1025)

The facility provided a list of sexual abuse allegations during the corrective action period and associated sexual abuse incident reviews. Three of the sexual abuse incident reviews had narrative but it was limited. The fourth, which was completed later in the corrective action period, had detailed incident specific narrative related to each component of the review. The auditor highly recommends the facility continue to provide detailed narrative as outlined in the fourth sexual abuse incident review provided, rather than the limited as outlined in the first three.

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

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. Survey of Sexual Victimization (SSV)
5. PREA Annual Reports

Findings (By Provision):

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. 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 the standardized instrument includes, at minimum, the data necessary to answer all questions for the most recent version of the Survey of Sexual Victimization. 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. 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.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its prisoners 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 prisoner. A review of the PREA Annual Report indicates that the agency includes all related to prisoners under MDOC custody.

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.

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.

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| 115.88 | Data review for corrective action |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 432 378">Documents:</p> <ol data-bbox="256 412 995 591" style="list-style-type: none"> <li data-bbox="256 412 668 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 995 512">2. The Prison Rape Elimination Act (PREA) Manual <li data-bbox="256 546 632 580">3. PREA Annual Reports <p data-bbox="256 703 416 736">Interviews:</p> <ol data-bbox="256 770 979 949" style="list-style-type: none"> <li data-bbox="256 770 924 804">1. Interview with the Agency Head Designee <li data-bbox="256 837 844 871">2. Interview with the PREA Coordinator <li data-bbox="256 904 979 938">3. Interview with the PREA Compliance Manager <p data-bbox="256 1061 588 1095">Findings (By Provision):</p> <p data-bbox="256 1196 1474 2069">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, including: 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 asses 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 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 reports were 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</p> |

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 115.6 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 is compiled and provided to the agency for review.

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 reports were 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 stated 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.

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| 115.89 | Data storage, publication, and destruction |
| | <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. 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> <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.</p> <p>115.89 (b): The PAQ states that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. 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.</p> <p>115.89 (c): The PAQ stated that before making aggregated sexual abuse data publicly available, the agency removal all personal identifies. Additionally, the PAQ indicated that the agency maintain sexual abuse data collected pursuant to 115.87 for at least ten years after the date of collection. The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not</p> |

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| | <p>require any information to be redacted. A review of historical PREA Annual Reports confirmed that no personal identifiers were publicly available.</p> <p>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.</p> <p>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.</p> <p>Recommendation</p> <p>The auditor recommends that the agency add the required language under provision (b) to policy in addition to the PREA Manual.</p> |
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| 115.401 | Frequency and scope of audits |
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| | 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 second 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> |

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| | <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 prisoners.</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 orange and green colored paper. The announcements were at the entrance of the housing units as well as on housing unit bulletin boards. 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 prisoner reported harm to self or someone else.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Findings (By Provision):</p> <p>115.403 (f): 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 | | |
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| 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 | |
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| | 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 |

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| | 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 |

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| | 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 |

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| 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.) | yes |
| 115.18 (b) | Upgrades to facilities and technologies | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| 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 |

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| 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 |

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| | 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 | |

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| | 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.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | yes |
| | 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.) | no |
| 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) | | |
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| | 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 |