

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 1/16/18

Auditor Information			
Auditor name: Rene Adams-Kinzel			
Address: P.O. Box 585, Enola, PA 17025			
Email: radams-kin@pa.gov			
Telephone number: 814-398-5400			
Date of facility visit: June 5-6, 2017			
Facility Information			
Facility name: Baraga Correctional Facility			
Facility physical address: 13924 Wadaga Road, Baraga, MI 49908			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 906-353-7070			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Daniel LeSatz-Acting Warden			
Number of staff assigned to the facility in the last 12 months: 28			
Designed facility capacity: 868			
Current population of facility: 849			
Facility security levels/inmate custody levels: Level 5-616 beds, Level 1-252 beds			
Age range of the population: 18-81			
Name of PREA Compliance Manager: Craig Cummings		Title: Inspector/PREA Coordinator	
Email address: CummingsC@michigan.gov		Telephone number: 906-353-7070 ext. 3531135	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Michigan			
Physical address: 206 E. Michigan Avenue, Lansing, MI 48933			
Mailing address: <i>(if different from above)</i>			
Telephone number: 517-373-3966			
Agency Chief Executive Officer			
Name: Heidi Washington		Title: Director	
Email address: WashingtonM6@Michigan.gov		Telephone number: 517-373-0720	
Agency-Wide PREA Coordinator			
Name: Charles J. Carlson		Title: PREA Administrator	
Email address: CarlsonC2@michigan.gov		Telephone number: 517-373-3960	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act Audit of Baraga Correctional Facility (also known as AMF) was conducted from June 5, 2017 through June 6, 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

The auditor wishes to extend its appreciation to Acting Warden Daniel LeSatz and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Administrator Charles J. Carlson, PREA Unit Departmental Analyst Matthew A. Silsbury, PREA Compliance Manager Craig Cummings, and back-up PREA Compliance Manager William W. Jondreau for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor provided the facility with a Notification of Audit on March 30, 2017. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should mail the auditor at least 10 days prior to the onsite audit date, May 22, 2017. The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. During this time period, the auditor did receive correspondence from one inmate at the facility. The auditor was advised by the PREA Compliance Manager that the notification was posted six weeks prior to the onsite audit.

On May 1, 2017, the agency sent the Baraga Correctional Facility audit documentation on a USB flash drive via priority mail. The USB drive was received on May 4, 2017. The USB flash drive required a password which was provided by the agency in a separate email correspondence. The documentation on the USB drive included a completed pre-audit questionnaire. Over the next three weeks, the auditor reviewed the questionnaire and all relevant documentation.

An entrance meeting was held June 5, 2017 in the morning on the first day of the onsite audit with Daniel LeSatz, Acting Warden; Lincoln Marshall, Deputy Warden; Eric A. Petaja, Acting Deputy Warden; Sandra Villa-Mogush, Facility Business Manager; William W. Jondreau, Resident Unit Manager; Steven W. Niemi, Resident Unit Manager; Joanne Clement, Warden's Secretary; Katy Holm, Deputy Warden's Secretary; Charles J. Carlson, PREA Administrator; and Matthew A. Silsbury, PREA Unit Departmental Analyst. Conducting the audit were certified PREA auditors, Rene Adams-Kinzel (lead) and Louis Folino (secondary).

After the entrance meeting, the auditor was given a tour of all areas of the facility, including; all general population housing units, segregated housing units, control centers, intake area, medical services and infirmary, food service areas, activities areas, library, chapel, classrooms, administrative offices, maintenance areas, and warehouse. During the tour, numerous informal interviews were conducted with inmates and staff throughout the facility. All inmates and staff spoken to during the tour were knowledgeable regarding the PREA questions asked.

A total of 21 staff members were interviewed with at least one staff member interviewed from each interview category, with the exception of Education and Program Staff Who Work With Youthful Inmates, Line Staff Who Supervise Youthful Inmates, and the interviews related to non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility). Staff interviews were conducted with staff from all 3 shifts (0700-1500, 1500-2300, 2300-0700).

A total of 11 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of the interviews related to LGBTI inmates, inmates placed in segregated housing for risk of sexual victimization and Youthful Inmates (these interview types were not applicable to this facility).

A telephone interview was conducted with the Marquette General Hospital Director of Clinical Services regarding SAFE/SANE services available and procedures for an inmates. The audit team successfully tested the MDOC PREA hotline and MDOC online PREA reporting system prior to the on-site audit.

The inmate population count on the first day of the audit was 849.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed her concerns with the Agency PREA Analyst and Institutional PREA Coordinator. During the site visit, the auditor conducted numerous informal interviews with inmates and staff during the tour of the facility.

Informal interviews revealed a good general knowledge of PREA, the facility's policies/procedures, and the retention of training by both staff and inmates with whom the audit team communicated. All concerns were addressed to the auditor's satisfaction prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on June 6, 2017. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

Corrective Actions:

One standard, 115.15 Limits to cross-gender viewing and searches, was noted as "not met" in the Interim Report. Since that time, the facility has provided evidence which demonstrates the facility's compliance with the standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

Baraga Correctional Facility (also known as AMF) is located in Baraga, Michigan and is utilized by the Michigan Department of Corrections to incarcerate male prisoners 18 years of age and older. Daniel LeSatz is the current Acting Warden. In 1993, the Baraga Correctional Facility (AMF) opened in Baraga County, as a five unit maximum security facility. The facility underwent its first expansion in 1997 to include two additional maximum security units inside the secured perimeter. In 2000, the facility expanded again to include a Level I facility outside the secured perimeter. The prison currently has eight housing units. One of the housing units has 252 beds for Level I (lower security level) inmates. The other seven housing units are for Level V (maximum security) inmates and are inside the secure perimeter. Three of the Level V housing units are general population units and the remaining four are segregation housing units. Additional onsite facilities provide for food service, health care, treatment and educational services, maintenance, storage and administrative offices.

The facility offers educational programs as well as counseling, substance abuse treatment, psychological services, religious services, activities, and Assaultive Offender Programming. Additionally, the facility participates in the Leader Dogs for the Blind dog training program. Inmates selected to serve as dog handlers train the dogs to be guide dogs.

Onsite medical and dental services are provided. For serious and emergency conditions, services are provided by the following local community providers: Brooks Medical Center at Marquette Branch Prison and Duane L. Waters Hospital in Jackson, Michigan.

The facility has a double chain-link fence with concertina wire, an electronic detection system, gun towers, and a 24-hour vehicle patrol for perimeter security.

Operational capacity: 686

Number of employees: 303

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 2

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

Summary of standards not met:

None

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

In Policy Directive 03.03.140, “Prohibited Sexual Conduct Involving Prisoners,” the Michigan Department of Corrections (MDOC) has developed a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment which details the agency’s approach to preventing, detecting and responding to such conduct, thereby complying with provision (a) of the standard. Regarding provision (b), the agency has established the agency level positions of PREA Administrator and PREA Analyst to develop, implement, and oversee agency efforts to comply with the PREA standards. Additionally, an Inspector at Baraga Correctional Facility serves as the PREA Coordinator and reports to the Deputy Warden. Based upon the interviews and the documentation evidence provided, the staff members in these positions have sufficient time and authority to coordinate their PREA responsibilities and the auditor has determined compliance with provision (c) of this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

Director Heidi Washington’s Office Memorandum dated 1/26/16
MDOC Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners”
MDOC PREA Manual (9/15/15)
AMF Operating Procedure 03.03.140, “Prohibiting Sexual Conduct Involving Prisoners” dated 9/15/15
Civil Service Position Description for PREA Administrator
PMCD Organizational Chart
Warden’s memo designating AMF PREA Coordinator
MDOC PREA Analyst and Coordinator List
Interview with PREA Coordinator and PREA Compliance Manager
Completed Pre-Audit Questionnaire

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Based upon documentation provided and interviews, it was determined that neither the agency nor the Baraga Correctional Facility contract for the confinement of its inmates with other entities or agencies. The MDOC has developed a Request for Proposal (RFP) specifically for re-entry services and includes language for provisions (a and b) for entities contracted for the confinement of inmates to comply with PREA standards in the event that the agency enters into a contract.

Policy, Materials, Interviews and Other Evidence Reviewed:

2016 Request for Proposal for Re-entry Services
Email regarding PREA language in RFP

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency’s PREA Manual outlines the following specific elements which each facility must take into consideration in the development of facility staffing plans:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or prisoners may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable state or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

During the interview with the Warden, he indicated that these factors are considered in an annual review of staffing plans, video and other monitoring technologies, and other resources and this is evidenced in the CAJ-1027 Annual Staffing Plan Review form. The documentation provided to the auditor gave explanations for any deviations from the staffing plan, with the primary factors being sick leave, inclement weather, medical emergencies during shift, transportation runs, training, and mechanical malfunctions of security systems. According to interviews, the shift commanders submit reports which include information regarding deviations from the staffing plan. Based upon the information provided and the location of the facility, it is reasonable to expect deviations from the staffing plan due to a variety of factors, but the staffing plan is adjusted thereby demonstrating compliance with provisions (b and c). During interviews, it was reported that Housing Unit 4 had been converted to a segregation unit in October 2016, but was subsequently returned to a general population unit on 5/1/17, and that the staffing complement was augmented as a result.

Interviews and documentation supported the practice and policy of intermediate and higher level supervisory unannounced rounds. The administrative staff have key fobs that enable the portable unit to transfer information about tours in areas as part of the guard tour/round reader system utilized by the facility. This system enables staff members to generate digital tour reports by designated query information, such as timeframe or staff member. Documentation and staff interviews provide evidence of compliance with provision (d) of the standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

Facility tour
AMF Facility Staffing Plan
MDOC PREA Manual (pages 20-21)
Memorandum Re: Deviations from Staffing Plan by C. Cummings dated 4/27/17
MDOC CAJ-1027 ANNUAL STAFFING PLAN REVIEW
AMF OP 04.04100 Custody, Security, and Safety Systems (Operating Procedures)
MDOC PD 04.04.100 Custody, Security, and Safety Systems (Policy Directive)
Electronic Facility Rounds Report
Interview with the Warden
PREA Audit Report

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Per the MDOC Policy Directive 05.01.140 Prisoner Placement and Transfer and the agency’s PREA Manual, male youthful inmates are housed the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women’s Huron Valley Correctional Facility (WHV). Through the documentation provided, interviews conducted, and tour of the facility, it was observed that the Baraga Correctional Facility does not house youthful inmates and is therefore compliant with the standard.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The MDOC PREA Manual, policy directive and facility operating procedures establish procedures to attempt to limit cross-gender viewing and searches, procedures to document such searches in the event of occurrences, and procedures for opposite gender announcements on housing units. The Pre-Audit Questionnaire for Baraga Correctional Facility indicates that the facility does not conduct cross-gender strip or visual body cavity searches of inmates and that no cross-gender strip or cross-gender visual body cavity searches, including those involving exigent circumstances, were conducted during the 12 months preceding the PREA audit. Additionally, the policies and procedures prohibit staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status and training has been established for searches of transgender and intersex inmates.

During the tour of the facility, the auditor observed “Knock and Announce” signs in the housing units. The auditor observed the female staff members in the practice of knocking, announcing their presence, and waiting 10 seconds before entering the unit. During random and informal staff interviews, staff members indicated that female staff members routinely knock and announce their presence. The inmates reported during random inmate interviews that they do not routinely hear announcements of opposite gender staff on the units. This may be attributed to the configuration of the units and location of the unit vestibules. It is possible that the announcements are occurring routinely, but inmates in the cells are not able to hear the announcements. The facility does not utilize the PA system in the housing units for this purpose.

The agency has policies to limit cross-gender viewing, in relation to showering on the housing units. The auditor noted during the tour that the shower facilities in the seven Level 5 housing units did not have shower coverings to prevent nonmedical staff of the opposite gender from viewing the inmates’ breasts, buttocks, or genitalia. In the Level 1 housing unit, swinging half café-style doors are in the process of being installed on restroom doors and digital blackout technology was implemented on cameras with views of the restrooms to prevent cross-gender viewing inmates while they are showering, changing and performing bodily functions.

During the Corrective Action Phase, the Baraga Correctional Facility implemented temporary modifications to showers to limit opposite gender viewing. Additionally, the facility is implementing permanent barriers as staffing resources permit. A Letter of Reassurance from

the agency was provided to the auditors, indicating proposed changes for reasonable assurance of compliance with the standard. Additionally, the facility provided photographs of the implemented measures to limit opposite gender viewing. All available evidence reviewed demonstrates that the facility meets the requirements of this standard following the Corrective Action Phase.

Policy, Materials, Interviews and Other Evidence Reviewed:

Facility Tour

AMF OP 04.04.110 Search & Arrest of Prisoners, Employees & Visitors (Operating Procedures)

PD 04.04.110 Search and Arrest in Correctional Facilities (Policy Directive)

PREA Manual (pages 15, 16)

Email regarding cross gender searches

New Employee Personal Searches Training Module

Housing Unit Rules (Posted on all units)

Bi-Lingual Privacy Notice Sign

PD 04.06.184 Gender Identity Disorder (GID) Gender Dysphoria

AMF Facility Staff Roster

Custody & Security in Corrections Searches Training Module Slides

Facility Training Documentation

GID and Transgender personal Searches Training Module

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

A review of the documentation, facility tour, and interviews with staff and inmates provides evidence that the agency and facility have taken appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate and benefit from the agency's efforts prevent, detect and respond to sexual abuse and sexual harassment. Written materials are available in a variety of formats, including other languages and braille. Outside interpreter services for foreign languages are available through outside vendors and the direction for contracting for services was provided on a memorandum by the Deputy Director for Correctional Facilities Administration. The facility does not rely on inmate interpreters, readers, and assistants, except in limited circumstances. During the audit period, it was reported to the auditor that none have been utilized for PREA interviews or investigations.

Policy, Materials, Interviews and Other Evidence Reviewed:

Deputy Director Memorandum Regarding Language Services

Director Memorandum Regarding Prisoner Mail

Interpreter Services Bid Sheet

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive)

PREA Manual (page 18)

PREA Pamphlet in Braille

Privacy Notice posted on Housing Units

Security Classification Initial Review Form

PREA Pamphlet in Spanish

Sexual Abuse Poster in Spanish

PD 05.03.118 Prisoner Mail (Policy Directive)

Facility Tour

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency has established the Policy Directive 02.06.111 Employment Screening and sections of the PREA Manual which prohibit the facility from hiring or promoting anyone who may have contact with inmates who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or who have been convicted of, or been civilly or administratively adjudicated to have engaged in 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.

The agency utilizes an online application process, hires all correctional officer staff and conducts all the background checks through the agency's central office. From the documentation provided and files reviewed, provide evidence that incidents of sexual harassment are considered in hiring and promotion processes. According to a Human Resources staff interview, correctional officers are hired by the agency's central office which also conducts the Law Enforcement Information Network (LEIN) check and are assigned to a facility for a minimum of a one year probationary period before being eligible for transfer to another facility. Non-correctional officer staff background checks are completed by the individual facilities and examples were reviewed by the auditor.

Subsequent LEIN checks are conducted every 5 years and according to work rules for staff, any arrest or charge must be reported to the facility within 24 hours. LEIN checks are also conducted for all contractors who may have contact with inmates and subsequent LEIN checks for contractors are conducted annually.

According to the interview with the Human Resources department staff member, when a former employee allies to work at another institution and that facility requests information regarding substantiated allegations or sexual harassment, the former employee is required to provide notarized authorization for release of information and such requests are processed through the agency's central office human resources department and the Michigan attorney general's office.

Policy, Materials, Interviews and Other Evidence Reviewed:

AMF Facility Staff Roster
Corrections Officer Recruitment Job Bulletin
Corrections Supervisor Application Questions
Custody-Warehouse LEIN Verification
New Hire-Volunteer-Other LEIN check samples
PD 02.06.111 Employment Screening (Policy Directive)
Volunteer-Contractor LEIN Verifications
PREA Manual (pages 19-20)
MDOC Response to GEO
MDOC Response to Arizona (1-3)
PD 02.01.140 Human Resources Files (Policy Directive)
Interview with HR staff
Review of randomly selected Human Resource Department files

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's PREA Manual requires that the Department's ability to protect prisoners from sexual abuse is considered when designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, or installing or updating a video monitoring system, electronic surveillance system or other monitoring technology. A new camera system was installed in 2015 at Baraga Correctional Facility and twelve additional cameras added in 2016 to enhance video monitoring technology in housing unit entrance areas, the food service department, administrative area, and exercise areas of Housing Unit 8. The facility currently has 238 cameras and the auditor observed the view from all of the cameras at the monitoring station. The facility has plans for the expansion of the video monitoring system in the Education/Program and Food Services areas and staff rounds are augmented in areas with limited camera coverage. All available evidence reviewed demonstrates that the facility substantially exceeds the requirements of this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual (page 21)
MDOC Project Review and Approval Form CAH-135 and coinciding memos
Meeting minutes
Interviews of staff members
Facility Tour

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Department of Michigan State Police (MSP) is the state agency responsible for investigating criminal allegations of sexual abuse in Michigan Department of Corrections (MDOC) prisons. The MSP has entered into a Memorandum of Understanding and acknowledging compliance with provisions (a) through (f) of PREA standard 115.21. by The Michigan Department of Corrections' Crime Scene Preservation Training was developed based upon the United States Army Criminal Investigation Command and Michigan State Police training material and the protocol is developmentally appropriate for youth, however the Baraga Correctional Facility does not house youthful offenders. The training materials establish a uniform evidence protocol and staff members are aware of the procedures and referenced the training information during staff interviews.

Baraga Correctional Facility offers forensic medical examinations at an outside facility. The audit team interviewed the Director of Clinical Services and SANE coordinator at Marquette General Hospital. It was confirmed that inmates from Baraga Correctional Facility would receive SAFE/SANE services and procedures without financial cost to the victim. The Pre-Audit Questionnaire indicated there were no

forensic exams, exams performed by SAFE/SANEs, or exams performed by qualified medical practitioners during the 12 months preceding the audit.

The agency and the facility have made attempts to enter into a formal Memorandum of Understanding with organizations to make victim advocacy services available to all incarcerated victims of sexual abuse and efforts have been documented. In the absence of available victim advocate services, the facility has staff members who have received training to provide services. The facility has identified qualified staff members who have completed the Victim Assistance Training (VAT). Training rosters were available and reviewed by the auditor. All available evidence reviewed demonstrates that the facility meets the requirements of this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

Crime Scene Management and Preservation 2015 In-service Training Manual
PREA Manual (pages 10, 25, 26, 27, 28, 29, 30)
Email regarding SANE services from UP Health System Marquette
PD 03.04.100 Health Services (Policy Directive, page 10)
County Sheriff Advocacy Inquiry Email
Dial-Help Advocacy Inquiry Email
Deputy Director Victim Advocate Memo
Letter from Director Attempting to Obtain Services
Office for Victims of Crime, Training and Technical Assistance Center List of Trained Staff
NACP Victim Assistance Training Online Guide
Michigan State Police Letter Regarding PREA Compliance
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 7)

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's policy and procedure manuals stipulate that all allegations of sexual abuse and sexual harassment are investigated and links to the policies are available on the agency's website. All allegations are entered into the MDOC Allegations, Investigations, Personnel Actions System (AIPAS) database and referred for administrative and criminal investigation, if the allegation involves potentially criminal behavior. The Department of Michigan State Police (MSP) is the state agency responsible for investigating criminal allegations of sexual abuse in Michigan Department of Corrections (MDOC) prisons. The facility provided multiple examples of investigations initiated from a variety of methods during the pre-audit phase and during the audit. The facility reported that 96 allegations of sexual abuse and sexual harassment were received during the 12 months preceding the audit and that 4 of those allegations were referred for criminal investigation. Based upon the documentation provided, staff interviews regarding investigative procedures, and a review of investigations throughout the audit process, the auditor determined that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PD 01.01.140 Internal Affairs (Policy Directive, pages 1-5)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 1-9)
PREA Manual (page 28)
Investigative Reports
Michigan State Police Letter Regarding PREA Compliance
MDOC Webpage showing link to policies PD 01.01.140 and PD 03.03.140
Michigan State Police Letter Regarding PREA Compliance

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's PREA Manual outlines the training requirements for all Department employees who may have contact with prisoners and includes training on all the specific requirements in provision (a, 1-10). The pre-audit documentation provided by the facility included the training content for new employee, in-service, and computer-based training, as well as the content for contact staff security regulations. Training rosters were reviewed and staff interviews confirm that staff members have received training and are familiar with the content of provision (a). The content of the Collaborative Case Management for Women (CCM-W) training was provided, however it is noted that Baraga Correctional Facility does not house female offenders. The computer-based training includes a mastery test and a certificate of completion is generated for participants at the conclusion of the training session. Training course reports and informal and random staff interviews confirm that the staff members have been trained and are familiar with the required content. Based upon the available information, the auditor determined that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 9, 10)
2016 In-service Training Plan
2016 New Employee Training Plan
2017 In-service Training Plan
2017 Menu Course Catalog
AMF Facility Staff Roster
Computer Based Training Documentation
Computer Based Training Module 1
Computer Based Training Module 2
PREA Instructor's Module
Correctional Facilities Administration (CFA) Security Regulations Training Manual
Collaborative Case Management for Women (CCM-W) Training
CCM-W Training PREA Handout-Module 5
CCM-W Training PREA Handout-Module 8
PREA CBT screenshots, quiz and certificate of completion
PREA Training Course History/Roster

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The facility noted on the Pre-Audit Questionnaire that 192 volunteers and individual contractors have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. In accordance with the agency's PREA Manual, the level of training is based on the services they provide and the level of contact they have with the prisoners. The CFA Security Regulations course content includes information about the agency's zero-tolerance policy and reporting procedures and requirements. The facility maintains signed confirmation of training for volunteers and contractors and the informal and formal interviews of volunteers and contractors, particularly in the Food Service Department, rendered further confirmation of the training and knowledge of PREA policies and procedures. Based upon this evidence, the auditor has determined that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 10)
PD 03.02.105 Volunteer Services and Programs (Policy Directive, pages 1, 3, 4)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive)
Correctional Facilities Administration (CFA) Security Regulations Training Manual
Volunteer-Contractor Training Confirmation Roster

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Manual, agency policy directives for reception, orientation and prohibited sexual conduct, as well as facility operating procedures, provide clear and comprehensive direction regarding inmate education about the zero-tolerance policy and reporting sexual abuse and harassment. The facility reported that 720, who were admitted to the facility in the 12 month period preceding the audit, received the training. The inmate orientation training, which is primarily conducted at the agency's reception site, consists of a video presentation delivered with a staff member present available to respond to questions and inmates sign a PREA Education Verification Form (CAJ-1036). The verification form is maintained in the inmate's folder and the outside of each folder is stamped with the PREA training date for quick reference for staff members. If the inmate has not received the training at the reception site, prior to transfer to the Baraga Correctional Facility, the orientation training is provided within a few days of reception. This practice was observed during the on-site visit and verified during intake staff interviews also.

During inmate interviews, most inmates interviewed acknowledged that they received information regarding the facility's rules against sexual abuse and harassment through pamphlets, handbooks and posters. The pre-audit documentation provided and on-site visit provided evidence that PREA education is available in formats accessible to all inmates, including deaf, visually impaired, limited English proficient, and inmates with limited reading skills. During the on-site visit, additional posters were added to the facility's intake area as well as recreation and telephone areas accessed by general population inmates. Based upon the documentation reviewed, information gathered during the on-site visit, and interviews with staff and inmates, the auditor has determined that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 11)
AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedure, page 2)
AMF OP 04.04.140 Prisoner Orientation (Operating Procedure, page 1, 2)
CAJ-1036 Prisoner PREA Education Verification
Facility Orientation-Intake documentation
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 7)
PD 04.01.105 Reception Facility Services (Policy Directive, page 4)
PD 01.01.140 Prisoner Orientation (Policy Directive, page 2)

RGC OP 04.01.140 Prisoner Orientation (Policy Directive, Charles E. Egeler Reception and Guidance Center)
Sexual Abuse Poster
Sexual Violence Tri-fold Brochure
Inmate transfer documentation
WHV OP 04.01.140 Prisoner Orientation (Policy Directive, Women's Huron Valley Correctional Facility)
Deputy Director Memorandum Regarding Language Services
Interpreter Services Bid Sheet
Prisoner Guidebook June 2014
Privacy Sign
Sexual Abuse Poster-Spanish
Sexual Violence Tri-fold Brochure-Spanish
Sexual Violence Tri-fold Brochure-Braille

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

As per the agency PREA Manual and Policy Directive 03.03.140 Prohibited Sexual Conduct Involving Prisoners, investigations are completed by staff members who have received specialized investigator training. The training tracking system, maintains an electronic record of all staff members who have received specialized PREA Investigator Training and reports were provided to the audit team. According to the Pre-Audit Questionnaire, 16 investigators who have completed the training are currently employed at the Baraga Correctional facility. The Basic Investigator training includes modules for interview techniques, investigations and evidence, employee rights and PREA. The National Institute of Corrections Online Training Program contains modules for proper use of Garrity and Miranda warnings, techniques for interviewing sexual assault victims, and evidence collection. During the interview of investigative staff, the interviewee reported receiving training in these areas and that allegations may be referred to the Michigan State Police for criminal investigation if the allegation involves potentially criminal behavior. The auditor is not responsible for auditing provision (d) of the standard. Based upon this review of all available information and the number of investigative and administrative staff members who have received specialized investigations training, the auditor has determined that the facility exceeds this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 10)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 5)
National Institute of Corrections (NIC) Online Training Program and Modules 1-6
Basic Investigator Training Manual
AMF Memo of PREA Investigators
NIC PREA Investigator Training Course History/Roster
MSP PREA Compliance Letter

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

In accordance with the agency PREA Manual and Policy Directives 02.05.100 New Employee Training Program and 02.05.101 In-Service Training, medical and mental health staff receive specialized training. This training is in addition to the general PREA training for all staff members. The training tracking system, maintains an electronic record of all staff members who have received specialized PREA Health Care and Mental Health Services training and reports were provided to the audit team. The content of the training curriculum was reviewed and includes all of the specific requirements for provision (a). According to the Pre-Audit Questionnaire, 23 medical and mental health staff members have received specialized training. Staff interviews with both medical and mental health staff members yielded confirmation that training was completed by the staff members and that the information was retained effectively. Forensic examinations are not conducted at the facility or by facility staff, therefore documentation of such training is not required for the standard. Documentation and staff interviews provide evidence of compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 10, 11, 26)
2016 PREA Health Care Staff Module 2 Computer Based Training (CBT)
2016 PREA Mental Health Services Staff Module 2 Computer Based Training (CBT)
PD 02.05.100 New Employee Training Program (Policy Directive, pages 1-3)
PD 02.05.101 In-service Training (Policy Directive, page 1)
Health Care-PREA Training Course History/Roster
Mental Health Services-PREA Training Course History/Roster
PREA Training Course History/Roster

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The MDOC PREA Manual and facility operating procedures outline the facilities requirement to assess admissions for risk of sexual abuse victimization or sexual abusiveness toward other inmates within 72 hours of intake. Due to a statewide policy revision within the past 12 months, the practice of conducting assessments within 72 hours of intake at each facility has not been in effect during the entire preceding 12 months. This policy revision became effective April 27, 2017. This auditor was able to determine through documentation review, on-site observation, and staff and inmate interviews, that measures to ensure that the procedure is followed have been fully implemented. The risk assessment worksheet was reviewed and all of the criteria set forth in provisions (d) and (e) are considered when assessing inmates for risk of sexual victimization and risk of being sexual abusive. At Baraga Correctional Facility, clerical staff maintain a database of all receptions and dates that the PREA risk assessments are due and additionally sends calendar notifications to the counseling staff responsible for conducting the reassessments to ensure timeliness within the 30 day timeframe for reassessment. The PREA Manual clearly states that inmates may not be disciplined for refusing to answer or for not disclosing complete information in response to the PREA risk assessment worksheet. Agency policy and the PREA manual limit the dissemination of confidential information gathered from the risk assessment to designated staff only. During the staff tour, informal and formal interviews, and documentation, the auditor initially determined that the facility exceeded the requirements of this standard for the interim audit report, however, supplemental documentation provided after the on-site review was contradictory to this initial assessment. Random sampling of cases showed inconsistencies in the practice of administering

the risk assessment within timeframes required by the standard. During the Corrective Action Phase, the facility has provided evidence of the practice becoming routine and more consistent, thereby showing substantial compliance. This auditor finds the facility meets this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 11, 12, 13)
AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedure, pages 1, 2)
AMF 30-Day PREA Review Log
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 3, 4)
PREA Risk Assessments Manual
AMF Transfer Bulletin
Offender Management Network Information (OMNI) PREA Risk Assessment screenshot
PD 05.01.140 Prisoner Placement and Transfer (Policy directive, page 5)
CAJ-1023 PREA Risk Assessments Worksheet
On-site interviews

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA risk assessments are entered into the computer-based Offender Management Network Information (OMNI) system for the MDOC. This system is also utilized for housing assignments and has a feature in the program that prevents users from assigning inmates designated as Aggressors and Potential Aggressors in cells with inmates designated as Victims and Potential Victims, as determined by the PREA risk assessment. In the 7 Level 5 housing units at Baraga Correctional Facility, inmates are housed individually. In the Level 1 unit, inmates are in a multiple occupancy areas with Potential Aggressors and Potential Victims housed apart. Staff interviews during the on-site visit validated that the risk screening information is also utilized for work, education and program assignments, as well as individualized determinations to ensure inmate safety.

The agency policies, facility operating procedures, and PREA Manual establish policy and procedures to address provisions (c) through (f) of the standard, however Baraga Correctional Facility did not house any transgender or intersex inmates during the dates of the audit and had not housed any during the 12 months preceding the audit. The agency’s PREA Manual establishes that “Prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order,” which satisfies provision (g) of the standard. Based upon the review of all available information, the auditor has determined that the facility is compliant with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 12, 14)
AMF 115.42 Memo Regarding Use of Screening Information
PD 05.01.140 Prisoner Placement and Transfer (pages 5, 6)
PD 04.06.184 Gender Identity Disorder (GID) Gender Dysphoria (Policy Directive, pages 1, 2)
MDOC Memo-Use of PREA Assessment Information
Staff interviews
Direct observation of OMNI system

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's PREA Manual established that a prisoner at high risk for sexual victimization shall not be placed in temporary segregation unless a review of all available alternatives has been made and there are no less restrictive means of separation from likely abusers. According to the Pre-Audit Questionnaire, the facility has not assigned inmates to involuntary segregated housing during the 12 months preceding the PREA audit. Agency policy specifies procedures for the provisions of this standard and interviews with the PREA Coordinator and PREA Analyst further validate that the facility will implement the established procedures in the event of an occurrence. Based upon a review of all available information, the auditor has determined compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 17)

AMF Memo Regarding Requests for Protection

PD 04.05.120 Segregation Standards (Policy Directive, pages 1, 2, 4, 5, 6, 8, 12)

CAJ-296 Request for Policy Variance 04.05.120 Segregation Standards PREA Investigation Priority

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

A review of the policies, operating procedures, inmate informational materials, and interviews renders evidence that the agency and facility offer multiple means for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for making reports, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates may make reports verbally or in writing to any staff member, to the MDOC Sexual Abuse Hotline, on a grievance, in writing to the PREA Administrator, in writing to the Legislative Ombudsman, or through family members or friends via the electronic complaint system at the www.michigan.gov/corrections website. Information regarding these methods is readily available in a variety of formats including brochures, posters, and handbooks. Interviews with inmates and documentation of the reports through the various methods of reporting validated that inmates are familiar with these methods. The Legislative Ombudsman is not part of the agency. Additionally, the audit team successfully tested the hotline and online reporting system.

Training materials, along with the PREA Manual and Policy Directive 03.03.140, provide staff members with information and direction regarding staff reporting methods. Awareness of the staff methods to privately report sexual abuse and sexual harassment of inmates was evident during staff interviews. Based upon the documentation review, on-site tour, and interviews of staff and inmates, the auditor has determined a finding of compliance with the standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 22, 23, 24, 28)
PREA Investigations
AMF OP 04.01.140 Prisoner Orientation (Operating Procedure, pages 1, 2)
Facility Orientation-Intake Materials
MDOC PREA Poster
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 4, 5)
MDOC Prisoner Guidebook (page 16)
Sexual Violence Tri-fold Brochure
Legislative Corrections Ombudsman Requests
Legislative Ombudsman MOU
Hotline Notifications
MDOC Website
MDOC PREA Computer Based Training-Module 2

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The MDOC has administrative procedures to address inmate grievances regarding sexual abuse and is therefore not exempt from this standard. Per the Director’s Office Memorandum, inmates may file a PREA grievance at any time by utilizing the CAJ-1038A form, are not required to use any informal grievance process, or attempt to resolve an allegation of sexual abuse before filing a PREA grievance. This memo additionally provides direction that the inmates shall not be required to submit a PREA grievance to a staff member who is the subject of the complaint and that PREA grievances will not be referred to a staff member who is the subject of the complaint.

The Director’s Office Memorandum establishes that the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days unless an extension is granted and the inmate is notified of any extensions. The memo also outlines provisions for third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates to assist inmates and file PREA grievances on behalf of a prisoner, and requires that the prisoner sign as authorization of the grievance being filed on the prisoner’s behalf. Inmates may refuse to sign, at which time the grievance will be dismissed.

As per the Director’s Office Memorandum, emergency grievances may be filed if an inmate is subject to substantial risk of imminent sexual abuse. The memo further indicates that the warden shall take immediate action to remove the prisoner from identified real or potential harm and ensure an initial response is provided within 48 hours. Additionally, a final decision in such instances will be provided to the prisoner within 5 calendar days. Pre-audit documentation shows that the agency disciplines inmates for filing grievances related to alleged sexual abuse when the agency demonstrates that the inmate filed the grievance in bad faith. Based upon the documentation review and staff interviews, the auditor has determined compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 24)
PREA Audit Report

Director's Office Memorandum-PREA Grievance Process
CAJ-1038A PREA Grievance-Blank
CAJ-1038B PREA Grievance Appeal-Blank
PREA Investigations Predicated on a PREA Grievances
Misconduct Report-Interference with Administrative of Rules/False Accusations
PD 03.03.105 Class II Misconducts for Prisoners Attachment B
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 5)
MDOC Prisoner Guidebook (pages 12, 13)
Interviews with staff

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The PREA Manual indicates the MDOC shall provide prisoners with access to outside victim advocates for emotional support services related to sexual abuse and that the PREA Administrator will attempt to establish a referral process. Agreements will be maintained with community service providers and documented. Prior to access to these services, the prisoners will be informed of the extent that communication will be monitored and information regarding mandatory reporting laws.

Baraga Correctional Facility and MDOC have attempted to enter into Memorandums of Understanding with community providers, however, no such agreements have been made. The facility provided documentation of the attempts and has ensured that qualified staff have been trained to provide services. Inmates are provided with the PRC "An End to Silence Inmate Handbook" which identifies available resources in the state of Michigan. The Policy Directives and local Operating Procedures for Prisoner Mail and Telephones, as well as intake information, provide information regarding procedures and extent of confidentiality. Based upon the review of all available information, the auditor has concluded that the facility is compliant with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 27, 28)
AMF OP 05.03.118 Prisoner Mail (Operating Procedures)
AMF OP 05.03.130 Prisoner Telephones (Operating Procedures)
County Sheriff Advocacy Inquiry Email
Dial-Help Advocacy Inquiry Email
Facility Orientation-Intake Materials
Letter from Director Attempting to Obtain Services
PRC "An End to Silence" Inmate Handbook
PD 05.03.118 Prisoner Mail (Policy Directive, pages 4, 5)
PD 05.03.130 Prisoner Telephone Use (Policy Directive, pages 1, 3, 5, Attachment B)
MDOC Prisoner Guidebook (page 21)
Detroit Rescue Mission Ministry Agreement

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

The agency and facility have provided information regarding various third-party reporting methods that are available with the pre-audit documentation. Third-party reports may be made through the sexual abuse hotline (517-335-5355), the Legislative Correction’s Ombudsman, and through friends and family members report electronically at www.michigan.gov/corrections. The audit team successfully tested the hotline and online reporting form as part of the review. During the on-site visit, posters containing reporting methods were visible throughout the facility. Interviews with staff members and inmates provided assurance that both staff members and inmates were familiar with and aware of the reporting methods that are available. Based upon this information, the auditor has concluded the facility is compliant with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 23, 24)
Third-party Report Investigation
Directors Office Memorandum-PREA Grievance Process
Legislative Corrections Ombudsman MOU
MDOC Website
MDOC PREA Poster
Sexual abuse and sexual harassment tri-fold brochure

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Based upon a review of the agency’s PREA Manual, Policy Directive and local Operating Procedures for Prohibited Sexual Conduct Involving Prisoners, and the State of Michigan DOC Employee Handbook Work Rules, the agency requires all staff to immediately report any knowledge, suspicion, or information they have received regarding an incident of sexual abuse or sexual harassment that occurred in a facility; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident. The policies and procedures detail the requirements for confidentiality of reports also. During staff interviews, the staff were aware of these requirements, therefore the auditor has determined compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 22, 23)
PREA Abuse and Harassment Investigations
AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedures, pages 1, 2, 3, 5, 6, 7)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 4, 5)
State of Michigan DOC Employee Handbook Work Rules
Directors Office Memorandum-PREA Grievance Process

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

According to the Pre-Audit Questionnaire, the facility did not have an occurrence in which it determined that an inmate was subject to a substantial risk of imminent sexual abuse, however the agency's PREA Manual and Policy Directive for prisoner placement and transfer include procedures and provisions for such occurrences. Actions available to protect inmates from imminent risk include housing changes, temporary segregation, reassignment, stop orders and transfers. Staff interviews validated that staff members are aware of the requirements of the standard and procedures available. Based upon a review of the documentation provided and staff interviews, the auditor has determined compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 17, 25)
PD 05.01.140 Prisoner Placement and Transfer (page 5)

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's PREA Manual and Policy Directive regarding prohibited sexual conduct involving prisoners include procedures for notification to other facilities when allegations have been made to have occurred at another place of confinement and notification is required to occur within 72 hours. The pre-audit documentation included an example of notification to another facility and documentation that the allegation had been investigated. Interviews with the Acting Warden, PREA Coordinator and PREA Analyst demonstrated knowledge of the procedures required. Based upon a review of all available information, the facility is deemed in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 23)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 4, 6)
Investigation Predicated on Report from Other Confinement Facility

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency Policy Directive, PREA Manual, and pocket guide specify procedures to respond to an allegation of sexual abuse for all staff members. During the onsite tour and interviews, staff members, both security and non-security, were cognizant of their responsibilities to ensure safety and preservation of physical evidence as required in the provisions of this standard. Additionally, PREA investigations further validated the knowledge and implementation of procedures related to this standard, therefore the auditor has made a determination of compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 25)

PREA Investigations

AMF OP 03.03.122 Medical Emergencies (Operating Procedures, page 6)

AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedures, pages 4, 5)

PD 03.04.125 Medical Emergencies (Policy Directive, page 2)

PREA Pocket Guide

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Baraga Correctional Facility has a written institutional plan to coordinate the actions taken in response to an incident of sexual abuse. The plan specifies the responsibilities of the reporting employee, supervisor or shift commander, health and mental health services staff, Deputy Warden, Warden, and investigator. Based upon the documentation provided and responses during staff interviews, the facility has demonstrated compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 25-31)

PREA Investigations

AMF OP 03.03.122 Medical Emergencies (Operating Procedures, page 6)

PREA Audit Report

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

According to the Pre-Audit Questionnaire, the agency, facility, or government entity responsible for collective bargaining, has entered into or renewed collective bargaining agreements since 8/20/2012. The collective bargaining agreements were reviewed and include language the agency is not limited in the ability to remove alleged staff members for just cause, investigation, and emergency disciplinary action. Based upon the review of available information, the auditor finds the facility in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 22)
AFSCME AFL-CIO Agreement (Institutional Unit) A
Basic Investigator Training Manual
Michigan Corrections Organization (MCO) Security Unit Agreement
MSEA Agreement (Labor and Trades and Safety and Regulatory Units)
SEIU Labor Agreement (Scientific and Engineering)
SEIU Labor Agreement (Technical Unit)
UAW Primary Agreement (Administrative Support Unit and Human Services)

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency PREA Manual, Policy Directive regarding prohibited sexual conduct involving prisoners, and facility memo regarding protection against retaliation describe the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who report sexual abuse or sexual harassment. Supervisory staff are designated to monitor staff for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter. Supervisory staff, specifically the Assistant Resident Unit Supervisor (ARUS) or Prison Counselor (PC), are assigned to monitor for disciplinary sanctions, housing/program changes, and conduct periodic status checks. For inmate retaliation monitoring, the designated staff member completes a

Retaliation Monitoring form for the required monitoring period of 90 days, or longer if there is a continuing need. The PREA Manual further establishes that retaliation monitoring will be discontinued upon a “no evidence/unfounded” finding in the investigation. The auditor has found the facility to be in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 17, 18)
AMF 115.67 Protection Against Retaliation Memo
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (page 4)
PREA Investigations

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing is detained in the PREA Manual, and Operating Procedures for segregation standards and prisoner request for placement in protective custody. Policy also ensures that cases are reviewed periodically to assess for a continuing need for separation from the general population. According to the Pre-Audit Questionnaire, during the 12 months preceding the audit, no inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing. Documentation and staff interviews provide evidence of compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 17)
AMF OP 04.05.120 Segregation Standards (Operating Procedures and attachment A)
AMF OP 04.05.120C Prisoner Request for Placement in a Protective Environment
AMF OP 04.05.120D Incentives in Segregation

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Baraga Correctional Facility has 16 investigators who have been trained for interview techniques and evidence collection. Upon receipt of an allegation of sexual abuse or sexual harassment, the allegation is entered into the MDOC's database Allegations, Investigations, Personnel Actions System (AIPAS) and the Warden or designee will refer it for investigation as soon as possible, but no later than 72 hours after the report was made to the Internal Affairs Division. Staff shall ensure allegations are referred to the appropriate law enforcement agency for criminal investigation and such referrals are documented in the investigative report, PREA investigation worksheets, and databases. No investigations have been referred for criminal prosecution since August 20, 2012, and MSP has entered into a MOU to comply with PREA standards.

Facility investigators prepare written reports which include information regarding the evidence, interviews, and findings and the PREA Manual stipulates that investigations are completed even if the alleged abuse departs MDOC employment, the victim or perpetrator depart from the control of the facility or the victim or perpetrator depart from control of the MDOC. The facility's Operating Procedure for prohibited sexual conduct involving prisoners ensures that records pertaining to sexual abuse investigations must be retained for as long as the alleged abuse is incarcerated or employed by the MDOC plus 5 years. Based upon the review of available information, the auditor finds the facility in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 10, 22, 23, 28, 29, 30)
PREA Investigations
AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedures, pages 3, 4)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 5, 6, 7)
MDOC Sexual Violence Response Investigation Guide
Basic Investigator Training Documents
Basic Investigator Training Final Manual
NIC Investigator Training Roster
NIC Online PREA Investigations Training
MSP Letter Regarding PREA Compliance
MSP PREA Compliance Letter

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Agency manuals and training materials, establish that the standard of proof when determining allegations of sexual abuse or sexual harassment is the preponderance of evidence. During the interview with investigative staff and review of investigations, it was determined that this is the threshold utilized by investigators, thereby establishing compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 22, 29)
MDOC Basic Investigator Training Final Manual
Investigator interview
PREA Investigations

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

In the agency PREA Manual and Policy Directive for prohibited sexual conduct involving prisoners requires that the facility informs any inmate who makes an allegation in writing or verbally whether the allegations has been determined to be substantiated, unsubstantiated, or unfounded following the conclusion of the investigation. The facility reports that during the 12 months preceding the audit that 14 investigations were completed and the inmates involved in each case were notified of the results of the investigation. The facility utilizes the CAJ-1021 PREA Prisoner Notification of Sexual Abuse and Sexual Harassment Findings and Action form to provide information regarding the results to inmates. Of all the investigations, none were completed by an outside agency in the past 12 months. The facility has provided sufficient documentation to show compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 30, 31)
AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedures, page 5)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 6)
PREA Investigations

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

As indicated in the PREA Manual, MDOC Employee Handbook, and agency Policy Directives for employee discipline and prohibited sexual conduct involving prisoners, staff shall be subject to disciplinary sanctions up to and including discharges for violations of departmental policies and work rules. Discharges shall be the presumptive disciplinary sanction for staff that engage in sexual abuse of a prisoner. During the 12 months preceding the audit, no staff members were found to have violated agency sexual abuse or sexual harassment policies, were terminated or resigned prior to termination, who were disciplined or were reported to law enforcement agencies or licensing boards for violating agency sexual abuse or sexual harassment policies. Based upon a review of all available information, the facility is determined to be in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 31)
MDOC Employee Handbook
Health Professional Complaint Form

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency’s PREA Manual and Policy Directive regarding prohibited sexual conduct involving prisoners requires that contractors and volunteers who engage in sexual abuse be prohibited from having contact with inmates and be reported to law enforcement agencies when involving criminal conduct and relevant licensing bodies. According to the Pre-Audit Questionnaire, there have been no instances of corrective action for contractors or volunteers in the 12 months preceding the audit. The interviews with staff confirm knowledge of procedures for such an occurrence. The facility is determined to be compliant with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 31)
PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 1, 6)

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

According to the Pre-Audit Questionnaire, there have been 2 cases of administrative findings and no cases of criminal findings that inmate-on-inmate sexual abuse have occurred at the facility. Sexual activity between inmates is prohibited by the agency and inmates are subject to disciplinary sanctions. The agency deems such activity to constitute sexual abuse if it determines the activity is coerced. Inmates are subject to disciplinary sanctions following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Additionally, the agency disciplines inmates for sexual conduct with staff if the staff member did not consent to such contact. If an allegation does not establish sufficient evidence to substantiate an allegation, the inmate will not be subject to disciplinary action if the report is made in good faith based upon reasonable belief that the alleged conduct occurred. If the facility offers therapy, counseling, or other interventions to address the underlying reasons or motivations for abuse, the facility will consider whether to require the offending inmate to participate as a condition of access to programming, etc. Based upon a review all the available information, the facility has established compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 31, 32)

PREA Investigations

PD 03.03.105 Prisoner Discipline (Policy Directive, pages 1, 10, 11, 12, and Attachments A and D)

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 2)

The Michigan Penal Code 750.520b, 750.520c, 750.520.e

MDOC Prisoner Guidebook

CSJ-228 Misconduct Report

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

All PREA Risk Assessment screenings are entered in the Offender Management Network Information (OMNI) system and access is limited to counselors and specific management staff. The PREA Manual indicates that staff will ensure that prisoners who report experiencing prior sexual victimization or perpetrating sexual abuse, that the inmate is offered a follow up meeting with a medical and/or mental health practitioners within 14 calendar days of the screening. The PREA Manual further stipulates that the information will be strictly limited to medical and mental health practitioners, and other staff if necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments or as otherwise required by Federal, State, or local law. The agency's policies and manuals require that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, and a copy of the consent will be maintained. Based upon a review of the available information and staff interviews, the auditor has determined compliance with the standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 13, 14, 15)

PREA Investigations

PD 03.04.100 Health Services (Policy Directive, pages 3, 4)

PD 04.01.105 Reception Facility Services (Policy Directive, page 7)

PD 04.06.180 Mental Health Services (Policy Directive, pages 1, 2)

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, pages 4, 5)

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency PREA Manual and policies stipulate that prisoners victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff. Prisoner victims shall be offered emergency contraception and sexually transmitted infections prophylaxis. Treatment will be provided at no cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation. A review of PREA investigations and staff interviews provide evidence of compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 5, 26)

PREA Investigations

AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedures, pages 2, 4)

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Policy Directive, page 5)

AMF OP 03.04.122 Medical Emergencies (Operating Procedures, pages 1, 3, 4)

OP 03.04.100H Health Care Management of Reported Sexual Assaults

PD 03.04.125 Medical Emergencies (Policy Statement)

PD 04.06.180 Mental Health Services (Policy Directive, pages 1, 2)

Sexual Violence Tri-fold Brochure

PD 03.04.100 Health Services (Policy Directive, page 10)

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Since Baraga Correctional Facility houses male prisoners, the provisions of this standard regarding pregnancy are not applicable. The agency’s PREA Manual and Policy Directives indicate that “the facility shall offer medical and mental health evaluation and, as appropriate, all treatment that is determined to be medically necessary to prisoners who have been victimized by sexual abuse.” This treatment shall include follow-up services, treatment plans and referrals for continued care. All treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Mental health staff will conduct a mental health evaluation of known prisoner-on-prisoner abusers within 60 calendar days to evaluate the abuser’s history and offer treatment as deemed appropriate. After a review of all available information, the auditor has determined compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (pages 26, 27)

PREA Investigations

AMF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (Operating Procedures, pages 1, 2, 4)

OP 03.04.100H Health Care Management of Reported Sexual Assaults

PD 03.04.100 Health Services (Policy Directive, page 10)

PD 03.04.125 Medical Emergencies (Policy Statement, page 2)

PD 04.06.180 Mental Health Services (Policy Directive)

AMF OP 03.03.122 Medical Emergencies (Operating Procedures)

PD 05.01.140A Reception Facilities Attachment Update

OP 03.04.101 Prisoner Health Co-Payment

Interviews with medical and mental health staff members

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

MDOC PREA Manual and agency policy requires that the facility PREA Coordinator coordinates a sexual abuse incident review at the conclusion of every sexual abuse incident review, unless the allegation was determined to be unfounded or no evidence. Procedures require this review to be conducted within 30 calendar days after the conclusion of the investigation. The review team includes upper-level custody and administrative staff with input from various other staff as appropriate. This review is documented on the CAJ-1025 form and entered in the AIM Sexual Abuse Data Summary. The sexual abuse incident review considers recommendations for a need to change policy or practice to prevent, detect or respond to sexual abuse; if the incident was motivated by any of the specific issues identified in the provisions of this standard; barriers that enable abuse; adequacy of staffing levels; and monitoring technology. Reports with recommendations for improvement are reviewed by the Warden and forwarded to the Deputy Director for consideration. A rationale for not implementing recommendations is documented on the PREA Sexual Abuse Incident Review form. Based upon staff interviews and documentation review, it was determined that the facility is in compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 32)
PREA Investigations
PREA Compliance Meeting Minutes

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The MDOC utilizes the database Allegations, Investigations, Personnel Actions System (AIPAS) to gather data and aggregate information annually. The information gathered from this system includes all the information required for the agency to complete the Survey of Sexual Violence for the Department of Justice. The agency maintains, reviews and collects data as needed from reports, investigative files, and sexual abuse incident reviews. The MDOC does not contract with a private facility for the confinement of its inmates, but has established language requiring compliance with PREA standards in the event the agency does enter into such a contract. The PREA Manual indicates that all data collected from the previous calendar year will be provided to the U.S. Department of Justice no later than June 30. The auditor has made a determination of compliance with this standard based upon the information received.

Policy, Materials, Interviews and Other Evidence Reviewed:

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's PREA Manual establishes that the department PREA Administrator will review data regarding reported sexual abuse with the MDOC facilities in order to assess and improve the effectiveness of sexual abuse prevention, detection and response and evaluate pertinent policies, practices and training. Incident will be reviewed in an effort to identify problem areas and make recommendations. The PREA Administrator compiles an annual report which may be placed on the agency's website if approved by the Director of the agency. The annual reports for the preceding years were reviewed in assessing compliance with this standard. During the on-site interview, the PREA Administrator validated the conclusion of the auditor from the documentation received.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 33)
2014 PREA Administrator's Annual Report
2015 PREA Administrator's Annual Report
MDOC Webpage for PREA and Annual Reports

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The agency's PREA Manual details the requirement to collect and retain data from each facility. Sexual abuse data from all facilities under the agency's control is aggregated and made available to the public annually on the agency's website. No personally identifying information is available in the reports and information is retained for at least 10 years after initial collection. As evidence to the facility's compliance, the SSV documents and MDOC website were reviewed.

Policy, Materials, Interviews and Other Evidence Reviewed:

PREA Manual Final (page 33)
MDOC Webpage for PREA and SSV Documents

AUDITOR CERTIFICATION

I certify that:

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

R. Adams-Kinzel

1/17/18

Auditor Signature

Date