

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 02/14/2018

Auditor Information

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| Name: David G. Radziewicz | Email: dradziewicz@pa.gov |
| Company Name: Pennsylvania Department of Corrections | |
| Mailing Address: PO Box 74 | City, State, Zip: Wrightsville, PA 17368 |
| Telephone: (717) 318-3308 | Date of Facility Visit: April 26-27, 2017 |

Agency Information

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| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Michigan Department of Corrections | | Click or tap here to enter text. | |
| Physical Address: 206 E. Michigan Ave. | | City, State, Zip: Lansing, MI 48909 | |
| Mailing Address: Click or tap here to enter text. | | City, State, Zip: Click or tap here to enter text. | |
| Telephone: (517) 373-3966 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: We create a safer Michigan by holding offenders accountable while promoting their SUCCESS. | | | |
| Agency Website with PREA Information: http://www.michigan.gov/corrections/0,4551,7-119-68886---,00.html | | | |

Agency Chief Executive Officer

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| Name: Heidi Washington | Title: Director |
| Email: WashingtonM6@michigan.gov | Telephone: (517) 780-5811 |

Agency-Wide PREA Coordinator

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| Name: Charles Carlson | Title: PREA Administrator |
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|---|-----------------------------------|--|---|
| Email: carlsonc2@michigan.gov | | Telephone: (517) 373-3960 | |
| PREA Coordinator Reports to: Julie Hamp, Administrator, Procurement Monitoring and Compliance Division | | Number of Compliance Managers who report to the PREA Coordinator 33 | |
| Facility Information | | | |
| Name of Facility: G. Robert Cotton Correctional Facility | | | |
| Physical Address: 3500 N. Elm Road, Jackson Michigan, 49201 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: (517) 780-5000 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: The G. Robert Cotton Correctional Facility, as part of the Michigan Department of Corrections, has a duty to the community, to the offenders placed in our care, and to the staff to carry out this mission. Our duty to the community involves the protection of citizens through effective offender management within the facility using sound correctional practices while never losing sight of the larger goal to efficiently return success-oriented offenders to the community. We wholly support evidence-based core programming with a goal to significantly reduce crime and enhance public safety by implementing a seamless system of services for offenders from the time of their entry to prison through their community reintegration and aftercare while using sound fiscal practices. Each prisoner must be afforded every opportunity for self-improvement through the fulfillment of programming requirements and effective management of strategies to become productive citizens in a solidified reentry model. Each offender will be held accountable for their actions which affect their successful transition back into the community. We have a responsibility to recognize our employee, embrace our unique and diverse backgrounds, and to treat all with dignity and respect. We must recognize staffs' contribution to the organization and assist in their individual development and advancement through organized training and mentoring while holding them to the highest professional standards. Staff has an integral responsibility to show, through example, the meaning of respect and excellence through professionalism. We must provide a safe environment for members of the public, staff and prisoners alike which contribute to the successful achievement of our mission. Staff is encouraged to cultivate and enhance meaningful community relations through collaboration with public and private entities which will nurture a partnership for the whole community. It is our vision that, as we meet each responsibility through our daily interactions with staff, the community and offenders, we will find personal satisfaction in the degree of integrity and contribution to help make things right and create a safer Michigan. | | | |
| Facility Website with PREA Information: http://www.michigan.gov/corrections/0,4551,7-119-68854_1381_1385-5333--,00.html | | | |
| Warden/Superintendent | | | |

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| Name: Shawn Brewer (at time of the audit)- Current Acting Warden Kevin Lindsey) | | Title: Warden | |
| Email: brewers1@michigan.gov | | Telephone: (517) 780-5110 | |
| Facility PREA Compliance Manager | | | |
| Name: Kimberly Napier | | Title: Warden's Administrative Assistant | |
| Email: napierK@michigan.gov | | Telephone: (517) 780-5121 | |
| Facility Health Service Administrator | | | |
| Name: Marguerite Howard | | Title: Health Unit Manager | |
| Email: howardm5@michigan.gov | | Telephone: (517) 780-5007 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 1842 | | Current Population of Facility: 1784 | |
| Number of inmates admitted to facility during the past 12 months | | | 1989 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 1833 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 1980 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 97 |
| Age Range of Population: | Youthful Inmates Under 18: Not housed at this facility | Adults: 18 and older | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | N/A |
| Average length of stay or time under supervision: | | | 1 year, 3 months, 13 days |
| Facility security level/inmate custody levels: | | | Secure level 1, 2, 4 and segregation |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 362 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 26 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 12 |
| Physical Plant | | | |
| Number of Buildings: 13 | | Number of Single Cell Housing Units: 2 | |
| Number of Multiple Occupancy Cell Housing Units: | | 8 (part of one unit is used for segregation) | |

| | |
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| Number of Open Bay/Dorm Housing Units: | 6 |
| Number of Segregation Cells (Administrative and Disciplinary: | 70 |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility currently has 310 total cameras in place, with 128 cameras in housing unit areas. Retention is approximately 30 days. | |
| Medical | |
| Type of Medical Facility: | Basic Health Care |
| Forensic sexual assault medical exams are conducted at: | Henry Ford Allegiance Hospital |
| Other | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 153 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 26 |

Audit Findings

Audit Narrative

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

A Prison Rape Elimination Act audit of the G. Robert Correctional Facility, located at 3500 North Elm Road, Jackson Michigan, was conducted from April 26, 2017 to April 27, 2017, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

I, David Radziewicz, was assisted during this audit by DOJ Certified Auditors Erin Ireland and Traci Jacobson. The auditor does note that he was originally designated as an assistant auditor, to assist with the site review and interviews for this audit and Ms. Erin Ireland was the original primary auditor for this facility. Ms. Ireland was initially responsible for the generation of this audit report for satisfaction of probationary auditor requirements. Following the audit, Ms. Ireland separated from her employment with consortium member, the Pennsylvania Department of Corrections, and relinquished materials to this auditor for the generation of this report; however, as noted below, some previously provided pre-audit materials had to be requested once again from the facility to complete the audit.

The audit team wishes to extend its appreciation to then Warden Brewer and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor during the site visit. The auditor would also like to recognize former PREA Administrator Todd Butler, PREA Analyst Wendy Hart, PREA Coordinator Kimberly Napier and current PREA Manager, Charles Carlson, for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor notes that the audit of the G. Robert Cotton Correctional facility, followed an audit of the Parnall Correctional Facility on April 24, 2017 and April 25, 2017. This auditor also was an assistant in that audit. It is noted that the facilities shared several key administrative staff and prior to the audit, was under the supervision of the same Warden. Those shared staff included, but were not limited to the PREA Coordinator, Medical and Human Resource Staff, thus these interviews were conducted in conjunction with the primary auditor for Parnall Correctional Facility. These facilities are separated by a road that leads through the campus of multiple MDOC facilities in the immediate area. It is noted; however, the PREA Coordinator position for Parnall Correctional Facility was in the process of being transferred to a newly hired individual following an administrative reorganization of the facilities that split the formerly shared leadership to two separate administrative teams.

Ms. Ireland supplied the facility with the audit notice on March 3, 2017, with direction audit correspondence to the Consortium post office box, that this auditor monitors. Posting was confirmed through the receipt of correspondence from inmates. Ms. Ireland was provided a flash drive that contained pre-audit documentation. This flash drive contained applicable policies and sample documentation in support of

compliance with the standards and their provisions. This auditor notes that the pre-audit samples and pre-audit questionnaire were not as robust as those provided by other MDOC facilities audited, thus, the auditors required a more thorough on-site examination of materials and there were additional requests for documentation by this auditor following the onsite portion of the audit. During the exchange of materials following Ms. Ireland's separation, this pre-audit flash drive was not supplied; however, the flash drive with the randomly sampled investigations obtained through the onsite review was provided. The pre-audit materials were re-requested from the facility and received via secure flash drive on 07/11/2017. Other document requests followed between the receipt of the flash drive and the delivery of the interim report on July 28, 2017.

Auditors arrived onsite at approximately 0800 hours on April 25, 2017. An entrance meeting was held with key administrative staff beginning shortly after 0800 hours. Auditors were greeted by the facility's administrative team and the agency's PREA staff. Introductions were made and logistics for the audit were planned during this meeting. Following introductions and logistics discussions, Ms. Ireland and Ms. Jacobson selected random samples of staff and inmates for interview and lists were provided to the facility. While selections were being made, this auditor was given a demonstration of the facility's impressive video surveillance capabilities. The technology employed by the facility allowed it to digitally screen out any areas from view that could create an opportunity for cross-gender viewing or opportunities for voyeurism.

A tour of the facility commenced immediately after random samples were selected with auditors David Radziewicz and Erin Ireland touring the facility together, while auditor Traci Jacobson began conducting random inmate and staff interviews. Random interviews with both staff and inmates followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates.

After the entrance meeting the auditors were given a tour of all areas of the facility, including; all eight general population housing units with multiple occupancy cells, six open bay housing units and two segregation units. It is noted that a section of the level 4 multiple occupancy celled units is used for segregation; thus, the single housing unit has a dual purpose. The level 4 portion of this unit is typically used to house an inmate coming off segregation status. It is noted that in the secure level 1 and level 2 housing units, inmates had significantly greater freedom of movement, keys to their cell doors and shared toileting facilities. In the level 4 housing unit, access to the cells was controlled via the officers, toileting facilities were in the cells, and movement was much more restricted. In the two segregations units, inmates were under constant staff control. Like the level 4 portion of the unit, toileting facilities were within the cell. This auditor also toured the vacant unsecured level 1 housing unit, which is located outside the secure perimeter of the facility and similar in function to the level 1 and level 2 housing units within the perimeter. This unsecured level 1 unit was closed due to consolidation of inmates who qualify for outside housing to another facility within the MDOC. The tour also included Education/Programming Building, Administrative Buildings, the Chapel, Michigan State Industries, Braille transcribing program, control rooms, visitation areas, intake, medical (including exam rooms) recreation, kitchen/dining hall and the outside warehouse/maintenance area.

The facility is divided into what is colloquially referred to as the new side and the temporary side, referring to the intended temporary open bay "pole-barn" style housing that was erected to satisfy population needs while the traditional housing units were being constructed. When the new side of the facility was complete, the MDOC's population needs dictated the need to keep the temporary structures in place for usable bed space. The permanent housing structures on the new side of the facility each hold approximately 96 inmates, although there are some variances in some of units, where capacity may be reduced to approximately 72 to accommodate handicapped inmates or other specialized needs. Housing units on the temporary side of the facility typically hold up to 160 inmates. The temporary segregation unit holds 48 inmates and the detention segregation unit holds 22 inmates.

During the tour, informal interviews were conducted with at least one, but generally multiple, inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. During the tour, the auditor also informally interviewed the facility PREA Coordinator and housing unit management staff to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in determining that facility practice was in compliance with the standards. Additionally, during the audit tour, the auditor sampled a minimum of 2 random inmate files on all toured housing units to verify inmate PREA education and PREA risk screening. While on the housing unit, staff who fulfilled the role of Prison Counselor, ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to access the MDOC's (Michigan Department of Corrections) computer database to show movement dates of the inmates that were then compared against educational records and risk screening dates as a means of verifying the practice demonstrated in pre-audit documentation. It is noted that, prior to this audit, the auditor completed two previous audits as the lead auditor and assisted on three others and was aware of an agency deficiency with risk screening procedures that were corrected through a policy change, effective just prior to the audit. To the facility's credit, evidence was uncovered during the audit tour to demonstrate that the facility proactively implemented procedures to begin compliant intake risk screening procedures approximately one month prior to the audit when the policy was first issued but was not yet effective.

Prior to the tour, the auditor observed the facility's camera monitoring system within the Warden's office to verify that cameras were positioned in such a way to adequately cover the housing units, yet afford privacy in bathroom/shower areas of the facility. The facility was found to have a modern and robust camera system that provided great coverage of all common areas of the facility and with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. A privacy notice was posted in each of the housing units, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. On the tour, the auditor took notice to the "Knock and Announce" postings at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. During the tour, it was observed that opposite gender announcements were consistently made. Following the knock and announce, opposite gender staff waited at least 10 seconds prior to entering the housing unit.

While on a tour of the property area, auditor Ireland noticed the organization of the property, which created several blind spots that could present an area for sexual abuse to occur. This matter was corrected immediately by reorganizing items on the shelving and installation of concave mirrors to see down the rows of shelving. Corrections were verified by auditor Radziewicz during the second day of the audit. The facility then planned to install a camera in the area to further enhance security. During a tour of the education area, it was noted that the facility's PREA "An End to Silence" handbook was readily accessible, and its availability was advertised on the housing unit bulletin boards. The audit tour concluded at just before 1700 hours on day one with most inside buildings complete. Auditor Radziewicz completed the tour of the remaining buildings outside the secure perimeter of the facility on the second day of the audit to include maintenance areas, an unused level 1 housing unit and public hearing room.

On the first day of the audit, auditor Ireland was given a copy of the institution's inmate rosters and shift rosters in order to select inmates and staff for random interviews. At least one inmate was selected from each housing unit for formal interview, to supplement the informal interviews conducted during the tour. The total sample size for formally interviewed random inmates was 16 inmates, with an additional 4 inmates participating in specialized interviews. A minimum of one officer from each housing area within the facility (new and temporary side) was randomly selected, covering all three shifts, with a total sample size of 12 random staff interviews. During the first day of the audit, there were several security staff carried over from third shift for overtime purposes. These individuals were interviewed on day one of the audit. As previously

mentioned, while the tour was in progress on day one, auditor Traci Jacobson began conducting random interviews in a private room within the facility's administrative complex.

Auditors arrived onsite at approximately 0800 hours on April 27, 2017 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the auditor provided the facility with the names of the random staff selected for interviews. The auditors Ireland and Jacobson were led to their respective offices after the entrance meeting and the two commenced with interviews of random and specialized staff while this auditor completed the facility tour of the outside buildings. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews. The auditors also interviewed an inmate who wrote correspondence to auditor Ireland in advance of the audit and a staff member identified by several inmates during the audit tour. During the interview with the shared Human Resource Director, auditor Jacobson had the opportunity to review 3 current employee files, including a new hire and a promotional hire to confirm background checks and training were completed.

The auditor was unable to complete the following specialized interviews for inmates and staff due to the matters not being applicable or no such individual was housed at the facility: Youthful Inmates, line staff who supervise youthful inmates, education and program staff who work with youthful inmates (youthful inmates are not housed at the facility), an inmate in segregation for risk of sexual victimization (none were housed at the facility for this purpose), Non- Medical Staff involved in cross gender searches (no such searches performed) and the agency contract administrator (the agency does not contract for the confinement of its inmates).

A total of 21 facility based staff were interviewed (including random and specialized staff) with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized staff, with the exception of the interviews noted in the preceding paragraph. Several staff completed multiple functions within the facility (i.e. staff who are responsible for retaliation monitoring were also responsible for risk screening and intake on their individual units), thus, were utilized to cover multiple interview protocols. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards.

A total of 20 inmates were formally interviewed with at least one inmate interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews noted in the preceding paragraph.

The agency head's designee and agency PREA Administrator were interviewed in person during a previous audit by this auditor and as part of the Agency audit. A telephone interview was conducted by auditor Jacobson with a representative of Henry Ford Allegiance Hospital (who provides SAFE/SANE services to the facility). The facility does not have a relationship with local advocacy organizations to interview; however, the auditor completed an internet search of the facility to determine if there were any significant issues concerning the facility.

During the middle of the second day, auditors were afforded with the opportunity to review facility investigations. During this time, all three auditors reviewed the facility's investigations. A total of 15 representative investigations were randomly selected by auditor Ireland for further review and the facility provided copies of those investigations on a flash drive for the auditor to take and analyze further post audit. At the conclusion of specialized interviews, the auditors conducted an exit briefing with facility staff and departed the facility at approximately 1730 hours. Auditor Ireland explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the facility PREA Coordinator or agency PREA Analyst.

Following the audit, Ms. Ireland began analyzing documentation to formulate the interim report; however, subsequently ended her employment with Consortium member, Pennsylvania Department of Corrections around May 19, 2017. Due to her departure, the audit report was reassigned to this auditor on June 9, 2017. Over the course of the subsequent 30 days, materials, including tour notes, binders and interview notes were exchanged via postal mail and electronic mail. As previously noted, this auditor needed to re-request all of the pre-audit documentation, as that flash drive was missing from exchanged materials. This auditor was in final possession of all necessary documentation as of July 11, 2017.

At the conclusion of the onsite audit, the auditor was aware of a definitive need for corrective action to establish risk screening procedures required by 115.41 and the related standards of 115.42, 115.81 and 115.83. Moreover, during the formulation of the interim report, the auditor also became aware of a need to improve the timeliness of sexual abuse incident reviews required under 115.86. Due to the ninety (90) day elapsed length of time since the onsite audit, the auditor requested documentation from the facility PREA Coordinator in support of compliance for these standards that had been established following the onsite audit and granted consideration to such corrective action documentation as indicative of compliance in lieu of extending corrective action beyond the issuance of this interim report for those standards where practice had been sufficiently established. Description of any such corrective actions accepted during this delayed period are described in the individual standards section of this report.

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the primary auditor and both the agency and facility staff. During this time, this auditor discussed concerns with the facility PREA Coordinator and agency PREA Analyst who filtered request to the appropriate staff. Through a coordinated effort by staff members within the PREA analyst unit and key staff at the G. Robert Cotton Correctional Facility all informational requests of this auditor were accommodated prior to the completion of the Interim Report.

Following the generation of the interim report, this auditor discussed the corrective action needs of the facility with the facility's PREA Coordinator and arranged for a schedule of exchanging documentation to confirm the facility was complying with its risk screening obligations under 115.41 and completing sexual abuse incident reviews within 115.86's required 30-day time period. The auditor notes that the previous primary concern was the lack of timely 30-day reassessments within the facility.

Due to the track record the facility established during the time it took to generate the interim report, the original corrective action plan was intended to be limited in duration. Like previous corrective action plans within the agency, the auditor would request the facility's risk screening tracking log, highlight random samples and request a copy of the electronic record which provides a date/time stamp to confirm the veracity of the log. Additionally, for those who reported victimization, the auditor requested mental health referral documentation to confirm inmates were offered appropriate mental health services.

Internal reorganization of risk screening responsibilities during the corrective action period, where 72-hour risk screening responsibilities were taken from one centralized individual and disbursed to each housing unit counselor/ARUS, led to a lack of timely completion of 72-hour risk screenings in 5 areas within the facility. Moreover, the decentralized operations led to the creation of multiple individual tracking logs to cover each of the housing units the designated counselor/ARUS oversaw. During the sampling process, there was difficulty obtaining each log that the auditor found necessary to truly randomly sample the decentralized risk screening process.

The auditor's first risk screening sample request occurred on September 1, 2017. The auditor received the facility's tracking spreadsheets on September 19, 2017 and returned with requested samples on September 22, 2017. Samples were not received until October 26, 2017. At that time, samples were not indicative of compliance and additional samples were requested.

A second set of risk screening logs were provided to the auditor on November 16, 2017. From those samples, five of the facility's housing units demonstrated that they were not completing 72-hour risk assessments within the required 72-hour period, ranging from 34% to 50% of the time. The auditor does note; however, that the 30-day assessments noted on these spreadsheets were more indicative of compliance, yet, not fully compliant.

Following the November 16, 2017 sampling, the auditor engaged in a phone call with the facility's PREA Coordinator where we collaboratively discussed potential means of resolving the observed deficits prior to the expiration of 180 days on January 24, 2018. A conference call was scheduled with facility administration on November 20, 2017. During the phone conference, the auditor stressed the necessity of completing risk screenings within the time periods established by 115.41 in all the facility's housing units in order for the auditor to find compliance. During the phone conference, the auditor questioned why the facility changed its previous practice of a centralized 72-hour assessment process and it was explained that other duties of the person responsible for screening were lapsing; therefore, it was decentralized to each housing unit to evenly distribute the workload. Following the phone conference, the facility found a means to redistribute workloads and reinstated its previous centralized 72-hour risk screening process with the individual who previously completed this duty in near flawless fashion. Once again, a unified spreadsheet was instituted to track the completion of 72-hour risk assessments.

Subsequent to the phone conference, the auditor requested and received additional random samples of risk screening logs on December 20, 2017 and January 3, 2018 to verify that corrective actions taken during the previous seven weeks led to improved risk screening procedures. On December 20, the auditor received a total of 15 randomly sampled electronic records of risk screening, which verified the veracity of the facility's risk screening logs. On January 3, 2018, the auditor received another 6 randomly sampled electronic records, which again confirmed the veracity of the risk screening log. On January 8, 2018, the auditor received requested documentation to confirm that individuals on the January 3, 2018 sample list were referred to mental health staff for disclosure of abuse or victimization. A phone call with the facility PREA Coordinator occurred after receipt of this information. The auditor informed her that the information received demonstrated that the facility provided sufficient evidence that it re-implemented compliant protocols in a compressed period that had previously proven successful. The auditor stated that additional samples would not be requested and that a final report would follow within 30 days of the end of the corrective action period.

This report will reflect updates to those standards requiring corrective action during the corrective action period. Those standards which were satisfied at the time of the interim report will remain as noted at the interim report's issuance.

Facility Characteristics

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

The G. Robert Cotton Correctional Facility sits on 114 acres and is located northwest of the intersection of Elm Road and I-94 in Jackson County. The prison is a combination of pole barns, which have weatherized buildings, sealed concrete flooring and plasterboard walls, and other buildings that are brick, mortar, steel and glass.

G. Robert Cotton Correctional facility is comprised of sixteen (16) housing units which are currently in use. A vacant, unsecured level 1 housing unit is located outside the secure perimeter of the facility. Each style of housing unit is designed to hold prisoners of a specific security level 1 (six housing units) level 2 (eight housing units), level 4 (one housing unit), Temporary Segregation (part of the level 4 unit) and Disciplinary Segregation (one housing unit). Prisoners from different security levels are only mixed under limited, controlled situations. All of the housing units of the same security level are of a similar structure. Within the level 1 housing units, the entry point leads to the officer's desk. From there, two linear rows extend straight and parallel to one another. Eight-man cubicles are located on each side of the isle. Office space, recreation rooms and restrooms are immediately in view of the officer's station. While the officers cannot see into the showering and toileting areas, they can maintain visual surveillance over who enters and hear any disturbances within the area. Within the level 2 and level 4 housing units, the entry point leads to an officer control station. Behind the control station are several large group/recreation rooms. In front of the control areas, two linear tiers protrude away from the control center in the shape of a Y. There is inmate housing on the upper and lower tiers of each branch of the Y. Restroom/shower areas are located within view of the officer's control station. Multipurpose rooms are located behind the officer's control area and have glass walls that permit viewing from the control center. While officers cannot see in the cells from the control area; they can see virtually all common areas from that vantage point to ensure safety.

Security includes three 12-foot fences, rolls of razor-ribbon wire, two perimeter towers, an acoustic sensing system and an electronic detection system. A patrol road surrounds the perimeter of the facility, and a vehicle responds to all detection system alarms. Over 300 surveillance camera systems are located throughout the facility.

Academic programs include Adult Basic Education, General Education Development, Special Education, and Jackson College. Vocational programs include food service and print shop technology training program. Michigan State Industries also operates a print shop and mattress factory. The facility is also home to the Michigan Braille Transcribing Fund. This is a specialized program where inmates train over several years to become certified brailleist. Other programs include thinking for a change, sex offender treatment, group counseling and substance-abuse treatment, religious and special activity groups and a library. Prisoners are provided on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Health Center in Jackson. Emergencies can be referred to a local hospital.

The facility is designed to operate a maximum capacity of 1842 inmates. On day one of the audit, there were 1792 inmates present. The auditor observed that the inmate population to consist predominately of Caucasian and African- American inmates. Other ethnic groups were not widely observed throughout the tour. The facility also specializes in the housing of deaf/hard of hearing inmates and temporary medical transfers who are treated at the Henry Ford Allegiance Hospital. From the auditor's observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater. The average length of stay for inmates is approximately 1 year 3 months.

There are a total of 362 staff at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, Deputy Warden and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work stations, with supplemental rounds taking place throughout the unit with random roving movement.

Michigan State Industries operates within the facility and provides a print shop and mattress factory for MDOC facilities. This building is an open environment, lines of sight within the building are clear and there is adequate staff supervision throughout the area to ensure accountability of the inmate workers who are present. The warehouse area consists of multiple lines of shelving that are organized in a manner to maintain lines of sight. The Michigan Braille Transcribing Fund also operates within the facility. This building

is also an open environment with clear lines of sight and an officer stationed within the relatively small building.

The education and programming building consists of two floors. The building is set up in a fashion that all classrooms and areas where staff may be with inmates are visible through a series of windows, eliminating a number of potential isolated areas or blind spots.

During the audit tour and through informal interviews with staff and inmates, the auditor was left with the general sense that staff and inmates felt safe at the facility.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 1

115.18

Number of Standards Met: 44

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403.

Number of Standards Not Met: Click or tap here to enter text.

Click or tap here to enter text.

Summary of Corrective Action (if any)

This is a final report, issued after an interim report that was accompanied by corrective action plan recommendations made by the auditor. This report contains recommendations originally provided to the facility to develop compliance and the action taken by the facility to correct deficits in compliance. The auditor notes that a change in agency policy to implement a 72-hour intake screening assessment

process for all of its facilities serves as the foundation for resolving the majority of observed insufficiencies prior to the onsite audit.

As the agency gains experience the PREA auditing process, it has made substantial efforts to enhance its policies and institute practices that are demonstrative of standards compliance. The audit of the G. Robert Cotton Correctional Facility represents the 14th audit within the agency. At the time of the onsite audit, the agency took the lessons from prior audits and established a corrective policy for intake risk screening procedures and enhanced its investigative procedures to ensure that inquiries into allegations of sexual abuse and sexual harassment are in compliance with the PREA standards.

Although agency policy changes became effective only days prior to the onsite audit, the auditor does wish to make clear that the G. Robert Cotton Correctional Facility made efforts on its own to operate in consistency with the PREA investigative standards and to provide appropriate follow-up to victims of sexual abuse and sexual harassment that was not consistently observed by this auditor at other facility audits within the agency. The auditor credits this proactive approach by the facility to its PREA Coordinator, who is also a certified PREA auditor, and the facility leadership, many of whom previously served as facility Inspectors at earlier points of their careers.

As stated within the narrative, there was a delay associated with the issuance of this interim report, consistent with a corrective action period of ninety (90) days, which allowed the facility time to develop evidence of practice for several standards that would have otherwise required a period of corrective action. As this interim report was being prepared, the auditor requested documentation from the facility in support of compliance on July 17, 2017 and thus utilized this as evidence of practice in lieu of a more formalized corrective action plan. Although the facility demonstrated that it had corrected the majority of its insufficient practices, substantial evidence of practice for two items remained outstanding.

Prior to the issuance of the interim report, the facility provided impeccable evidence of compliance with intake risk screening procedures under 115.41 and evidence of required referrals under 115.81 and 115.83 following that initial screening. Through random sampling, the facility only provided evidence that it completed its review of risk screening assessments with 30 days half of the time. The facility was required to demonstrate that it completed its risk assessment reviews consistently within 30 days during the corrective action plan. Additionally, the facility had not provided sufficient evidence that it regularly completes its sexual abuse incident reviews under 115.86 within the required thirty (30) days of an investigatory conclusion. As a result, the following corrective action measures were identified.

Specific Corrective Action Recommendations:

115.41

The G. Robert Cotton Correctional Facility is required to provide evidence that it has reassessed each individual within 30 days of receipt at the facility by using its established 30-day review process.

Compliance will be measured by the facility providing the auditor with a copy of the facility's PREA Risk Assessment tracking spreadsheet. The auditor will select a minimum of three (3) randomly sampled inmates from this spreadsheet for each of three (3) months, beginning with assessments on receptions received at the facility subsequent to June 15, 2017. The auditor will require verification, via electronic assessment records, that each individual was reassessed with 30 days of reception at the facility to

demonstrate its compliance with provision (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected.

115.86

The auditor notes that the facility is complying with the physical review requirements under the standard; however, is not regularly completing such reviews within the 30-day time period required by provision (b) of the standard. Following the onsite audit, the facility provided evidence that it completed two (2) reviews in a timely manner; however, the auditor requests additional evidence of compliance. The facility will be required to submit all sexual abuse incident reviews occurring at the facility until a minimum of two (2) additional consecutive sexual abuse incident reviews occur in a timely manner. The initial corrective action period will be established for a period of ninety (90) days; however, the auditor will be satisfied that the facility is in compliance when evidence of two additional consecutive sexual abuse incident reviews are conducted at the facility. If reviews are conducted within the 30-day period required by provision (b) of the standard, the auditor will be satisfied in determining compliance. If no such examples present within 90 days, corrective action will continue until such time as sample records can be provided or the conclusion of 150 days. If no sample documentation exists at the end of 150 days, proof of additional training of facility administrators who participate in the review process from the agency will suffice.

Corrective Action Observations and Findings:

During the first sampling during the corrective action period, the facility provided sample documentation to verify that it completed both of its required sexual abuse incident reviews within 30-days, through the standing monthly meeting it established for said purpose. As indicated during the corrective action plan, the auditor was satisfied that the facility established procedures to ensure it completed sexual abuse incident reviews within the requisite 30-days.

However, during that sampling period, as described in the audit methodology section of this report and under 115.41, the facility's tracking logs demonstrated that it tapered off from previously observed levels of compliance with its timely completion of 72-hour risk assessments, while its 30-day reassessments improved. Throughout the corrective action period, the auditor worked with the facility PREA Coordinator and discussed with facility administration the need to reimplement previously compliant procedures to ensure it was compliant with 72-hour and 30-day screenings required by 115.41 for all housing units within the facility. By the conclusion of the corrective action period, the facility reinstated previous risk screening protocols to ensure it was completing assessments within 72-hours and 30-days as required by 115.41.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency policy 03.03.140 and the PREA Manual were updated by the agency to address gaps identified in recent audits. These updates became effective throughout the agency on 04/24/2017. These policies outline the agency approach to implementing the zero-tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision (a)

Under recent revisions, agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS serves to establish the agency's zero-tolerance policy and outline the agency's approach to implementing the PREA standards.

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, that were previously covered by a network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its initial issue in September 2015 and supersedes any conflicting policies at the time of its re-issue in April 2017. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.

Provision (b) was audited at the agency level; however, it will be addressed in part in this report. According to recent revisions within 03.03.140 and the PREA Manual, the position of PREA Manager (formerly referred to as the PREA Administrator) fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Administrator (Manager), it was explained that the former title of PREA Administrator (Manager), is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Administrator (Manager), he has sufficient time and authority to implement PREA standards throughout the agency.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. This auditor was informed during an interview with the agency PREA Administrator (Manager) that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the G. Robert Cotton Correctional Facility is the Warden's Assistant. The position of Warden's Assistant within the MDOC has is an upper-level management position who acts under the authority of the Warden to implement the Warden's directives throughout the facility, addressing inmate grievances and litigation. The auditor notes that the facility PREA Coordinator is also a certified PREA auditor. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards. As noted in the methodology section of this report, the PREA Coordinator at the facility was previously shared with Parnall Correctional Facility when there was shared management between the facilities prior to the audit; however, by the time of the onsite audit, PREA Coordinator duties at Parnall Correctional Facility were transferred to a newly hired Warden's

Assistant at that facility, leaving G. Robert Cotton Correctional Facility with a PREA Coordinator dedicated solely to the facility.

Based on a review of the PREA Manual and interviews with the PREA Administrator (Manager) and facility PREA Coordinator, the auditor determined compliance with provision (c).

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through a review of the PAQ, the PREA Manual, a search of contracts on the Michigan state website and interviews with the PREA Administrator (Manager) and PREA Coordinator, this auditor determined that neither the agency nor the G. Robert Cotton Correctional Facility currently contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a Request For Proposal (RFP) for reentry services that the agency was considering in 2016. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its RFP demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the

composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated for 2017 (compiled October-December 2016) verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan. The plan contains a narrative description relative to each of the eleven enumerated factors and the facility's findings.

Interviews with the Warden and PREA Coordinator reveal that no recent modifications were made to the staffing plan. The auditor notes that the facility recently completed a significant enhancement of its camera system, which provides facility staff with an exceptional support tool to augment existing officer presence. A review of the facility's staffing plan and an interview with the PREA Administrator (Manager) revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the state's Auditor General. According to the PAQ, the operational staffing plan was originally predicated on 1840 inmates and the facility's average daily population has averaged 1776.

According to an interview with the PREA Administrator (Manager), the agency does not ordinarily deviate from its staffing plan. The PREA Administrator (Manager) reported that all posts are filled either through voluntary overtime or mandated overtime. An interview with the Warden revealed that staff either volunteer or are mandated to remain at their posts on overtime to fulfill the facility's staffing plan. The Warden offered that non-essential posts (i.e. recreation) could be closed if emergency conditions existed to maintain essential levels of staffing in areas of the facility where inmates have access. Daily shift rosters document facility absences and how posts are filled. During the audit, the auditor observed the use of overtime to ensure posts were filled. Interviews with the Warden and the auditor's observation and interviews with staff who worked overtime confirm the facility staffing plan is complied with to demonstrate compliance with provision (b).

The PREA Manual states that the Warden and PREA Coordinator are involved in the review of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator (Manager) for review. The PREA Administrator (Manager) reports involvement in the staffing plan process for each facility within the agency.

This auditor was provided a copy of the Annual Staffing Plan Review for the G. Robert Cotton Correctional Facility dated 2017. The review included a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to an ACA standards. There was no identified need to change current operations based on the eleven factors denoted within provision (a) of the standard. As part of its pre-audit documentation, the facility included a review of its staffing plan, initially conducted in September 2015 as the agency was implementing its PREA policies. At that time, the facility was preparing for a camera upgrade project that the auditor observed to be completed at the time of the onsite audit.

Interviews with the Warden, PREA Coordinator and PREA Administrator (Manager), as well as a review of the agency policy, confirm that that staffing plan is reviewed annually by the facility and the agency PREA Administrator (Manager) and the agency as a whole, has taken action to upgrade its camera technology at each facility to demonstrate compliance with provision (c).

PD 04.04.100 Custody, Security and Safety Systems and the PREA Manual establish policy for unannounced supervisory rounds. Facility Supervisory staff document unannounced rounds in the unit log book in green ink. Pre-audit, the facility provided sample electronic round reading device print-outs from the Warden to demonstrate unannounced supervisory rounds taking place within the facility during all three shifts. During the on-site portion of the audit, this auditor observed log book entries on the housing units to demonstrate compliance with provision (d) of the standard with sufficient rounds in each unit to cover each shift.

Through interviews with the PREA Coordinator and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Wardens complete weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. The facility Deputy Warden for Housing was interviewed and reported that rounds are conducted regularly, staff are not permitted to notify others of occurring rounds and that he routinely changes his patterns to ensure rounds are not predictable. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented in the unit log books in green ink. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of supervisors during each shift on the housing units. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with provision (d).

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the audit tour and through interviews with the Warden, PREA Administrator (Manager) and PREA Coordinator, it was observed that the G. Robert Cotton Correctional Facility does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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04.04.140 SEARCH AND ARREST IN CORRECTIONAL FACILITIES and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. As part of its pre-audit documentation, the Warden issued a memorandum to confirm no cross gender strip searches or visual body cavity searches were conducted during this audit period.

Policy 04.04.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate's gender is not readily available. Readily available is not consistent with exigent circumstances as defined in the standards. Policy 04.04.110 also does not specify who may view recorded body cavity searches (Z-4), only noting that the Warden or his/her supervisors may authorize release or viewing of the recording. According to the PREA Resource Center's FAQ's, a facility should use a privacy screen or other similar device to obstruct viewing of an inmate breast,

buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched.

An interview with the agency PREA Administrator (Manager) confirms that privacy screens are to be used when an opposite gender supervisor must be present during a strip/body cavity search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard and clarified the ambiguity in agency policy.

Policy 04.04.110, which was reviewed in determining compliance with provision (b) of the standard, permits searches of female inmates when female staff are not readily available to conduct a search in an emergency or where there is a reasonable suspicion that the prisoner is in possession of contraband. Reasonable suspicion that the prisoner is in possession of contraband is not consistent with the definition of exigent circumstances.

Although agency policy 04.04.110 provides an exception to cross-gender pat-search procedures for female inmates that are not clearly defined to specify what type of contraband could be considered an exigent circumstance that could trigger the permission of a cross-gender pat search of a female inmate; the auditor also notes that G. Robert Cotton Correctional Facility does not house female inmates.

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

Policy 04.04.110 and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat-searches of female inmates be conducted by female staff only. These policies require that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that staff person must be of the same gender as the person receiving the visual body cavity search.

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and the auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS (updated effective 04/24/2017), the PREA Manual (updated effective 04/24/2017), Privacy Notice Signs, Knock and Announce and photographs of toileting/showering facilities signs were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit tour, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units, officer desks and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours

and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

Three of inmate participating in formal random interviews stated that the practice of opposite gender announcements were not routine; however, the auditor notes that during informal interviews with inmates and staff during the audit tour, there were only two inmates throughout the facility that reported this practice was not routine. With multiple informal interviews in each housing unit throughout the tour, the auditor is satisfied that there is substantial compliance with provision (d)'s requirement of opposite gender announcements. Formal random interviews and numerous informal interviews during the audit tour with both staff and inmates confirm the auditor's observation that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with provision (d) of the standard.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. The auditor notes that during the interim audit period, this policy was amended at the agency level and, effective 06/26/2017, became known as GENDER DYSPHORIA and eliminated references to Gender Identity Disorder (GID). Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. While two of twelve randomly interviewed staff could not identify a specific policy related to this subject, they described practices consistent with the knowledge that it is not part of their duties to search an inmate to determine genital status, furthering that such determinations are made prior to their interactions with the inmates. A transgender inmate housed at the facility was scheduled for formal interview; however, declined to meet with the auditor during the onsite portion of the audit. A second individual who identified as both a transgender and gay inmate was later selected for interview. This individual confirmed that they have not been searched for the sole purpose of determining their genital status. Through formal and informal interviews with multiple ranks of staff, the auditor is confident that transgender and intersex inmates are not examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). Staff were able to articulate proper cross gender search techniques during random interviews and stated that they received this training through the MDOC training academy and as part of their annual training. Through past audits in the MDOC, this auditor is aware that it has been a long-standing practice for cross-gender search training to be delivered to staff through the training academy process. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of sixty-two pages of computer based training record receipts as part of its pre-audit sample training records relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

While the facility is found compliant with this standard due to its absence of a female population, as a means to remove any potential ambiguity, it is recommended that an agency-wide memorandum be issued similar to a Director's Office Memorandum (DOM), specifying that if a supervisor of opposite gender is overseeing a strip or body cavity search that appropriate barriers be utilized to block viewing of breasts, buttocks and genitalia. Additionally, this memorandum should include direction that female

inmates may only be pat searched under exigent circumstance and should specify what types of contraband would be considered exigent circumstances to trigger a cross-gender pat-search of a female inmate.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. Policy 03.03.140 specifies that the agency PREA Administrator (Manager) is responsible for the creation and distribution of standardized training materials and the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency inmates. The PREA Manual, along with training materials, were reviewed by this auditor in determining compliance with provision (a) of the standard.

This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. An interview with the PREA Administrator (Manager) confirms that the agency is in the process of captioning the PREA video in Arabic. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish.

A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available. Documentation of staff training on PREA compliant practices for LEP and Disabled inmates is located on slide 59 of 102 in 2016 PREA web-based training.

An interview with the agency head's designee confirmed that the agency takes significant steps to ensure that materials are provided in various formats to include captioning of the PREA inmate video in multiple languages, including Arabic and Spanish.

G. Robert Cotton Correctional Facility has been designated as one of the facilities in the MDOC to house deaf and hard of hearing inmates. During the onsite portion of the audit, an interview was conducted with a deaf inmate, utilizing a sign language interpreter. The interpreter confirmed that interpreters are onsite at least three days per week and are available for emergency situations. Additionally, the facility has a pager system for deaf and hard of hearing inmates to establish text based communications when necessary and to alert inmates to other facility routines, such as institutional counts.

Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. Privacy signs are translated in Spanish and were observed during the audit tour. The auditor reviewed translation invoices from the facility to confirm that the facility has an active interpretation services account to reach LEP inmates. The facility provided invoices from Pallero Translations in October of 2015 that this auditor reviewed in determining compliance with provisions (a) and (b) of the standard. The auditor notes that this facility specializes in the housing of deaf/hard of hearing populations; therefore, the majority of its translation needs involve this population.

Agency policy 03.03.140 and PREA Manual prohibits the use of inmate interpreters and were reviewed in deterring compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, staff appeared to understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. All twelve randomly interviewed staff were able to effectively articulate that inmate interpreters could only be used under those circumstances where a delay could negatively impact the ability to respond to a report of sexual abuse or sexual harassment to aid in determination of compliance with provision (c).

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

02.06.111 EMPLOYMENT SCREENING (updated effective 03/13/2017) and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (a). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within provision (a) of the standard.

Corrections Officer job postings, application questions and a promotional application for Sergeant were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility.

A review of facility hiring records, agency application materials, interviews with the agency PREA Administrator (Manager) and Human Resource staff confirm that the G. Robert Cotton Correctional Facility is compliant with provision (a) of the standard.

Policy 02.06.111 and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person, who is shared with Parnall Correctional Facility, explained in an interview that any candidate for a job change or promotion with a history of engaging in sexual harassment would not be hired or promoted without review by a central office committee where the "whole picture" of employee's tenure would be considered in the selection process.

A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of newly hired custody staff. This function is completed at the agency level by central office staff where candidates are centrally hired and allocated to facilities. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with provision (b).

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (c). A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff. Furthermore, pre-audit sample documentation further verified this function through the issuance of background check notification letters that were issued from the agency's central office.

During an interview with Human resource staff, this auditor was informed that the facility is responsible for direct hiring and background checks for non-inmate contact positions, promotions and transfers into

the facility. The facility provided background check documentation for twenty-six (26) of these new hires or potential new-hires pre-audit to demonstrate compliance with provision (c). The auditor notes that in two cases, the agency sent letters to the candidate to explain non-prohibited arrests that were detected in the background check. Moreover, in two cases, the agency sent letters to the candidate to inform them that they failed the background check and were ineligible for hire.

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided adequate sample documentation of background checks for contractors as proof of this provision of the standard. An interview with HR staff revealed that background checks for contractors are conducted by regional Department Heads. The facility provided a secondary dissemination log of LEIN check information for contractors and volunteers that listed the date on which individual clearances expired. This list included information on one-hundred fifty-three (153) individuals who were active contractors or volunteers at the facility as of January 2017 in support of finding compliance for provision (d).

According to policy 02.06.111 EMPLOYMENT SCREENING (updated 03/13/2017), the PREA Manual and staff interviews, LEIN checks are completed through the Deputy Warden's office in June of designated years for agency employees. There are two layers of LEIN checks that are completed. There is an annual screening required for all staff that have inmate contact which scans for domestic violence and arrests. Then, as a result of the recent update in policy 02.06.111, an in-depth criminal history check will be completed every three years for all employees. This policy formerly required such checks every 5 years.

Agency policy dictates that background checks be conducted in June of specified years, the facility's formal documentation of its five-year (now three-year) background checks demonstrates these screenings were conducted in June of 2015 and were due again in June of 2020. This auditor did review LEIN logs relative to contractors and volunteers for other background screening provisions under this standard and did notice that contract employees are required to have an annual LEIN clearance completed, as each one has an expiration date of one year from the prior screening.

The facility provided and the auditor reviewed sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion and during any self-evaluations. In addition to application materials, the employee work rules, specified in the employee handbook that this auditor reviewed, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. The facility demonstrates compliance with provision (f) of the standard.

Agency policy 02.06.111 and the PREA Manual, which were reviewed by this auditor, affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and work rules within the employee handbook sufficiently cover provision (g) of the standard. The facility indicates that there have been no instances where such material omissions have been noted.

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of the standard and were reviewed by this auditor. The facility had no examples of the facility responding to a request from an outside agency request for such information on a former employee. As part of its pre-audit documentation, the facility provided three samples of the agency responding to a request from an outside agency that were reviewed by this

auditor to establish compliance with provision (h). Although the facility had no specific examples, the requests that were processed at the agency level demonstrates that sufficient procedures are in place to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees in compliance with provision (h) of the standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Manual, which was reviewed in determining compliance with provision (a), states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. Interviews with the agency head's designee and the Warden confirm that neither the agency nor the facility have substantially expanded or altered existing facilities since August 20, 2012. No new facilities were reportedly acquired by the agency. Interviews confirm the agency did modify a portion of the physical plant at the women's correctional facility at Huron Valley to accommodate youthful female inmates at the facility. Additional cameras with audio capabilities were added to that facility to ensure inmate safety and PREA compliance. The agency has equipped staff with Tasers that record audio, which can be used without deployment to capture incidents where pertinent to PREA compliance. The Warden confirmed that there has been no expansion or modifications to the facility. During the tour, there were no areas of the facility that appear to have undergone expansion or modification to substantiate compliance with provision (a) of the standard.

The agency head's designee reported during an interview that the agency has approved expansion of camera coverage at all facilities and deployed electronic round readers at each facility to ensure adequate management tours of the facility that will be used in part, to prevent sexual abuse and sexual harassment. The facility Warden stated in an interview that the facility's camera system was recently expanded. The facility's camera system is extraordinarily advanced and incorporates a digital screening technology to digitally block viewing of toileting, showering and strip search areas throughout the facility. The placement of cameras was strategically aimed to enhance sexual safety within the facility, while still affording privacy to dwelling, showering and toileting facilities within the housing units. It was noted in a sexual abuse incident review that the upgrade to the camera system allowed the facility to substantiate the non-sexual components of an allegation made against a staff member, proving the value of the system. During the onsite portion of the audit, an area of vulnerability was identified for corrective measures. The audit team recommended installation of mirrors; however, the facility later responded with the placement of a camera to enhance safety and accountability. The facility currently has 310 total cameras in place, with 128 cameras in housing unit areas. The facility also installed an electronic tour scan verification system that was observed during the tour. The reader points are located throughout each housing area to verify that security rounds are conducted at all points within the housing unit at required intervals. The strategic deployment of video monitoring technology and round reading technology demonstrates the agency and facility dedication to compliance with provision (b) of the standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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According to the agency's Crime Scene Management and Preservation training manual and an interview with the agency PREA Administrator (Manager), the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.

During interviews with facility medical staff and investigators, the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to SAFE/SANE examiners in the any clothing worn during an alleged incident of sexual abuse. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene.

During random staff interviews and informal interviews during the audit tour, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Basic Investigator Training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of the standard.

Uniform evidence protocol is covered in Crime Scene Preservation and Basic Investigator's Training. Both training manuals were reviewed by this auditor in determining compliance with provision (b) of the standard. Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance. Random staff interviews confirm that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. According to the agency's Crime Scene Management and Preservation training manual and an interview with the agency PREA Administrator (Manager), the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command, which demonstrates compliance with provision (b) of the standard.

Policy 03.04.100 and the PREA Manual, reviewed by this auditor in determining compliance with provision (c) of the standard, specify that forensic examinations are provided without cost to victims of sexual abuse. Through a review of investigations, the auditor found evidence of two forensic examinations during the audit review period. Through an interview of a staff member at the Henry Ford Allegiance Hospital; it was confirmed that inmates at the G. Robert Cotton Correctional Facility are provided with this service via its use of Allegiance Hospital as its outside medical provider. While no formal agreement for SAFE/SANE services is in place, an interview with the Henry Ford Allegiance Hospital confirms that SAFE/SANE staff are employed and available on an "on-call" basis to ensure coverage on all shifts when this service is necessary. The "on-call" response time for the SAFE/SANE examiner is less than one hour from the time of notification.

Through a review of agency policy, documentation of facility communication with the Henry Ford Allegiance Hospital and an interview with a staff person at the Henry Ford Allegiance Hospital, this auditor determined that the facility is in compliance with provision (c) of the standard.

Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level were provided and reviewed by the auditor in determining compliance with provision (d). Additionally, the auditor reviewed a facility documentation of its discussions with its SAFE/SANE provider that describes how advocacy services are available through the facility's outside medical provider, Henry Ford Allegiance Hospital. According to the documentation, with proper notification, the hospital can provide a victim advocate from Aware Shelter to accompany the victim through the forensic examination process. The auditor

called Henry Ford Allegiance Hospital and confirmed that the hospital receives inmates from the G. Robert Cotton Correctional Facility for the purposes of conducting forensic examinations. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator confirms in an interview that efforts have been made to secure rape crisis services and that qualified facility staff members have been identified and trained to provide advocacy services in the absence of a formal rape crisis service agreement. Specifically, to ensure the availability of a qualified staff member on all shifts, the facility has designated and trained all medical and mental health providers to serve as victim advocates. While all medical and mental health staff have been trained in this function, the facility has designated its chief psychologist as the primary individual who would serve in the capacity of a victim advocate. During an interview with the inmate at the facility who reported sexual abuse, he claims that he was not interested in any form of follow-up from the facility. It is noted that the interviewed inmate did not report abuse that required a forensic examination. Interviews with the PREA Coordinator, PREA Administrator (Manager), a review of agency correspondence with outside advocacy agencies, documentation of correspondence with the Henry Ford Allegiance Hospital and the facility's documented training of forty-one (41) staff members to serve as a qualified agency staff member under this standard, demonstrates that the facility is in compliance with provision (d).

The PREA Manual and Memo with Michigan State Police, which were reviewed by the auditor, confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews. The facility provided a copy of form CAJ-1020 for an inmate who received a forensic examination prior to the audit period. The SANE staff confirmed that the victim was provided access to an advocate during the examination; however, declined to have the advocate present.

The facility and agency have identified medical and mental health staff to serve as qualified staff members to provide advocacy services during any investigatory interviews in the current absence of a rape crisis advocacy agreement or the availability of the rape crisis advocate at the Henry Ford Allegiance Hospital. Through previous audits, this auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided documentation of forty-one (41) staff having completed this training. While all medical and mental health staff have been provided the training to serve in this capacity, the facility has designated its chief psychologist as the individual with the primary responsibility of fulfilling the role of an advocate. The MSP memorandum confirms that the investigative agency has agreed to allow these individuals access during forensic medical examinations and interviews consistent with standard 115.21. Absent a formal agreement with a rape crisis center, the facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with provision (e) of the standard; however, has not had to exercise these plans.

The memorandum between the MDOC and MSP that this auditor reviewed, confirm that MSP will abide by the provisions set forth under §115.21 (a)-(e) in order to demonstrate compliance with provision (f) of the standard.

Provision (g) of the standard is not required to be audited by the auditor.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. In the event, such services are necessary, the facility uses qualified medical or mental health from the facility who have received training in trauma informed care and are generally educated in the forensic examination procedures. Through previous audits, this auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided documentation of forty-one (41) staff having completed this training; however, has designated its chief psychologist as the primary individual responsible for this function, consistent with provision (h) of the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed agency policies 03.03.140, 01.01.140 and the PREA Manual when assessing compliance with provision (a) of the standard. While section G of 01.01.140 requires that the allegations must contain facts, rather than mere assertions or rumor to be entered into the internal affairs division investigation database the PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation. An interview with the agency head's designee confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and agency PREA Administrator (Manager) confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. The facility provided multiple examples of investigation referrals pre-audit, to include referrals from request slips, suspicions reported by medical staff members, suspicions of housing unit staff, grievance referrals, allegations reported to the Legislative Ombudsman and verbally reported incidents. During and following the onsite portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations. The MSP are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with provision (a) of the standard.

Michigan State Police (MSP) investigate criminal allegations involving staff as specified under the reviewed policy, 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. Policy 03.03.140, which was reviewed by this auditor addresses referrals of prisoner on prisoner sexual abuse to MSP. Both policies are published on the agency's website. The PREA Manual, which supersedes all prior policies is not published on the agency's website; however, is not necessary to meet provision (b) of the standard. An interview with a facility investigator confirmed they are aware of their obligations to refer allegations of a criminal nature to MSP. During a review of facility investigations, there was ample evidence to support that the facility does refer potential criminal allegations to MSP, specifically, MSP reports were observed in investigatory files, allowing this auditor to determine compliance with provision (b) of this standard.

This auditor reviewed and verified that policies 01.01.014 and 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a

robust explanation of all 10 points required by the standards. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program, which is completed prior to an employee assuming duty. Computer based training is provided for existing employees and contractors through two detailed training modules. This training is also repeated annually as part of the facility's in-service training requirements. Facility training record samples from the six-months prior to the audit demonstrate that two hundred seventy three (273) facility staff have completed the annually required training modules to that point. Informal interviews with staff during the audit tour confirm that individuals are well informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).

G. Robert Cotton Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. From a previous audit at another MDOC facility that does house female inmates, the auditor is aware that the agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis; however, it is again noted that female inmates are not housed at the G. Robert Cotton Correctional Facility. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).

G. Robert Cotton Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual; however, the training is available annually to aid in fulfillment of annual training requirements. As part of the facility's pre-audit documentation, it provided records of two hundred seventy three (273) staff completing this training as part of its annual in-service training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.

Employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehension test comes with electronic verification by employee ID number to signify individual comprehension of the training, demonstrating compliance with provision (d) of the standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor requested and reviewed a sampling of training records across multiple contractor and volunteer disciplines to determine compliance with provision (a) of the standard.

Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility sign language contractor demonstrated knowledge of facility reporting and first responder procedures. A formal interview with a food service contractor verified that they were provided the employee training module for MDOC employees and, in addition to this training, the contact company developed its own internal form of PREA training that they were required to complete. A formal interview with the Volunteer Coordinator confirmed that the training procedures enumerated within policy are applied in practice with facility volunteers and stated that, in addition to the zero-tolerance policy and reporting procedures, volunteers are given information

about respectful interactions with transgender inmates, physical boundaries and overfamiliarity. Informal interviews during the audit tour with contractors demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with provision (b) of the standard.

The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. The facility provided training rosters, at this auditor's request post-audit, to confirm training of volunteers to demonstrate compliance with provision (c) of the standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services.

Through interviews with the PREA Coordinator and random inmates, this education is reportedly completed through a video based presentation that is accompanied by a brochure that specifically covers the zero- tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. A review of these materials by the auditor, satisfies compliance with this element of provision (a).

Through interviews with the PREA Administrator (Manager), it was reported that the agency provides comprehensive inmate education at the RGC reception center. All inmates that are received at G. Robert Cotton Correctional Facility will have passed through this facility for classification. Consequently, the RGC reception center is within the immediate conglomerate of MDOC facilities located within an approximate one-mile radius. Inmates who are transferred from that facility to the G. Robert Cotton Correctional Facility, will have received comprehensive education at RGC. During intake processing, each counselor is required to complete an immediate file review to ensure that documentation of this education session is located within. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at the facility. During the audit tour, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner to demonstrate compliance with provision (a) of the standard.

Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. This education is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Additionally, information is available in the Prisoner Guidebook. Through interviews with the PREA Administrator (Manager), the Warden and PREA Coordinator, it was reported that the MDOC has an intake facility, Charles Egeler Reception & Guidance Center (RGC), where intake is completed for prisoners who are assigned to the G. Robert Cotton Correctional Facility.

One randomly interviewed inmates interview did not confirm that education materials and the PREA video (Taking Action) are shown during the intake process at RGC. The one who did not confirm the aforementioned process inmate stated that he had been incarcerated for twenty-one years and when it was discovered that he required training, he was provided this information in the months leading up to the audit. These inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. During the audit tour, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner. Inmate training receipts provided by the facility and reviewed by the auditor to demonstrate compliance with provision (b) of the standard.

Through interviews with the PREA Administrator (Manager) and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, negating the need to retrain inmates upon transfer from the RGC to the G. Robert Cotton Correctional Facility. An interview with the agency PREA Administrator (Manager) indicates that the agency has been providing PREA training for inmates at the agency reception center since approximately 2007 and the agency made a sweeping effort to train existing inmates at that time in 2007 to ensure existing inmates were trained on PREA. Although one randomly interviewed inmate, who had been in custody for twenty-one years had been recently caught up on his training obligations, a random sampling of inmate training records requested by the auditor during the audit tour demonstrates the facility is in substantial

compliance with the standard and has procedures in place to ensure corrective action when records do not exist within inmates files, thus satisfying the auditor's concerns that the facility has procedures in place to ensure that all inmates at the G. Robert Cotton Correctional Facility have been provided training consistent with provision (c) of the standard.

The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. The G. Robert Cotton Correctional Facility submitted invoices from CAC Interpreter Services (deaf and hard of hearing) and Pallero Inc as proof of its provision of interpretative services for disabled or LEP inmates during the intake education process. As a facility that specializes in the housing of deaf and hard of hearing inmates, the G. Robert Cotton Correctional Facility contractually provides sign language interpreters onsite a minimum of three days per week to assist with any communication needs of this population. The facility also maintains copies of PREA training materials, The PREA Resource Center's "An End to Silence", agency PREA publications and the PREA standards in the law library that are available for check-out to the inmate population. Moreover, the facility also advertises the availability of these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. The auditor reviewed these training materials, the library inventory and interpretation invoices to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education via form CAJ-1036. As part of the facility's intake and receptions procedures, each new reception's file is reviewed and it is verified that the inmate has documented receipt of training within the file. The auditor randomly selected inmate files from housing unit counselor offices during the audit tour to verify that agency PREA training records met timeliness requirements. For random selections, the auditor requested that the counselor pull up transfer movement reports, where sample records were matched against reception records to confirm that the agency and the facility document timely inmate participation in education sessions, consistent with provision (e) of the standard.

The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During a tour of the G. Robert Cotton Correctional Facility, these posters were visible throughout the housing units, common areas of the facility, work locations and even within a housing unit that was "mothballed" and not actively in use. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit tour. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and prisoner guidebooks that are available for the inmate population to check out. Moreover, the facility also advertises the availability of these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. Based on the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility, this auditor determines compliance with provision (f) of the standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☐ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that twenty-six (26) active staff at the G. Robert Cotton Correctional Facility completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that seventeen (17) staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard.

The agency's investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's Basic Investigator Training, seventeen (17) staff have participated in the NIC specialized investigator's training to provide additional information on the required standard topics. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of the standard.

The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that twenty-six (26) active employees have completed the Basic Investigator Training. Training records were provided to confirm that seventeen (17) investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.

The auditor is not responsible for auditing provision (d) of the standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency policies 02.05.100 and 02.05.101 establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curricula specific to medical and mental health staff that were reviewed by the auditor. These materials expand upon the Basic Training Module 2 to cover the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and sexual harassment and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. In response to a previous audit at another MDOC facility that this auditor participated in, the MDOC also provides training to all of its medical and mental health staff to serve as a qualified agency staff member, with respect to providing victim advocacy services in the event an individual needs such support. As such, medical and mental health practitioners with the MDOC receive training beyond the standard's minimal requirements.

The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through formal and informal interviews during the audit tour, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements in satisfaction of provision (a).

Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required.

The facility provided documentation of medical and mental health practitioners' completion of the specialized training modules that was reviewed by the auditor. These training records are kept in the computerized training records for employees and demonstrate compliance with provision (c) of the standard.

The agency has developed a training curricula specific to medical and mental health staff that includes and expands upon the Basic Training Module 2 to cover the key points required by the standards. Employees must complete the traditional Module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the

inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Although the changes in agency policy were effective only two days prior to the onsite audit, the staff at G. Robert Cotton Correctional facility took the initiative to implement intake risk screening procedures for all new receptions once the facility was aware of the impending policy changes and had approximately four weeks of practice in place by the time of the onsite visit. During the audit tour, the auditor met with the individual who was one of those primarily charged with the completion of intake risk screening. He showed this auditor a copy of the facility's spreadsheet that tracked intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. Although in its beginning stages, the facility demonstrated its understanding of requirements outlined by standard 115.41 and tracked its timely completion of those responsibility.

A formal interview with a staff person responsible for risk screening states in an interview that initial assessment are usually completed within 24 hours of arrival at the facility. Due to the recent implementation of these required procedures, the need for corrective action to meet the requirements of provision (a) of the standard were communicated to the facility at the exit briefing.

As stated in the narrative section of this report, the change in lead auditors caused a delay in the issuance of this report that would otherwise be equivalent to a period of corrective action. On July 17, 2017 the auditor requested electronic assessment records for twelve (12) randomly sampled inmates from the facility's risk screening tracking logs, three from each month of March, April, May and June. The facility responded with electronic assessment records that proved each inmate was provided with an intake risk screening assessment within seventy-two (72) hours of arrival, verifying the veracity of the risk screening's log, in compliance with provision (a) of the standard.

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual state that an intake screening shall be conducted at reception centers during intake. The auditor notes that the agency policies governing risk screening (03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. These updated policies were effective two days prior to the first day of the onsite audit. The updates to these policies now require that intake risk screening be completed for all inmates upon transfer to another facility. These updates also include the requirement of completing this assessment within 72 hours, in compliance with provision (b) of the standard.

During the audit tour, the auditor met with the individual who was one of those primarily charged with the completion of intake risk screening. He showed this auditor a copy of the facility's spreadsheet that tracked intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. He explained the process for meeting with and completing the risk screening interviews with newly received inmates. Randomly sampled inmates were unable to confirm practice in interviews due to the timing of their receptions and the recent implementation of policy.

Although in its beginning stages, the facility demonstrated its understanding of requirements outlined by standard 115.41 and tracked its timely completion of those responsibility. Additionally, as this auditor toured the facility, counselors were asked to identify the files for any inmates received at the facility since the implementation of intake risk screening procedures. While limited in number, all sampled files of inmates received after the facility's implementation date demonstrated that risk screening was completed within 72 hours.

A formal interview with a staff person responsible for risk screening states in an interview that initial assessment are usually completed within 24 hours of arrival at the facility. Due to the recent implementation of these required procedures, the need for corrective action to meet the requirements of provision (b) was communicated to the facility at the exit briefing.

As stated in the narrative section of this report, the change in lead auditors caused a delay in the issuance of this report that would otherwise be equivalent to a period of corrective action. On July 17, 2017 the auditor requested electronic assessment records for twelve (12) randomly sampled inmates, three from each month of March, April, May and June. The facility responded with electronic assessment records that verified the veracity of the risk screening log and proved each inmate was provided with an intake risk screening assessment within seventy-two (72) hours of arrival in compliance with provision (b) of the standard. Consistent with the formal interview, the auditor found that the majority of these assessments were completed within twenty-four (24) hours of arrival.

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

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator (Manager), the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the G. Robert Cotton Correctional Facility house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator (Manager), the auditor is satisfied that the intake screening instrument meets the requirements of provision (e) of the standard. The PREA Risk Assessment Manual's reference to documented history of sexual abuse, violent convictions and a history of institutional violence (including sexual) demonstrates that the risk factors enumerated under provision (e) of the standard is adequately inclusive of both convictions and known institutional behavior.

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. These reassessment procedures may cause those inmates being reassessed not to recall the assessment process during the random interviews and with the recent implementation of an agency wide policy change, inmates could not confirm a 30-day reassessment process.

During the tour, inmate files for recent receptions were randomly sampled on the housing units to ensure that reviews of risk screening were conducted within 30-days. All randomly sampled files of inmates who had arrived after the implementation of the new risk screening procedures and who were due for review demonstrated that 30-day reviews were conducted timely; however, the auditor notes this sampling pool was extremely limited at the time of the onsite audit.

A formal interview with an individual responsible for risk screenings confirms that reviews of the required risk assessments are completed within 20 to 30 days of the initial screening process for all new receptions under the revised agency policy. Prior to that, a review of the intake facility risk screening, also took place prior to 30 days.

As stated in the narrative section of this report, the change in lead auditors caused a delay in the issuance of this report that would otherwise be equivalent to a period of corrective action. On July 17, 2017 the auditor requested electronic assessment records for twelve (12) randomly sampled inmates, three from each month of March, April, May and June. The facility responded with electronic assessment records that failed to prove each inmate was provided with a review of the intake risk screening assessment within thirty (30) days of arrival at the facility, demonstrating a need for

corrective action to prove compliance with provision (f) of the standard. Specifically, 6 of the 12 samples were reassessed before 30 days had elapsed.

Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. The facility provided pre-audit documentation of an inmate being reassessed after a suspected incident of sexual activity to demonstrate compliance with provision (g) of the standard.

The PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." The PREA Administrator (Manager), PREA Coordinator and staff responsible for conducting assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard.

The PREA Manual, which was reviewed by this auditor, confirms that information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners. During the audit tour and through interviews with the PREA Administrator (Manager) and PREA Coordinator, only those staff with a role in the risk screening process within the facility have access to the electronic screening system. The auditor observed that access to this system is governed by the individual user's log-on information to demonstrate compliance with provision (i) of the standard.

Corrective Action Recommendations:

The G. Robert Cotton Correctional Facility is required to provide evidence that it has reassessed each individual within 30 days of receipt at the facility by using its established 30-day review process.

Compliance will be measured by the facility providing the auditor with a copy of the facility's PREA Risk Assessment tracking spreadsheet. The auditor will select a minimum of three (3) randomly sampled inmates from this spreadsheet for each of three (3) months, beginning with assessments on receptions received at the facility subsequent to June 15, 2017. The auditor will require verification, via electronic assessment records, that each individual was reassessed with 30 days of reception at the facility to demonstrate its compliance with provision (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected.

Corrective Action Findings:

Due to the track record the facility established during the time it took to generate the interim report, the original corrective action plan was intended to be limited in duration and only intended to monitor the development of compliant risk screening review procedures. Like previous corrective action plans within the agency, the auditor would request the facility's risk screening tracking log, highlight random samples and request a copy of the electronic record which provides a date/time stamp to confirm the veracity of the log. Additionally, for those who reported victimization/perpetration, the auditor requested mental health referral documentation to confirm inmates were offered appropriate mental health services.

The auditor requested that the facility provide its risk assessment tracking log to measure compliance since the issuance of the interim report. The auditor received samples of the facility's tracking

spreadsheets on September 19, 2017. The auditor noticed that the spreadsheets contained evidence that the facility was experiencing a decline in its timeliness of 72-hour risk screenings on some housing units (1-2 days late), while demonstrating general improvement in 30-day reviews; however, not yet consistent enough to determine compliance. To confirm the facility was complying with required referrals to mental health professionals as indicated by the risk screening results; the auditor requested evidence of mental health referrals via selections on September 22, 2017. Within the September 22, 2017 request for sample documentation, the auditor noted that all units within the facility were not represented on the spreadsheets received September 19, 2017 and requested risk screening tracking logs for 4 of the housing units noted to be missing.

A second set of samples from the four housing units noted to be missing in the September 19, 2017 sample were received on November 16, 2017. For the requested 4 housing units, the tracking logs demonstrated that between the combination of 72-hour assessments and 30-day reassessments; assessments were not being conducted timely between 34% and 50% of the time. Specifically, 72-hour assessments were sometimes completed between 1 and 2 days late and 30-day reassessments were sometimes completed 1 to 2 weeks late in those units. The auditor does note that the primary issue of non-compliance had shifted from untimely 30-day reassessments to mostly untimely 72-hour reassessments.

Following the November 16, 2017 sampling, the auditor engaged in a phone call with the facility's PREA Coordinator where we collaboratively discussed potential means of resolving the observed deficits prior to the expiration of 180 days on January 24, 2018. A conference call was scheduled with facility administration on November 20, 2017. During the phone conference, the auditor stressed the necessity of completing risk screenings within the time periods established by 115.41 in all the facility's housing units in order for the auditor to find compliance. During the phone conference, the auditor questioned why the facility changed its previous practice of a centralized 72-hour assessment process and it was explained that other duties of the person responsible for screening were lapsing; therefore, it was decentralized to each housing unit to evenly distribute the workload. Immediately following the phone conference, the facility found a means to redistribute workloads and reinstated its previous centralized 72-hour risk screening process with the prior practice of one individual who previously completed this duty in near flawless fashion. Once again, a unified spreadsheet was instituted to track the completion of 72-hour risk assessments.

Subsequent to the phone conference, the auditor requested and received the facility's risk screening logs from all housing units on December 18, 2017 and January 3, 2018 to verify that corrective actions taken during the previous seven weeks led to improved risk screening procedures for both 72-hour and 30-day assessments. On December 19, the auditor requested and received a total of 15 randomly sampled electronic records of risk screening, which verified the veracity of the completion dates noted on the facility's risk screening log spreadsheets. These spreadsheets confirmed that all 30-day assessment reviews due since the November 20, 2017 phone conference were completed timely. These spreadsheets also confirmed that all 72-hour risk screenings due since the November 20, 2017 phone conference were completed timely.

On January 3, 2018, the auditor received another 6 randomly sampled electronic records, which again confirmed the veracity of the risk screening log. This spreadsheet confirmed that all but two individuals had 72-hour risk screening assessments conducted within 72-hours, which was substantially compliant. 30-day reviews were all noted to be completed timely. On January 8, 2018, the auditor received requested documentation to confirm that individuals on the January 3, 2018 sample list were referred to mental health staff for disclosure of abuse or victimization. A phone call with the facility PREA Coordinator occurred after receipt of this information to confirm that changes in institutional operations

for completion of these responsibilities had be routinized. The auditor informed her that the information received demonstrated that the facility provided sufficient evidence that it re-implemented previous compliant protocols in a compressed period that had proven successful prior to the interim report.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk which the auditor believed was great tool to demonstrate use of the screening information for housing decisions. The agency also issued an agency-wide memorandum to prohibit the pairing of identified Aggressors and Potential Aggressors with Victims or Potential Victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse. Recent agency wide revisions to policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of provision (a). The demonstrated practice of the facility conducting these intake assessments provides evidence that key aspects of vulnerability or predatory behavior are considered for each inmate.

The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims and concurrent placement of these inmates in vulnerable work assignments. The auditor is satisfied with the high level of supervision and camera coverage in the programming, education and most work site buildings to ensure that any risk identified by the screening tool is outweighed by the intensive staff to inmate ratio, direct observation and monitoring technology.

05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and a formal interview with a transgender inmate demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. In addition to the risk screening process and its use to determine proper housing assignments, there is a degree of flexibility to make individual accommodations. During the audit tour, housing unit staff stated that they have the ability to move those individuals they perceive to be vulnerable or aggressive within the housing units to areas where they are within earshot of the officer's station for an additional level of monitoring. Through informal interviews during the audit tour, staff charged with risk screening and making housing decisions were well aware of the proper use of screening information for bed assignments. Moreover, the facility and the agency have a practice in place to review those individuals whose risk screening scores are not consistent with staff observations. The facility provided pre-audit sample documentation where such an individual was reviewed to ensure that both he and whomever he was housed with, were appropriately managed. The facility demonstrates that it meets the requirements of provision (b) within its practices.

At the time of the initial audit, the PREA Manual and policy 04.06.184 (Gender Identity Disorder), were reviewed by this auditor. Both contained language and provisions to satisfy the standard requirements

that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). During the delay in the issuance of this report, the agency updated its policy related to transgender individuals. Effective 06/26/2017, the agency changed its policy 04.06.184 and it is now changed titled GENDER DYSPHORIA. The policy remains consistent with provision (c) of the standard and primarily enhances the agency's policy for the individualized management of the symptoms of Gender Dysphoria. The facility provided pre-audit samples of the facility's health care services review of a transgender inmate's placement on form CHJ-339. The auditor notes this review appears to be from a medical/mental health perspective and considers the inmate's health and safety. The PREA Coordinator at the facility states that transgender inmates are reviewed twice per year. Through a formal interview with a transgender inmate the auditor was informed that ongoing assessment of her individualized needs takes place consistent with provision (c).

Policy 04.06.184 and the PREA Manual were reviewed by the auditor. Policy indicates that placement and programming assignments for transgender, intersex and Gender Dysphoric inmates will be reassessed twice yearly by facility medical or mental health staff; the facility's pre-audit sample documentation included four examples where individuals were reviewed and provided with updated Gender Dysphoric management plans.

This auditor is satisfied, through a formal interview with the transgender woman that regular contact is maintained with her and there is ongoing assessment of her individualized needs consistent with provision (d).

The PREA Manual and the updated 04.06.184 were reviewed by the auditor. Both documents provide for a transgender or intersex inmate's own views to be considered in the placement process. Policies indicate that these decisions are made by the Gender Dysphoria Collaborative Review Committee, chaired by the agency's chief medical and psychiatric directors. The transgender inmate that was interviewed reported their views regarding their safety were considered. An interview with the facility PREA Coordinator reveals that any necessary accommodations are approved by medical and mental health providers, then communicated back to the Residential Unit Manager (RUM).

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

Policy 04.06.184 and the PREA Manual, reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. A review of pre-audit documentation that the facility provided confirms that the facility permits transgender inmates to shower separately. Specifically, form CHJ-339 for the sample placement reviews both had the checkbox indicating that the inmate required "special provisions" for showering in "relative privacy". In one sampled case, there was also a recommendation that the individual be housed in a cell with an in-cell toilet for additional privacy. During the audit tour, informal interviews with staff at the facility indicate that transgender inmates can shower during count time when all other inmates are locked in their cells to demonstrate compliance with provision (f).

Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard; however, the PREA Manual provides a unique exception to place inmates in a dedicated unit when it is in the interest of the safety and security of the prisoner. This provision of the policy is open for interpretation and is contrary to the PREA Resource Center FAQ's in that the reader is led to believe that the facility has the sole right, without taking the inmate's own views with respect to safety, to

determine placement. An interview with the agency's PREA Administrator (Manager) clarified this point to indicate that the agency considers some of its facilities with open bay style housing to be an unsafe environment for individuals who identify as transgender or intersex; thus, placing them in facilities with a high level of security and medical care to meet their transitional needs.

The PREA Administrator (Manager) stated in an interview that the agency does not have dedicated facilities or housing units that are specific to LGBT populations. There are facilities within the agency that are not conducive to the safety and privacy needs of transgender and intersex inmates, such as those with open bay or dormitory housing, that the agency attempts to avoid placing such inmates within to ensure safety and privacy. An interview with the PREA Coordinator at the G. Robert Cotton Correctional Facility confirmed the facility takes no steps to house LGBT inmates in dedicated units or facilities. An interview with a transgender inmate revealed that she has not been placed in a dedicated unit by the agency during her incarceration.

The facility and the agency practice demonstrate compliance with provision (g) of the standard and the auditor makes the determination that the G. Robert Cotton Correctional Facility is in compliance with this provision of the standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency PREA Manual and policy 04.05.120 were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.

Through pre-audit materials, the facility reports that no inmates have been placed into involuntary segregation for risk of victimization. The Warden stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. In those circumstances, such placement is limited to a very short period (less than 24 hours), before the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another location that can afford safety. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.

Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. During the audit, the staff of the segregation units at G. Robert Cotton Correctional Facility explained that any inmate placed into temporary segregation for PREA purposes would be treated just as any other prisoner placed into temporary segregation. This response implies that limitations to opportunities noted within provision (b) of the standard are possible.

During a tour of the segregated unit, it was clear to the auditor that once an inmate is placed into segregation that opportunities are limited regardless of the reason for placement into segregation. The facility reports that no inmates have been placed into involuntary segregation for protection from victimization or following a report of sexual abuse. Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (b) of standard.

The facility reports, through interviews with the Warden and PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization. In an interview with the Warden, he stated that the facility has a number of options to consider prior to the use of involuntary segregation. The Warden stated that involuntary segregation would be an option of last resort; however, if an inmate were placed into involuntary segregation due to risk of victimization, we would have the review committee look for an alternative means of managing the inmate the very next day (less than 24 hours) and get them out to another area or facility.

Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (c) of the standard.

The facility reports through memorandum and interviews with the Warden and PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (d) of the

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

The facility reports that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (e) of the standard. Due to the absence of specific non-compliance with provision (e) of the standard, the auditor determines compliance.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot-line) and the PREA brochure were reviewed by the auditor in determining compliance with provision (a). All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hot-line, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.

The facility provided multiple examples of investigation referrals pre-audit, to include referrals from request slips, suspicions reported by medical staff members, suspicions of housing unit staff, grievance referrals, allegations reported to the Legislative Ombudsman and verbally reported incidents. During and following the onsite portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations. During formal and informal interviews during the audit tour, staff were able to identify the hot- line, the kite and grievance systems and third party reporting mechanisms if an inmate were unwilling to report such allegations directly to staff at the facility. All random inmates were well aware of their abilities to report within the facility. Remarkably, the majority of the inmates interviewed claimed their first line of reporting would be to a staff member at the facility, indicating a reporting culture has been established at the facility. Inmates were able to identify the hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf.

During the tour, adequate reporting hot-line posters were prominently displayed throughout the facility. During audit tour informal interviews, staff were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through

the various available means and were aware of the hot-line. During the onsite audit, the auditor reviewed facility investigations and noticed that all forms of inmate reporting were evident in the predication to facility investigations to demonstrate compliance with provision (a) of the standard.

Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard. The facility provided a memorandum prior to the audit to verify that no reports were received from the Legislative Corrections Ombudsman during the audit period.

During an interview with the facility PREA Coordinator, she identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism. None of the randomly interviewed inmates were affirmatively able to identify this option without prompting when asked; however, it is noted within the prisoner guidebook that this resource is available. Moreover, the facility provided documentation of investigatory referrals that originated with allegations being made to the Legislative Ombudsman. Inmates were also aware of a phone number to make reports outside the facility. Inmates were aware of their ability to make anonymous reports. During the tour, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. Again, the Legislative Ombudsman was not regularly identified during informal interviews; however, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require staff to accept verbal, written, anonymous and third-party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. During the onsite portion of the audit, facility investigations were reviewed and demonstrated that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit tour, this auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, anonymous and third-party reports consistent with provision (c) of the standard.

During formal interviews with randomly selected staff, all staff interviewed were well aware of their obligation to accept all forms of reports required by the standards and immediately document verbal reports. Inmates that were randomly interviewed were aware of their ability to make reports to staff and were confident that action would be taken on said reports. Randomly interviewed inmates were also aware of the ability of family members or other third parties to make reports on their behalf consistent with provision (c) of the standard.

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

During a review of facility investigations, the auditor noted ample documentation to confirm that staff did act upon reports received from inmates and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the PREA Coordinator, administrative staff at the facility or the PREA Administrator (Manager) in Lansing as their methods to privately report sexual abuse and sexual harassment of inmates consistent with provision (d) of the standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (b), allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances. The auditor notes that the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.

DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The DOM specifies that the grievances will not be

referred to the staff member subject to the complaint within. The prisoner guidebook and the grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. The DOM supersedes these documents and establishes procedure until said policies can be revised or updated to reflect standard requirements. Grievances may also be submitted in locked boxes throughout the facility. During the onsite audit, the review of investigations revealed that many were initiated by inmate grievance forms.

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

The facility provided pre-audit sample documentation to confirm that they provided a response to an emergency grievance with notice of investigation on the same date a grievance was received. The final agency determination was provided on the same date.

A review of the agency DOM and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard.

The DOM, which was reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. The facility provided a pre-audit memorandum to confirm that the facility did not receive a 3rd party grievance during the audit period. A review of investigations did not refute this claim. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

The DOM, which was reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if she or he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency

PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator (Manager) regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance.

The auditor reviewed pre-audit sample documentation and confirmed that a notice of investigation and a final agency determination was provided to an inmate on the same date their emergency grievance was received. Through the review of investigations, the auditor found no evidence of the facility's failure to promptly respond to emergency grievances.

The DOM establishes procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard and facility documentation satisfy this auditor's determination of compliance.

The DOM, which was reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden. The facility provided pre-audit sample documentation to confirm that an inmate had filed a PREA grievance that resulted in discipline. Through the auditor's review of this misconduct, it is clear that the inmate was disciplined for falsely reporting an allegation that was able to be ruled out via video evidence. Through a sample record, the facility demonstrates that it disciplines inmates in accordance with the requirements of provision (g) of the standard to satisfy this auditor's determination of compliance.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Through interviews with the PREA Administrator (Manager) and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency were provided and reviewed by the auditor in determining compliance with provision (a). Additionally, the agency was also in negotiations with the Rape, Abuse & Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services; however, no agreement was in place at the time of the onsite audit. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so, consistent with provision (a) of the standard.

While no formal agreement has been reached nor is in place, the facility and the agency maintain a copy of the "An End to Silence" handbook published by the PREA Resource Center. This book is maintained in the facility library and is accessible to inmates. Neither the agency nor the facility house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable.

Inmates are aware of monitoring procedures when contacting any agency listed within the An End to Silence publication.

Randomly sampled inmates struggled to affirmatively identify the An End to Silence resource guide within the facility library; however, at this auditor's suggestion during a previous audit within the agency, the facility began advertising the availability of this resource on inmate bulletin boards within the housing units. During the audit tour, this auditor noted that one of these notices were prominently displayed within each housing unit; ensuring that the inmate population is meaningfully informed of the availability of this resource. The inmate who reported sexual abuse stated that he was not interested in any form of follow-up services following his report. The facility is determined compliant with the language within provision (a) of the standard by its provision of the An End to Silence resource guide in the absence of a formal agreement with advocacy services.

Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook, which were reviewed by the auditor in determining compliance with provision (b) of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes.

Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level and were provided and reviewed by the auditor in determining compliance with provision (d). Additionally, the agency was also in negotiations with the Rape, Abuse & Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services; however, no agreement was in place at the time of the onsite audit. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator confirms in an interview that efforts have been made to secure rape crisis services and that qualified facility staff members have been identified and trained to provide advocacy services during forensic exams and investigatory interviews in the absence of a formal rape crisis service agreement.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Through a review of Director's Office Memorandum 2016-29 (regarding prisoner PREA related grievances), the Ombudsman MOU, the Sexual Abuse reporting poster, the online reporting form and multiple investigatory examples that were predicated upon a 3rd party report; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. In advance of the audit, the facility provided sample documentation to demonstrate how investigations were initiated based on third party reports to the Legislative Ombudsman. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within

provision (a) of the standard. Local operating procedure 03.03.140 dictates that staff at G. Robert Cotton Correctional Facility are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. The facility provided five pre-audit samples to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with provision (a) of the standard.

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

Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance.

Agency policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator (Manager) for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by provision (d) of the standard.

The Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Administrator (Manager) confirms in an interview that mandatory reports are forwarded to his attention and he is responsible for making the report to the mandated agency.

Through agency policy and interviews with the PREA Administrator (Manager), the agency has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with provision (d) of the standard. Such reports have not come from the G. Robert Cotton Correctional Facility; however, the agency has experience forwarding such reports to applicable state agencies.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided an example of a 3rd party allegations made to the Legislative Ombudsman. Investigative reviews provided adequate examples of written, verbal, staff suspicion, grievance and 3rd party allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual

harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.

The agency head's designee confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization. One randomly interviewed staff, however, stated they would place the potential victim in segregated housing. However, the auditor notes that this randomly interviewed staff does not have the supervisory authority to place an inmate into segregation for protection.

Through a review of investigation materials, specifically AIPAS #18454, the facility utilized temporary administrative custody (less than 24 hours) for the alleged victim until the facility could make an

assessment of housing options could be effectuated for protective measures. Moreover, the alleged abuser was then placed into administrative custody to ensure the victim's safety for release, demonstrating that the facility does take immediate action to protect inmates from substantial risk of sexual abuse. While facility actions ultimately require further scrutiny and evaluation under 115.68, the auditor determines compliance with provision (a) of the standard based on the facility's immediate action in response to perceived threats of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The recently updated 03.03.140 corrected a previous policy deficit and now specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard. Pre-audit sample documentation did not confirm that notifications were made from facility head to facility head. Following the onsite portion of the audit, the auditor requested and the facility provided four (4) example of a reports received from another confinement facility that were forwarded by the Warden within seventy-two (72) hours of when it was received.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. The example reports provided post-audit and reviewed by the auditor were sufficient to determine compliance with provision (b) of the standard.

The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. The facility examples reviewed by the auditor were forwarded via email to demonstrate compliance with provision (c) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports on the PAQ, through interviews with the facility PREA Coordinator and through the auditor's review of facility investigations, there was no evidence to indicate that G. Robert Cotton Correctional Facility has received notification consistent with provision (d) regarding any allegation that was not previously investigated. Due to the agency's previous lack of intake risk screening procedures, this lack of other facility notifications stands to reason.

Through interviews with the agency head's designee, the Warden and the facility PREA Coordinator, the auditor is satisfied that sufficient procedures are in place to address allegations consistent with provision (d) of the standard should they be reported.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Manual, which was reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.

During a review facility investigation #18454, the alleged victim was separated from the alleged abuser when the allegation was reported. The alleged sexual abuse, involving non-consensual receipt of oral sex, occurred approximately two days prior to the report. Despite the alleged victim having already washed his genital area, the facility still transported him for a forensic examination.

In a second sampled investigation (#17490), the alleged victim was placed into segregation due to suicidal threats. Following placement into segregation, the alleged victim reported that he was anally penetrated against his will by his cellmate. Following the allegation, the facility immediately placed the suspect into segregation. Once the allegation was reported, the facility preserved the crime scene, collected the clothing purported to have been worn by the alleged victim and requested that the victim not take any action to destroy physical evidence, even though the victim reported that they had showered after the incident. The allegation was reported at 2055 hours, the alleged victim was immediately taken to medical within the facility and prepared for transport to an outside hospital for a forensic examination. Following the allegation, the crime scene was appropriately searched for corroborating items of evidence reported by the alleged victim. Approximately two weeks later, the alleged victim in this case admitted to fabricating the allegation and this admission appeared to be supported by the preliminary results of forensic examination.

An interview with a first responder indicated that as soon as the allegation was known, immediate action was taken to separate the alleged victim and abuser and the segregation cell where the abuse was alleged to have occurred, was sealed off until MSP cleared the cell. A medical and mental health examination followed, where it was determined that a forensic examination was not necessary.

Based on a formal interview with a first responder, a review of policies and informal interviews with staff during the audit tour, this auditor was satisfied that G. Robert Cotton Correctional staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary.

The PREA Manual, which was reviewed by the auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were no non-security first responders during the audit period. During the audit tour, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with provision (b) of the standard.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The facility has developed its own operating procedures for agency policy 03.03.140. The document titled OP 03.03.140, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interview with the Warden outlined the facility's preparation to employ first responder procedures involving key facility staff in coordinated manner to find compliance with provision (a) of the standard.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The MDOC's PREA Manual's language, which was reviewed by the auditor, mirrors the language of provision (a) of the standard. A review of the seven collective bargaining agreements entered into on behalf of the agency since the effective date of the PREA standards, includes agreements with the Michigan State Employee's Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, Service Employee's International Union (SEIU)-Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. The auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with provision (a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.

An interview with the agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard.

The auditor is not required to audit provision (b) of the standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

An interview with the agency head's designee confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Warden, he expressed that the facility separates individuals involved in allegations. He stated the facility has multiple housing units of each security level, where the involved parties can be moved. He

also stated that staff can be reassigned until investigations are complete. In addition to separating individuals, the Warden stated that mental health referrals can be made for supportive services, when necessary. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator at the facility indicates that the ARUS is generally charged with retaliation monitoring. She stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.

The auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility protection measures it demonstrated following allegations of sexual abuse and sexual harassment.

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

The facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed for documentation of retaliation monitoring. While the auditor found one example where retaliation monitoring could not be located within investigation #17490; the auditor does acknowledge that the alleged victim was placed in psychiatric observation for the twelve days immediately following the allegation. Five days subsequent to release from psychiatric observation, the alleged victim admitted that the allegation was fabricated. Essentially, by the time retaliation could have begun in this case, the allegation was unfounded and the obligation to monitor ceased. Through the review of remaining sexual abuse investigations, it is substantially evident that the facility monitors those who have alleged sexual abuse in compliance with provision (c) of the standards.

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

Investigatory files were reviewed and it was discovered that facility practice includes face-to-face contacts with applicable parties during the monitoring period. The facility monitors each individual on a weekly basis for a total of thirteen weeks.

The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The agency head's designee and the Warden both confirm in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard.

The PREA Manual specifies, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded. Despite the ability to discontinue monitoring, a review of investigations revealed instances where the facility continued to monitor individuals despite an unfounded finding. Actions taken by the facility are consistent with provision (f) of the standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. The facility indicates that no inmate victims of sexual abuse have been placed into segregated housing for greater than 24 hours. Through a review of investigations, the auditor discovered that one victim was placed into administrative segregation following an allegation of sexual abuse and physical assault by another inmate in investigation #18454. It appears that this inmate was temporarily placed in segregation for less than 24 hours while the facility made an assessment of alternative housing measures to protect the safety of the individual.

In a second investigation, #17490, the alleged victim was placed into segregated housing for suicidal threats. Following placement into segregation, the alleged victim reported their allegation of sexual abuse. The alleged victim remained in segregation for a period of twelve days. Although the alleged victim was placed into segregation for psychiatric reasons, the facility documented the rationale for this placement in accordance with 115.68, once the allegation was known. The facility determined that the inmate's mental health needs and probability for self-harming behaviors necessitated the increased

level of supervision that could only be afforded through the use of segregation. The facility also documented that the inmate was denied yard (recreational privileges) for a period of three days, due to safety concerns presented by the inmate's mental health status.

The remainder of sampled investigations did not reveal that individuals who reported sexual abuse were placed into post-allegation protective custody. Based on a review of investigations, it appears that the facility used post-allegation protective custody consistent with the requirements of 115.68/115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Updated agency policy 03.03.140 and the PREA Manual were reviewed by the auditor in determining compliance with provision (a). These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented in the Department's investigative report, PREA investigation worksheet(s) and pertinent computerized database entry(ies). A Warden's or Administrator's designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.

An interview with a facility investigator stated that investigations are required to be initiated within 72 hours of report; however, facility practice is generally much sooner than 72-hours, and sometimes within the same day. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made.

Although this auditor raised concerns over meeting the thoroughness element of provision (a) in prior audits within the agency; this auditor makes note that the G. Robert Cotton Correctional Facility did not rely heavily on the use of investigative questionnaires in its PREA investigations. A review of facility investigations revealed ample evidence of pertinent parties being interviewed as required by the standard. While there was some evidence of the reliance on investigative questionnaires in its investigations, these questionnaires were often supplemented through oral interviews. Moreover, the facility routinely identified and interviewed applicable witnesses, reviewed video surveillance and sought physical evidence in its pursuit of thoroughness. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire. Coupled with a recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor is satisfied that

the G. Robert Cotton Correctional Facility conducts investigations consistent with the intended requirements of provision (a) of the standard and its practice demonstrate substantial compliance.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department investigators receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

G. Robert Cotton Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has twenty-six (26) current investigators on staff who completed the MDOC's Basic Investigator's Training course. A total of seventeen (17) investigators also completed the NIC Specialized Investigator's course.

An interview with a facility investigator demonstrated knowledge of Miranda and Garrity warnings. He articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. His knowledge was indicative that he understood the essentials of the training required under provision (b) of the standard.

The MDOC's basic investigator's training's training , which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. Agency policy 03.03.140 and the PREA Manual, which were updated in advance of the facility audit) outline the agency's goal to comply with the all elements noted in provision (c), facility practice and a review of investigations demonstrates substantial compliance with this provision of the standard.

Through a review of investigations, the auditor sampled two cases where sexual abuse was alleged within the timeframe where there was opportunity to collect forensic evidence. In one case that was reported two days after the alleged sexual abuse and after the alleged victim had washed himself; the alleged victim was still transported to an outside hospital for a forensic examination. In the second case that was alleged to have occurred in a shared cell only hours prior to the report; the facility sealed off the cell, collected the clothing of the alleged victim worn after the alleged abuse and transported the victim for a forensic examination. Through a review of additional investigations, the facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur and to substantiate elements of allegations that it could. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct.

Although this auditor raised concerns over the use of investigative questionnaires during previous audits within the agency; this auditor makes note that the G. Robert Cotton Correctional Facility did not rely heavily on the use of investigative questionnaires in its PREA investigations. A review of facility investigations revealed ample evidence of pertinent parties being interviewed as required by the standard. While there was some evidence of the reliance on investigative questionnaires in its investigations, these questionnaires were often supplemented through oral interviews. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire. Coupled with a recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA

investigations, the auditor is satisfied that the G. Robert Cotton Correctional Facility conducts interviews as required by provision (c) of the standard and is in substantial compliance with provision (c) of the standard.

Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. In a review of investigations, there was no evidence of compelled interviews and multiple investigations were investigated by the Michigan State Police (MSP) and referred for prosecution appropriately. The auditor finds compliance with provision (d).

The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he bases credibility "on the facts I can corroborate from their statements." He also indicated that truth-telling devices are not used in the investigatory process. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited, allowing this auditor to find compliance with provision (e).

The auditor finds compliance with provision (f) based on a review of facility investigations. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion. Although two sampled investigations were unable to substantiate the PREA specific components of the allegation, the investigations revealed other staff actions that were not in compliance with agency work rules, providing evidence that staff actions are considered during investigations.

A review of facility investigations by the auditor confirms that the facility has a great working relationship with its local MSP outpost, which is located within the center of a cluster of several MDOC facilities, including G. Robert Cotton. The MSP provides its reports to the investigators at G. Robert Cotton Correctional Facility for inclusion in the facility's investigative file. A review of these MSP reports confirms that the factors specified by provision (g) are evident within the MSP reports.

According to interviews with the PREA Administrator (Manager), the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome, allowing the auditor to find compliance with provision (g).

Through interviews with the PREA Coordinator, facility Inspectors and a review of investigations, this auditor confirms that, although there were no substantiated allegations that appeared to be of a criminal nature, allegations that were investigated by Michigan State Police during the audit period were reviewed for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that G. Robert Cotton Correctional Facility has sufficient procedures in place and has exercised those procedures to review allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

The PREA Manual, which was reviewed by the auditor, specifies that all investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the Department plus an additional 5 years in compliance with provision (i) of the standard.

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

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

Interviews with the Warden, PREA Coordinator, PREA Administrator (Manager) and investigators support the fact that facility staff are required to comply with outside investigators. The facility Inspector is the responsible party for ensuring coordination with the MSP. A review of investigatory documentation revealed email correspondence between the facility and MSP to demonstrate that the facility attempted to remain informed of a rape kit's status relative to the investigation, allowing this auditor to find compliance with provision (l).

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Investigators could articulate their knowledge of the evidentiary

standard in investigations. Through a review of investigations, there appears to be sufficient application of this standard to find compliance.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Prior to the audit, G. Robert Cotton Correctional facility provided sample documentation of an inmate notification to demonstrate compliance with provision (a) of the standard. During the onsite portion of the audit, the audit team collectively reviewed facility investigations and found evidence that victims of sexual abuse were notified of investigatory outcomes in each case. Moreover, the facility exceeds the standard's requirements by also notifying alleged victims of sexual harassment of investigatory findings; allowing the auditor to determine compliance with provision (a) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory

outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine there were multiple investigations completed by MSP during the review period and reports were provided to provide notifications consistent with provision (b) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. As a result of previous audits within the agency; its policy was recently updated to become compliant with provision (c) of this standard. Specifically, agency policy was amended and now requires that notification of the factors enumerated in provision (c) of the standard are now provided for Substantiated/Sufficient Evidence and insufficient evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions in compliance with provision (d). The facility had such instances, thus, no facility specific examples in support of this standard.

A review of facility investigations yielded ample documentation of its notification of investigatory results. The facility exceeds provision (e) of the standard by also providing documented notification of sexual harassment investigatory results. Within all sampled investigations, a completed CAJ-1021 notification form was located as proof of inmate notification to demonstrate compliance with provision (e) of the standard.

The PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody, consistent with provision (f) of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. However, the auditor notes that in support of the standard, during a PREA investigation, evidence of physical abuse was discovered and the facility did terminate the employee based on those substantiated findings of physical abuse. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.

The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations.

There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. Based upon policy provisions, the auditor determines compliance with provision (a).

The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility. He further commented that any contractual staff would then be placed on a "do not hire" list, maintained by the agency. There was one substantiated allegation, which occurred prior to the audit period, investigation # 17200, to confirm violation of sexual abuse and sexual harassment policies involving a contractor upon which to gauge facility practice. In this case, the contract employee began to conduct a strip search of a prisoner, after the prisoner was presumed to have stolen items from the kitchen. This substantiated incident led to the contractor being placed on a stop order, barring entry to the facility. Based upon policy provisions, practice and the Warden's interview, the auditor determines compliance with provision (b).

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary

sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. At the time of the audit, there were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice; however, the auditor notes one case was waiting for the testing of a rape kit to determine if criminal charges could potentially be filed. Based upon policy requirements of a formal hearing process prior to the imposition of discipline, the auditor determines compliance with provision (a).

The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard. An interview with the Warden confirms that the facility would follow the prisoner sanctions procedure for those who violate sexual abuse and sexual harassment policies. In addition to potential disciplinary segregation, inmates may have their custody levels raised or may be transferred to another location. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline and an interview with the Warden, the auditor determines compliance with provision (b).

The auditor reviewed agency policy 03.03.105, and the PREA Manual which establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard. An interview with the Warden confirms that facility hearing examiners, who are administrative law judges, are required to consider the mental status of an inmate when determining sanctions. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with the Warden and the agency's policies for the consideration of mental health status prior to the imposition of discipline, the auditor determines compliance with provision (c).

The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During an interview with facility mental health staff who would deliver any applicable sex offender treatment, the facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates consistent with provision (d) of the standard. Facility mental health staff described an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse. The evaluation procedures would consist of the administration of the MDOC's assessment tools (Static 99 and Stable) to determine any relevant treatment need. If there is a criminal conviction, the SORA would be used in the assessment process. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed agency policies 03.03.140, 03.03.105 and the PREA Manual in determining compliance with provision (e) of the standard. These policies contain language that is consistent with provision (e) of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. There were no examples at the G. Robert Cotton Correctional Facility of inmates being disciplined for consensual sexual contact with staff, allowing the auditor to determine compliance with provision (e) of the standard.

The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that

inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?

☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Due to recent updates of policy, 03.04.140 and the PREA Manual, which were effective 04/27/2017, the MDOC has recently established intake risk screening procedures across the agency to include risk assessments within 72-hours of intake, within 30 days of reception and an annual review. Although this policy was officially effective as of 04/27/2017, the G. Robert Cotton Correctional Facility implemented these procedures beginning 03/27/2017. As a result of establishing risk screening procedures at the facility in advance of the onsite audit, the facility began to generate records to demonstrate its compliance. During the onsite audit, an individual who was identified as experiencing victimization during a risk assessment confirmed that when the information was discovered through the assessment review process, he met with a psychologist and recommendations were discussed; which he declined.

The G. Robert Cotton Correctional Facility utilized the PREA Risk Assessment tracking spreadsheet designed by the agency PREA Analysts and utilized as documentation in previous corrective action plans for other facilities within the agency audited by this auditor. Because of the delays associated with issuing the interim audit report, due to the change in primary auditors as noted in the audit methodology section, the facility was able to generate sufficient documentation by the issuance of this interim report to determine that practice in compliance with this standard had been established. Specifically, the tracking spreadsheet documents when assessments required under 115.41 are completed and also documents the date of medical or mental health referrals when previous victimization is reported.

Similar to the verification process for previous corrective action plans, the auditor made three random selections for each month of record on the tracking spreadsheet and requested that the facility provide documentation of referral and documentation that the referral had been acted upon. Three random samples of inmates who reported either victimization or perpetration on the risk screening tool were selected for the months of March, April, May and June. A request for records was sent to the facility on 07/17/2017 and records were supplied on 07/18/2017. For each randomly sampled inmate who reported sexual victimization during the risk screening process, a corresponding mental health referral form (ROBERTA-R) was provided. This form also included a space where the evaluating clinician responded to the referral source to indicate that the referral was acted upon. The nexus between reported victimization uncovered through risk screening associated with 115.41 and the referral were clearly evident.

Although the period of compliance is relatively limited, this auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (a) of the standard. Following an agency-wide policy change to implement intake risk screening procedures under 115.41 and through four months of random sampling, the auditor finds that G. Robert Cotton Correctional Facility has fulfilled its obligations in each randomly sampled case applicable to provision (a).

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard, combine to form the agency's approach to providing the required medical and mental health services for perpetrators of sexual abuse. As described under provision (a) of this standard, the facility implemented intake risk screening procedures in compliance with 115.41 approximately one month prior to the onsite audit. G. Robert Cotton Correctional Facility began tracking individuals who reported sexual victimization and perpetration on their PREA Risk Assessment tracking spreadsheet. This auditor selected three random samples of inmates who were documented by the facility as reporting either victimization or perpetration on the risk screening tool for the months of March, April, May and June. In all twelve randomly selected cases, the facility was able to provide documentation that it referred individuals for a follow-up meeting with a mental health practitioner and that said referral was acted upon by the mental health clinician at the facility. The nexus between perpetration uncovered through risk screening associated with 115.41 and the referral were clearly evident.

Although the period of compliance is relatively limited, this auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (b) of the standard. Following an agency-wide policy change to implement intake risk screening procedures under 115.41 and through four months of random sampling, the auditor finds that G. Robert Cotton Correctional Facility has fulfilled its obligations in each randomly sampled case applicable to provision (b).

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

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were either formally or informally interviewed during the audit tour were aware that information pertaining to sexual abuse is only shared with those who are required to know to inform security and management decisions in compliance with provision (d) of the standard.

The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an

institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner.

Through previous audits throughout other facilities within the agency, the auditor is aware of agency efforts to train the agency's PREA Coordinators and revise its policies to consistently comply with the requirements of standards 115.81-83. Efforts to effectuate such change began in late November 2016; however, it was evident that the G. Robert Cotton Correctional Facility was more acutely aware of this obligation prior to such agency level interventions and was regularly referring alleged victims of sexual abuse for appropriate medical and mental health evaluations. Although evidence does exist to demonstrate that some allegations involving sexual abuse without penetration (i.e. pat search related allegations) or sexual abuse without contact (sexual threats) eluded medical and mental health referrals, allegations occurring after agency corrective measures clearly demonstrate substantial compliance.

Through a review of facility investigations, it was evident that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services according to the professional judgement of clinicians when emergency responses were required. Specific evidence relied upon to determine compliance was found in sampled investigation #17490. In this investigation an alleged incident of anal penetration was reported to housing unit staff. The abuse was alleged to have occurred approximately 4-1/2 hours prior to report. After a brief visit with facility medical personnel, the alleged victim was immediately transported to the facility's outside hospital, Henry Ford Allegiance Hospital, for a SANE examination. In sampled investigation #18454, an alleged instance of forced oral sex was alleged to have occurred approximately two days prior to the incident's report. Again, the facility demonstrated that it immediately transported the alleged victim to Henry Ford Allegiance Hospital for a SANE examination.

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

The PREA Manual, which was reviewed by the auditor, contains language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. Random staff interviews and informal interviews during the audit tour confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation, allowing the auditor to determine compliance with provision (b) of the standard.

The PREA Manual and agency PREA brochure were reviewed by the auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services. The auditor notes that in investigation #17490, the facility transported the alleged victim to an outside hospital for a forensic examination and treatment; however, lacks specific documentation that STI (sexually transmitted infection) testing or prophylaxis were offered. While such services are noted to be standard operating procedure for the outside hospital and hospital documentation for a second forensic exam documents confirms STI testing and prophylaxis are part of the hospital's checklist procedures; it is recommended that the facility also make efforts to document these services on its CAJ-1020 Forensic Examination Completed at Outside Hospital form to further demonstrate compliance with provision (c) of the standard when confirmation within the forensic examination packet does not clearly articulate this. In investigation #18454, documentation existed within the forensic examination packet to explain that prophylaxis was not clinically indicated, based on the nature of the allegation (non-consensual receipt of oral sex) and emergency contraception was not indicated (male patient).

Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that the G. Robert Cotton Correctional Facility is in substantial compliance with provision (c) of the standard.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with provision (d) of the standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Through previous audits throughout other facilities within the agency, the auditor is aware of agency efforts to train the agency's PREA Coordinators and revise its policies to consistently comply with the requirements of standards 115.81-83. Efforts to effectuate such change began in late November 2016; however, it was evident that the G. Robert Cotton Correctional Facility was more acutely aware of this obligation prior to such agency level interventions and was regularly referring alleged victims of sexual abuse for appropriate medical and mental health evaluations. Although evidence does exist to demonstrate that some allegations involving sexual abuse without penetration (i.e. pat search related allegations) or sexual abuse without contact (sexual threats) eluded medical and mental health referrals, allegations occurring after agency corrective measures demonstrate substantial compliance.

Through a review of randomly sampled facility investigations, evidence in favor of determining compliance with provision (a) were found. Specifically, in investigation #17490, an evaluation for mental health services was completed and a period of psychiatric observation initiated after the alleged victim expressed suicidal ideation. Moreover, this individual also completed a SANE examination relative to their allegation. In investigation #18454, the alleged victim was provided a SANE examination. He was medically evaluated and treated for bruising and an abrasion associated with his allegation. A mental health evaluation referral was completed. In investigation #18904, a mental health evaluation referral was completed for an allegation involving sexual abuse without penetration and whose nature would not have led to a need for medical examination. In investigation #19212, the allegation was initially reported as sexual harassment; however, when the nature of the allegation changed to include sexual touching, the facility responded by following through with a mental health evaluation. Further evidence of compliance was noted during the on-site review of investigations.

The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication and crisis stabilization would occur, as individuals would be seen for five (5) consecutive business days following an allegation.

Medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases have been referred to medical and mental health staff's attention.

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

Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Both, medical and mental health staff stated that their belief that services each specialty provided at the facility exceeds community levels of care. Each cited the immediate

availability of services and a broad range of available services that are typically wait-listed in the community, allowing the auditor to determine compliance with provision (c) of the standard.

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

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

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. Although noted under provision (a) that evidence does exist to demonstrate that some allegations involving sexual abuse without penetration (i.e. pat search related allegations) or sexual abuse without contact (sexual threats) eluded medical and mental health referrals; the auditor found no evidence that allegations involving penetration that were not appropriately referred for medical services.

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

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. Based on policy provisions, the auditor determines compliance with provision (g) of the standard.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ- 1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. In a review of investigations at the G. Robert Cotton Correctional Facility determined to be unsubstantiated, a sexual abuse incident review was completed in all sampled investigative files to demonstrate substantial compliance with provision (a) of the standard.

Through the auditor's review of relevant investigations, the auditor did observe that incident reviews for investigations #18454, 19212 and 18904 all occurred outside the 30-day period required by the standard. Since the onsite audit, the facility was able to supply the auditor with two samples of incident reviews being completed in a timely manner; however, due to the delay observed delays in conducting reviews, the auditor finds that the facility will need to demonstrate additional timely reviews to be determined fully compliant with provision (b) of the standard.

In sampled incident reviews, the auditor notes that the facility did involve upper-level managers, generally including the Warden, Deputy Warden and Warden's assistant. A mental health manager was part of some of the reviews. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. The Warden stated that reviews are scheduled monthly and the composition of the team is generally predicated upon the nature of the allegation. He stated that reviews could include mental health, Residential Unit Managers. Although individuals may not be present, input is considered, as evidenced in #18454, where line staff input regarding staffing was addressed during the review. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.

Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Interviews with the Warden and facility PREA Coordinator confirms that G. Robert Cotton Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Warden stated that any recommendation would be considered for implementation and cited examples such as lighting, cameras, changes in post orders, movement of physical barriers and restricting movement in an area. Due to the recent upgrade in the facility's camera system, review of placement and line of sight for these cameras are considered in the review process. The review for #18904 specifically identified the new camera system as the means by which other policy violations of a staff member were captured. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. As noted under provision (d) of the standard, the facility's review committee considered staffing needs and how certain times of the day have less staffing than others. One of the recommendations considered in #18454 was the augmentation of first shift staffing levels to help compensate for relief and shift changes. In a final determination, the Warden documented the underlying rationale why the recommendation would not be implemented immediately, which included the time to further observe the further effects of its recently revised staffing plan. Based on policy provision, example documentation and an interview with the Warden, the auditor determines compliance with provision (e) of the standard.

Corrective Action Recommendation:

The auditor notes that the facility is complying with the physical review requirements under the standard; however, is not regularly completing such reviews within the 30-day time period required by provision (b) of the standard. Following the onsite audit, the facility provided evidence that it completed two (2) reviews in a timely manner; however, the auditor requests additional evidence of compliance. The facility will be required to submit all sexual abuse incident reviews occurring at the facility until a minimum of two (2) additional consecutive sexual abuse incident reviews occur in a timely manner. The initial corrective action period will be established for a period of ninety (90) days; however, the auditor will be satisfied that the facility is in compliance when evidence of two additional consecutive sexual abuse incident reviews are conducted at the facility. If reviews are conducted within the 30-day period required by provision (b) of the standard, the auditor will be satisfied in determining compliance. If no such examples present within 90 days, corrective action will continue until such time as sample records can be provided or the conclusion of 150 days. If no sample documentation exists at the end of 150 days, proof of additional training of facility administrators who participate in the review process from the agency will suffice.

Corrective Action Findings:

To comply with this timeliness provision of this standard, the facility established a standing monthly meeting for the purpose of conducting sexual abuse incident reviews by the time of the onsite audit. As noted, during the delay associated with the issuance of the interim report, the facility provided sample documentation of completing incident reviews at its standing meeting; however, the auditor wanted to confirm this practice extended beyond that period to generate evidence of sufficient practice. During the first sampling during the corrective action period, the facility provided sample documentation to verify that it completed both of its required sexual abuse incident reviews within 30-days, through the standing monthly meeting it established for said purpose. As indicated during the corrective action plan, the auditor was satisfied that the facility established procedures to ensure it completed sexual abuse incident reviews within the requisite 30-days.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard was audited at the agency level; however, will be addressed in part within this report.

The PREA Manual states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident report. Through an interview with the PREA Administrator, all allegations are entered into the Department's investigative data base so that uniform data can be obtained. The agency has a standard definition of sexual abuse and sexual harassment contained within its PREA Manual that guides data collection consistent with provision (a) of the standard.

As noted within the agency audit, the agency prepares an annual statistical report that is published on the agency's public website consistent with provision (b). This report aggregates information collected through the investigatory database and provides comparative summaries to the previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014 and 2015 at the time of this audit.

As noted within the agency audit, the agency's annual PREA statistical report for 2015 and its surveys of sexual violence for 2013 through 2015 are posted on the agency's website to demonstrate compliance with provision (c) of the standard. The data collected allowed for the answering of all questions required by the Department of Justice's surveys.

As noted within the agency audit, the agency's investigation database is utilized to collect data. Additionally, the agency PREA Administrator receives a courtesy copy of all facility based sexual abuse incident reviews to collect data consistent with provision (d) of the standard.

As noted in the agency audit and within this audit, the agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect under provision (e) of the standard.

As noted in the agency audit, the agency prepares its annual PREA report prior to June 30th so that it may have such information available to the Department of Justice upon request in compliance with provision (f).

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As noted within the agency audit, the agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2015 report identified its efforts to continue training Department investigators, the inmate population and expanded reporting options for 3rd parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with the goal of enhancing compliance until all facilities in the agency have been audited, consistent with provision (a) of the standard.

As noted within the agency audit, the agency's 2015 annual PREA report compares data from 2014. The auditor notes that the agency committed to PREA compliance in 2014; therefore, limited comparative data exists at the time of this audit. The 2015 annual report does summarize the agency's

progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with provision (b).

As noted within the agency audit, the audit report is approved by the agency head and the auditor confirmed that the annual report is published on the agency's website consistent with provision (c).

As noted within the agency audit, the agency does not redact information from its annual report consistent with provision (d).

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As noted within the agency audit, the MDOC establishes procedures within its PREA Manual to direct that data must be securely retained. The agency PREA Administrator reported that he alone has access to the agency's overall data pool for PREA. There are a limited number of upper agency administrators above the PREA Administrator's rank who would have access to the agency investigation database. These procedures are consistent with provision (a) of the standard.

As noted within the agency audit, the agency's annual PREA statistical report for 2015 and its surveys of sexual violence for 2013 through 2015 are posted on the agency's website to demonstrate compliance with provision (b) of the standard.

As noted within the agency audit, the agency's reports that are published on the agency website do not contain personally identifying information, consistent with provision (c) of the standard.

The agency's PREA Manual specifies that data collected pursuant to 115.87 is retained for at least 10 years. The agency maintains its Surveys of Sexual Violence and annual PREA reports on its website. The SSV reports cover the three most recent years since the MDOC committed to PREA compliance and its most recent annual statistical reports since committing to PREA compliance in 2014 consistent with provision (d).

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☐ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☐ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☐ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor was able to tour all areas of the facility, correspond with inmate and interview inmates privately. The auditor was able to observe all computerized and paper records requested. Copies of requested documentation was provided as requested. Interviews were permitted to take place in a private setting. It is noted that the MDOC did not have its all of its facilities audited during the first audit cycle; however, the agency entered into a consortium to conduct all audits in all of its facilities during the second audit cycle. Since the audit is performed under a consortium, where this auditor is responsible for coordinating the scheduling of audits within the agency; this audit is able to confirm that one third of the MDOC's facilities are being scheduled for and audited each year of the cycle.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor visited the agency website and observed final reports completed by this auditor and other consortium auditors during the second audit cycle. Final reports from the first audit cycle were also present.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

David G. Radziewicz

February 14, 2018

Auditor Signature

Date

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

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