

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report January 28, 2019

Auditor Information

Name: Angel Baez-Sprague	Email: abaez-spra@pa.gov
Company Name: Pennsylvania Department of Corrections	
Mailing Address: 1920 Technology Parkway	City, State, Zip: Mechanicsburg, PA, 17050
Telephone: 570.546.3171	Date of Facility Visit: June 27-29, 2018

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Michigan Department of Corrections		State of Michigan	
Physical Address: 206 E. Michigan Avenue		City, State, Zip: Lansing, Michigan 48933	
Mailing Address: Grandview Plaza, 206 E. Michigan Ave.		City, State, Zip: Lansing, Michigan 48933	
Telephone: 817.335.1426		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: Michigan Department of Corrections PD 01.01.100- Our mission is to create a safer Michigan through effective offender management and supervision in our facilities and communities while holding offenders accountable and promoting their rehabilitation.			
Agency Website with PREA Information: http://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html			

Agency Chief Executive Officer

Name: Heidi Washington	Title: Director
Email: WashingtonM6@michigan.gov	Telephone: 517.335.1426

Agency-Wide PREA Coordinator

Name: Charles Carlson	Title: PREA Manager
Email: Carlsonc2@Michigan.gov	Telephone: 517.230.1464
PREA Coordinator Reports to: Julie Hamp	Number of Compliance Managers who report to the PREA Coordinator 32

Facility Information

Name of Facility: Marquette Branch Prison			
Physical Address: 1960 U.S. Highway 41 South, Marquette, Michigan 49855			
Mailing Address (if different than above): Same as listed above			
Telephone Number: 906.226.6531			
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: PD 01.01.100 Mission- Same as Agency Mission Statement			
Facility Website with PREA Information: https://www.michigan.gov/corrections/0,4551,7-119-68854_1381_1385-5326--,00.html			

Warden/Superintendent

Name: Erica Huss	Title: Warden
Email: HussE@michigan.gov	Telephone: 906.226.6531

Facility PREA Compliance Manager

Name: Doug Tasson	Title: Inspector
Email: TassonD@michigan.gov	Telephone: 906.226.6531

Facility Health Service Administrator

Name: Charlie Scott	Title: Health Unit Manager
Email: ScottC@michigan.gov	Telephone: 906.226.6531

Facility Characteristics

Designated Facility Capacity: 1122	Current Population of Facility: 908
Number of inmates admitted to facility during the past 12 months	1130
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1130
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1130
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	478
Age Range of Population:	Youthful Inmates Under 18: Not Applicable Adults: 18 Years 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:	0
Average length of stay or time under supervision:	1 day to Life Sentence

Facility security level/inmate custody levels:		Level 1 though Level 5(V)
Number of staff currently employed by the facility who may have contact with inmates:		312
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		34
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0
Physical Plant		
Number of Buildings: 50		Number of Single Cell Housing Units: 7 (1 unit is closed)
Number of Multiple Occupancy Cell Housing Units:		4
Number of Open Bay/Dorm Housing Units:		1
Number of Segregation Cells (Administrative and Disciplinary):		117
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.): 301 cameras PTZ, birds-eye, and fixed with digital blocking capabilities. The Guard 1 round tracking system.		
Medical		
Type of Medical Facility:		General medical, outpatient mental health, chronic care
Forensic sexual assault medical exams are conducted at:		Marquette General Hospital
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		183
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		26 at MBP

Audit Findings

Audit Narrative

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

An onsite Prison Rape Elimination Act (PREA) Standards audit, of the Marquette Branch Prison (MBP), was conducted from June 27 to June 29, 2018, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections (MDOC), the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, DOJ Certified PREA Auditor Angel Baez-Sprague, in the role of Lead Auditor, conducted this audit with DOJ Certified PREA Auditor Louis Folino and Mrs. Jessica Delaney. Mrs. Delaney is a PREA Administrative Officer in the PA DOC's PREA Compliance Division.

The auditor wishes to extend its appreciation to the MDOC Warden Erica Huss, Deputy Warden Jim Alexander, acting Deputy Warden Douglas Tasson, acting PREA Coordinator (MDOC title for onsite PREA Compliance Manager) Jeremy Smith, MDOC PREA Analyst Matthew Silsbury, and Pamela Basal Hearing Investigator. I would finally like to thank Marquette Branch Prison staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the site visit and post audit.

Prior to the audit, an agreement to utilize a zip drive to transmit volume data and paper reporting for the interim and final reports. The Agency PREA Analyst provided relevant policy and audit documentation for review in advance of the audit through a flash drive that were subsequently downloaded and stored onto an encrypted flash drive before upload into the OAS by the auditor for the completion of this report. It should be noted in the report, that the flash drive did not arrive to Auditor Baez-Sprague until June 7, 2018. This limited amount of pre-onsite work and review that could be accomplished. A brief review of pre-audit documentation took place in advance of the audit and supplemental document request were made onsite as well as during the post audit period.

Auditor Baez-Sprague, emailed the required Auditor Posting to MDOC PREA Analyst Silsbury on May 2, 2018 with instruction for the Notice to be Posted in compliance with the PREA Auditor Handbook Page 30 Chapter 15: Phase One: Pre-Onsite Audit. Announced in the email was the minimal expectation that the notices be posted in; all Housing Unit, Common areas (Program Services, Dining Halls, Library, etc...), Visiting areas, Inmate Reception Areas, Restricted Housing Units (in sight of Inmates or in a manner Inmates can utilize the information if they so choose), Administrative areas, Main Reception areas (where visitor to the facility access), and any other location in the facility that will maximize exposure to Inmates, Staff, and Visitors.

On May 16, 2018, MDOC Analyst Silsbury provided email confirmation that the notifications were posted in English and Spanish throughout the facility. The email had attached photos and indicated that all inmates in Segregation housing units were given a copy of the notifications; inmates on Combustible restriction were given verbal information by the Assistant Resident Unit Supervisor and Prison Counselors. In addition to posting, the Prison Block Representatives were also given copies of the notification.

An entrance meeting was held on the afternoon of June 27, 2018, beginning at approximately 1540hrs. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Marquette

Branch Prison Warden Erica Huss, Acting PREA Coordinator Jeremy Smith, MDOC PREA Analyst Matthew Silsbury, and Administrative support staff.

After the entrance meeting the auditor requested to review all camera prior to commencing the tour of the facility. Deputies Tasson, Alexander, Hearing Investigator Basal, and MDOC PREA Analyst Silsbury were present in the Control Center for the review of the camera system.

The facility has 301 camera with varying digital blocking capabilities, 360 degree capabilities, PTZ capabilities, and stored on a Digital Video Recording system. During the review of the cameras it was noted that cell blocks B, C, D, E, and F all had cameras that could clearly see into the cells. Housing unit O is a dorm style unit and has cameras that can view inmates in their housing areas. Cell blocks B, C, and G also had camera placements that viewed into shower areas. It was noted that O and C block are currently unoccupied but could be used in the future if population rises. Finally, observation cells located throughout the facility had cameras that can be viewed by both Control Officers of opposite gender and the Warden. The Warden of the facility is a female and the Control Center is not a gender specific post.

Facility Tour:

Due to the layout and large size of the facility, the tour teams were split up into three groups. 50 areas were toured by the team, and 6 areas (identified below) were retoured. Touring occurred after the CCTV review on June 27 and were completed in the morning on June 28, 2018. The Lead Auditor retoured areas identified during a meeting as areas of concern. Two floors located in the Property/Programs building were not safe to tour due to potential Lead exposure.

Auditor Baez-Sprague was accompanied by Acting Warden Tasson and PREA Analyst Silsbury. This auditor toured the following areas; Control Center CCTV, B block, C block, D block, E block, F block, L5 Kitchen, Laundry, Chapel, 2nd floor of L5 Food Service Building Auditorium, Property/Programs building, L5 Yard building, Dairy Barn, Gun Posts for Cell blocks, Powerhouse, N-Dorm, Quarter Master, L1 Kitchen, Medical Department, and Greenhouse. Notes: The Dairy Barn has not been in operation nor accessed by inmate in over 10 years. The 2nd and 3rd floor of the Property/Program building was not toured due to unsafe conditions. The doorways leading to the floors are locked, sealed, and have painted "CAUTION LEAD PRESENT DO NOT ENTER" postings. Photos of the marking, and seal, were taken as part of the record.

Hearing Investigator Basal accompanied auditor Folino. The auditor toured the following areas; Administrative building, Q block, G block, Medical Infirmary, Control Center CCTV, Records office, Visiting Room, Front lobby, Vehicle Sally port, Trustee Division, Dental Office, Medical, Interior Sally port between L1-L5, TD Property, Greenhouse, L5 Chapel, N-Dorm, L1 Kitchen, Dining room, O dorm, L1 Education Building, Carpentry, Annex Building, and Post #1 Tower.

Deputy Warden Alexander accompanied Mrs. Delaney. Mrs. Delaney toured the following areas; Control Center CCTV, O dorm, P unit, A unit, Warehouse, Quartermaster, Carpenter shop, Machine shop, Mechanics shop, Refrigeration shop, Electrical shop, Powerhouse, and N dorm.

On July 28, 2018 Auditors Baez-Sprague, Folino, and Mrs. Delaney met to review our finding from the tours. Several areas and observations were discussed. On June 29, 2018, Lead Auditor Baez-Sprague retoured areas based on the comments and concerns noted by the audit team. Area retoured were; Powerhouse, Quartermaster, N-Dorm, L1 Kitchen, Medical Department, and Greenhouse.

Interviews Conducted

MDOC Staff- total 31 Individuals-12 Random Staff- 13 other areas of varying responsibilities

Warden or Designee-1

Administrative (Human Resources) Staff- 1

PREA Compliance Manager/Coordinator-2

Intake Staff-1

Security Staff and Non-Security Staff who have acted as first responders- 4 security and 1 non-security

Designated Staff Member Charged with Monitoring Retaliation-1

Incident Review Team-1

Intermediate-or High-Level Facility Staff-4

Investigative Staff-3

Random Staff Sample-12

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

Staff who supervise inmates in Segregated Housing-1

Volunteers and Contractors who may have contact with inmates- 2 volunteers and 1 contractor

Medical and Mental Health Staff-3

Staff interview were conducted on day 2 and 3 of the onsite audit. A total of 31 individual staff members were interviewed (including random and specialized staff) with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized staff, with the exception of the interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates (youthful inmates are not housed at this facility), and Non- Medical Staff involved in cross gender searches. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews.

Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards. The auditor notes that, due to some staff fulfilling multiple roles within the facility, certain staff members who were interviewed represented more than one category of interview (i.e. the local PREA Coordinator satisfied the PREA Compliance Manager, Retaliation Monitoring Staff and Incident Review Team Member).

Inmate Interviews- a total of 30 Individual Inmates were interviewed (some inmates were interviewed utilizing multiple questionnaires)- 28 Random Inmate questionnaires completed- 16 Targeted Inmate questionnaires completed- 2 Inmates who wrote to Auditor prior to onsite audit- 1 Requested to be interviewed and reported Sexual Abuse

Inmates who disclosed Sexual Victimization during Risk Screening-1

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

Inmates who Reported a Sexual Abuse- 5

Disabled and Limited English Proficient Inmates-7

Random Sample of Inmates-28

Inmates who wrote to DOJ Auditor prior to onsite audit- 2

Inmate who wanted to be interviewed and reported sexual abuse-1

The auditor does note that certain inmates who were interviewed represented more than one category of interview (i.e. a who reported sexual abuse may have also met the criteria for an interview of an LGBTI inmate and was additionally interviewed with the Random Inmate questionnaire).

Inmate interviews were conducted on day 2 and 3 of the Audit. Staff supplied a list of all offenders in the program and a random sample was selected from that list. During the tour several inmates that self-identified as LGBTI/Transgender and having disabilities were also selected and requested to provide interviews. A total of 30 inmates were 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 related to youthful inmates (youthful inmates are not housed at this facility).

When the audit was completed, the auditor conducted an exit briefing on June 29, 2018. Present at the closeout was MDOC Warden Erica Huss, Acting Deputy Warden Douglas Tasson, Acting PREA Coordinator Jeremy Smith, MDOC PREA Analyst Matthew Silsbury, Pamela Basal Hearing Investigator, Dirk DeBestes Human Resources, Robin McCarthy Business Manager, Darrin Viitala Resident Unit Manager, and Casey Tallio Resident Unit Manager. The auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Analyst.

During the tour, an inmate requested to speak with an Auditor. During the interview, the inmate indicated that a staff member was attempting to blackmail him into sex acts and retaliating due to his refusal. I notified the Acting PREA Coordinator. Staff responded immediately and appropriately. I have requested the full investigation for review.

Lead Auditor Angel Baez-Sprague received two letters from inmates at Marquette Branch Prison (MBP) prior to the onsite tour. These inmates were interviewed during the Audit.

Inmate in letter #1 indicated that MBP was violating PREA Standard in the following manner by: allowing staff to have contact with the alleged victim after a PREA Abuse allegation has filed, retaliating against the alleged victim by issuing a misconduct report against him regarding the allegation, and falsifying information regarding the view from video footage used to determine a finding of "Unfounded."

An interview was conducted by Auditor Angel Baez-Sprague, where he was allowed to explain in detail the allegations against MBP and staff. During the interview, the inmate presented the auditor with a completed CAJ-1021 Prison Rape Elimination Act (PREA) Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Finding and Action form. The finding indicated that there was "No Evidence to support that the alleged conduct occurred." Additionally, the inmate presented the auditor with a copy of CAJ-1038A PREA Prisoner Grievance Form (Step 1) for two separate alleged incidents with the Administration Memorandum response for said incidents.

An interview and investigative file review was conducted with (Acting Deputy Warden) Inspector Douglas Tasson. During the interview and investigative file review it was determined that the inmate did receive a Misconduct Report for filing false allegations on a grievance. The auditor questioned the rationale behind issuing a Misconduct Report given that the finding was "No Evidence to support that the alleged conduct occurred" and not "Unfounded." It was noted that State Internal Affairs utilizes this terminology for all Unfounded cases. The auditor, Inspector Tasson, and PREA Analyst Silsbury reviewed the video footage of the incident. The investigation coupled, with the video footage, support a disposition of "Unfounded" as it was clear to the auditor that the incident alleged by the inmate did not occur. The staff member's actions could be seen on the camera.

Based on the inmate's allegation, inmate interview, staff interview, and the video footage the abuse did not occur. Finally, in regards to the separation allegation, the staff member was removed from the post during the period of investigation and was only placed back on the unit after the conclusion of the investigation.

I found the allegations against MBP, outlined in the letter, to be not credible based on the interview of the inmate, investigators, review of the investigation materials, and observation made while reviewing the video surveillance.

Inmate in letter #2 indicated that MBP was violating PREA Standard in the following manner by: sexual assault, sexual harassment, racial/nationality based sexual harassment, attempted sexual assault, and retaliating against the alleged victim by issuing a misconduct report against him regarding the allegation.

The Lead Auditor, read the letter on 6/23/2018 and immediately notified the facility. I asked the Control Sergeant to speak with a member of Administration and subsequently spoke with Deputy Warden Alexander. I reported that the inmate named an alleged abuser, made allegations of sexual assault, and sexual harassment. I provided details outlined in the letter to the Deputy and he indicated that he would process the allegation. A completed copy of the investigation was requested to be reviewed during the corrective action period.

An interview was conducted regarding letter #2 by Auditor Louis Folino, the following synopsis provided by this auditor: The interview was conducted at the camera covered observation cell. My notes indicate the two interviews were conducted between 1000hrs and 1040hrs, although I accommodated additional discussion with inmate following the official interview, so likely extended to approx. 1045 hrs.

Essentially, Inmate present multiple allegations of wrong doing about MBP and one particular officer, which he identified and stated he had informed numerous unit staff and facility PREA personnel of the officer's repeated harassing and threatening conduct. the incidents as written to your office dated 5-14-18 at 7:48pm, and postmarked as 5-16-18 reportedly occurred in GP, and involved verbal sexual harassment and attempted sexual assault by MBP officers. Unlike his letter, he never mentioned an officer attempting to digitally violate him during handcuffing procedures. He did state that the padlock was used to penetrate him during one such cell handcuffing process, as he stood with his back against the pass-thru.

He stated he has written numerous kites and letters, seeking assistance, and is under threat at MBP. He stated he was purposely placed in Observation cell as punishment for his reporting of sexual abuse. As noted, he asserted multiple sexual harassment and sexual abuse incidents, and attempts to seek relief. Many of his reports were extreme and difficult to imagine occurring as he presented them. Facility staff and MDOC are reportedly all involved in coverup of employee conduct. But he advised auditor that various personnel had responded to his complaints, such as security staff, medical, mental health and unit supervisory staff.

Inmate was agitated but friendly and respectful with auditor, as I repeatedly had to keep him on task of the interviews. His reported number of kites submitted and letters to PA DOC appeared grossly exaggerated and manipulative. He kept rambling on about other issues, to include his private life experiences and worldly travels. I informed him that my role was not to investigate his complaints, but to ensure his complaints were being properly addressed, in accordance with the PREA legislation. That the process was in place and staff were responding accordingly.

He also alleged that an "old guy" inmate was being threatened in GP, who was housed next-to or near him, on EB-2. I discussed Inmate's report with Pam Basal following our exit brief on 6-29-18, and then sent her an email on this subject, on 7-8-18, for PREA follow-up. Was hopeful she/they would pursue this info, to determine credibility of the allegations. I also suspected inmate may have provided this info in order to test this auditor concerning 3rd party reporting.

Marquette Branch Prison provided documentation that they had investigated inmate's allegation regarding the "old guy" and determined that there was no evidence that an "old guy" with a PREA allegation existed. The investigation included interviews with other inmates and staff from the unit, an alleged victim could not be identified.

The Pre-audit, Onsite audit, and Corrective Action period has produced open and positive communication between the auditor and Administration. The team discussed all concerns with both parties. Through a coordinated effort by Mr. Silsbury and Marquette Branch Prison's respective staff members, all informational requests of the auditor were accommodated in a collaborative effort to bring Marquette Branch Prison into compliance during the corrective action period.

Policy, Contract, and Formal Memorandum Review:

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

Michigan Department of Corrections

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

Annual PREA Statistics Reports 2015 & 2016

Annual Staffing Plan 2017- Marquette Branch Prison with 14 Attachments

Annual Staffing Plan Documentation of Deviations from Staffing Plan

Annual Staffing Plan Review CAJ-1027

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

Collective Bargaining Agreement- Michigan Counsel 25 AFSME AFL-CIO

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

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

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

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

Contract (terms of agreement ends September 30, 2017) between County of Lake and the Department dated April 1, 2014.

Corrections Officer Recruitment Supplemental Questionnaire

Corrections Supervisor Application Questions

Director's Office Memorandum 2016-29 PREA Grievance Process

Director's Office Memorandum 2017-16 Prisoner Mail

Director's Office Memorandum 2017-12 Prison Rape Elimination Act (PREA)

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

Employee Handbook, Department of Corrections

Facility Schematic

Legislative Corrections Ombudsman and Department of Corrections MOU finalized December 2014

Language Services Memorandum issued by Deputy Director Correctional Facilities Administration

MDOC and Marquette Branch Prison Organizational Chart August 2017

MBP 03.03.140 Prohibited Sexual Conduct Involving Prisoners

MBP 04.04.10B General Population/Rounds by Housing Unit Staff

MBP 04.04.100V Prisoner Orientation Schedule and Administrative Staff Rounds (Exempt)

MBP 04.01.140 Prisoner Orientation

MBP 05.01.140 Security and Processing of Incoming Prisoners (Exempt)

MBP 05.02.112A Education Programs for Prisoners

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

Operating Procedure- 03.03.140 Prohibited Sexual Conduct Involving Prisoners (MBP)

Operating Procedure- 03.04.100 Health Services

Policy Directive- 01.01.140 Internal Affairs

Policy Directive- 02.01.140 Human Resource Files

Policy Directive- 02.03.100 Employee Discipline with Attachment A

Policy Directive- 02.05.100 New Employee Training Program

Policy Directive- 02.05.101 In-Service Training

Policy Directive- 02.06.111 Employment Screening

Policy Directive- 03.02.105 Volunteer Services and Programs

Policy Directive- 03.03.105 Prisoner Discipline with Attachment A and D

Policy Directive- 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners

Policy Directive- 03.04.100 Health Services

Policy Directive- 03.04.125 Medical Emergencies

Policy Directive- 04.01.105 Reception Facilities Services

Policy Directive- 04.01.140 Prisoner Orientation

Policy Directive- 04.04.100 Custody, Security and Safety Systems

Policy Directive- 04.04.110 Search and Arrest in Correctional Facilities

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

Policy Directive- 04.06.180 Mental Health Services

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

Policy Directive- 05.01.140 Prisoner Placement and Transfer

Policy Directive- 05.03.118 Prisoner Mail

Policy Directive- 03.03.130 Prisoner Telephone Use and Attachment B

Policy Directive- 06.03.104 Residential Reentry Program Facilities

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

PREA Coordinator List January 17, 2018

Physical Plant Division, Project Review and Approval CAH-135

Prisoner Education Verification CAJ-1036

Prisoner Guidebook CSJ-166 English and Spanish

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

Risk Assessments Manual (PREA) August 12, 2015

Risk Assessment Worksheet (PREA) CAJ-1023

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

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

The Code of Criminal Procedure (Excerpt) Act 175 of 1927, 764.25 Body Cavity Search

The PREA Manual dated April 24, 2017

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

Corrective Action Period:

Corrective Action period was started on August 10, 2018 and will end on/before February 6, 2019.

Mitigation Meeting held on September 14, 2018 with Marquette Branch Prison and PREA Administrator Matthew Silsbury. During this meeting, a Plan of action was discussed for each area of non-compliance outlined in the August 10th Interim report. The proposed plans included; changes in operational procedures. Provide documentation of compliance in practice in all areas. Provide documentation of the two investigation requested and SAIR if applicable. The request for photos and random requested dates/times (by auditor) of video feeds in areas of concerns. Additionally, video documentation is requested in areas that clearly shows the location (video feed leading into the area and showing posting, changes, etc...). Finally, Auditor and Marquette Branch Prison will set up a date and time to randomly interview additional Inmates, staff, and Volunteers (slotted to occur in early December 2018 or first week of January 2019).

Methodology for follow-up interviews and verification of corrective action implementation.

In collaboration with Marquette Branch Prison and Michigan Department of Corrections, corrective action plan was developed for each area of deficiencies identified in the interim report. It was agreed upon that random video selections, random documentation selections, still image supportive documentation, follow up staff interviews, and follow up inmates interviews would be used to verify compliance with the PREA standards.

In order to authenticate and verify video/image submissions, Michigan Branch Prison provided still images coupled with video that started recording outside of the area/building where the corrective action occurred. The videos supplied are a continuous stream from the outside of the area/building and ends at the area that is corrected. This allowed the auditor to verify that the still image/video provided was at the location that was previously toured, and identified as a deficiency, in the interim report.

In areas where the deficiency required random viewing to ensure corrective action was completed (i.e., inmates present in A Unit and P Unit where cell were unoccupied and the doors were not secure) random video selection (dates and times) were chosen by the Auditor and supplied by Michigan Branch Prison.

In regards to the follow up interviews to verify overall compliance, Marquette Branch Prison and the Auditor established January 3, 2019 to complete this task. The interviews were conducted utilizing the respective States' secure Video Conferencing systems. Michigan Branch Prison provided rosters for each housing unit on Level 1 and Level 5 sides of the facility. Additionally, they provided shift rosters for all staff working on January 3, 2019. The auditor randomly selected inmates from all housing units and from both Levels. Finally, the auditor randomly selected staff for Staff interviews and selected specialized staff for interviews from available lists of staff/contractors/volunteers working that date.

Corrective Action Follow up Interviews Conducted on January 3, 2019

MDOC Staff and Contractor- total 9 Individuals-8 Random Staff- 1 Contractor

Security Staff who have acted as first responders- 2

Random Staff Sample-8

Staff who perform Screening for Risk of Victimization and Abusiveness-3

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

Medical and Mental Health Staff-1

Staff and Inmate interviews were conducted on January 3, 2019 utilizing the aforementioned methodology under **Corrective Action Period** heading on the previous page of this report. A total of 8 individual staff members, and 1 contractor, were interviewed (including random and specialized staff). A total of 6 Specialized staff Interview questionnaires were completed. All interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews.

Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards. The auditor notes that, due to some staff fulfilling multiple roles within the facility, certain staff members who were interviewed represented more than one category of interview (i.e. Random interview staff member is also a First Responder).

Inmate Interviews- a total of 20 Individual Inmates were selected to be interviewed (3 refused to be interviewed) 17 Random Inmate questionnaires completed.

Random Sample of Inmates-17

Facility Characteristics

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

The Michigan Department of Corrections operates the Marquette Branch Prison located in Marquette, Michigan.

The Level V (Maximum Security) portion of the prison has three General Population housing units and two administration-housing unit, one intermediate care unit, an infirmary and a 12 cell temporary unit. C Unit is currently vacant. There are four Level 1 (Minimum Security) housing units, which are located just outside the Level V portion of the facility. O Unit is currently vacant.

There are 13 buildings in Level 1 and 11 buildings in Level V that prisoners have access.

Level 1- School, Clinic, Kitchen, Quarter Master, Property Room, Building Trades, Warehouse, O-Dorm (currently unoccupied), N-Dorm, A-Dorm, P-Dorm, Maintenance, Administration Building (if on a gate pass assignment), and Greenhouse (with shed attachment).

Level V- Brooks Center (Medical), Kitchen, Chapel, Programs Building, B-Block, C-Block (currently vacant), D-Block, E-Block, F-Block (ICP Unit), G-Block, and Q-Unit.

Level 1- O, N, P, and A-Dorms provide housing for prisoners who qualify for minimum security. O-Dorm is currently vacant. A-Block has five temporary segregation cell.

Level I

A-Block: Level I prisoners. 72 cells. There are 18 cells in 4 wings. Double bunked. 5 Temporary Segregation cells. Open cell fronts. 1 wing currently closed. Total capacity 144.

P-Dorm: Level I prisoners. There are 15 cells in 4 wings. Double Bunked. 1 wing currently closed. Solid doors on rooms. Total capacity 120.

N-Dorm: Level I prisoners. There are 20 cells in 4 wings. Double Bunked. 1 wing currently closed. Solid doors on rooms. Total capacity 160

O-Dorm: Level 1 prisoners. Open bay setting. 3 wings. 46-47 per wing. Total capacity 140. Currently Closed.

Level V- B-Block (123 cells), C-Block (103 cells), and G-Block (159 cells) are general population housing unit. C-Block (103 cells) is currently vacant. Brooks Center Infirmary has four two-man rooms operated as general population rooms for those needing constant medical care. The Brooks Center Ward has four single-cell Observation cell, which hold segregation prisoners needing constant medical attention or significant mental health concerns. Q-Unit (12 single man cells) is a temporary segregation unit for new commitments and overflow. Q-Unit's first three cells are Observation cells. D (60 single man cells) and E Units (59 single man cells) are Administrative segregation units, with 3 cells in E-Unit designated as Observation cells. F-Unit (22 single man cells) is the Intermediate Care Program (ICP) for prisoners identified as having major mental health illness, which require additional mental health programming. These prisoners are classified as Level V general population prisoners and do not yard with other general population prisoners.

Level V

B-Block: General Population: 3 Galleries, 122 cells in unit. 40-41 cells per gallery. Back to back, separated by a corridor. Open iron-bar cell fronts. Single man cell.

C-Block: General Population: 3 Galleries, 103 cells in unit. 34-35 cells per gallery. Back to back, separated by a corridor. Open iron-bar cell fronts. Single man cell.

D-Block: Segregation: 3 Galleries, 60 cells in unit. 20 cells per gallery. Back to back, separated by a corridor. Open iron-bar cell fronts. Base gallery has glass vestibules with solid doors. Single man cell.

E-Block: Segregation: 3 Galleries, 57 cells in unit. 19 cells per gallery. Back to back, separated by a corridor. Open iron-bar cell fronts. Base gallery has glass vestibules with solid doors. 3 cells with solid plexiglass/iron bar front for observation. Single man cell.

F-Block: General Population/Outpatient Mental Health Unit: 3 Galleries, 22 cells in unit. 7-8 cells per gallery. Back to back, separated by a corridor. Open iron-bar cell fronts. Base gallery has glass vestibules with solid doors. 3 cells with solid plexiglass/iron bar front for observation. Single man cell.

G-Block: General Population: 3 Galleries, 159 cells in unit. 53 cells per gallery. Back to back, separated by a corridor. Open iron-bar cell fronts. Single man cell.

Q-Block: Quarantine: 12 cells, 1 floor (4 wings, 3 cells each). Open Iron Bar Cell fronts. 3 cells with solid plexiglass/iron bar front for observation. Single man cell.

Ward V: Open iron-bar cell fronts. Has glass vestibules with solid doors. Single man cell. Total capacity 4

Infirmary: 4 cells, hospital type room. Solid door with lock. Double bunked. Total capacity 8

Supervision and Treatment Staff Levels

Level 1- Has 1 Resident Unit Manager (RUM), 2 Assistant Resident Unit Supervisors (ARUS), and 2 Prison Counselors (PC).

Level V- Has 1 Resident Unit Manager (RUM) and 4 Prison Counselors (PC).

6-2 Shift- 1 Captain, 2 Lieutenants (Central Control), 6 Sergeants (assigned Level V Yard, Level V Housing, and Level 1).

2-10 Shift- 1 Captain, 2 Lieutenants (Central Control), 6 Sergeants (assigned Level V Yard, Level V Housing, and Level 1).

10-6 Shift- 1 Captain, 2 Lieutenants (Central Control), 3 Sergeants (assigned Level V Yard, Level V Housing, and Level 1).

8-4 Shift- 2 Sergeants (Assigned Arsenal & Security Threat Group Coordinator and other duties as assigned).

Housing Unit Staffing Levels

A-Block – 2 C/O's (24/7), 1 PC (mon-fri 8-4:30)
N-Dorm - 2 C/O's (24/7), 1 PC (mon-fri 8-4:30)
P-Dorm- 2 C/O's (24/7), 1 PC (mon-fri 8-4:30)
O-Dorm- Closed
B-Block- 3 C/O's (24/7), 1 PC (mon-fri 8-4:30)
C-Block- Closed
D-Block- 3 C/O's (24/7), 1 PC (mon-fri 8-4:30)
E-Block- 3 C/O's (24/7), 1 PC (mon-fri 8-4:30) Note PC cover E & F Blocks
F-Block- 2 C/O's (24/7)
G-Block- 3 C/O's (24/7), 1 PC (mon-fri 8-4:30)

Perimeter

The Level V perimeter is protected with a concrete wall, razor-ribbon wire, electronic detection systems, and eight gun towers. Two chain link fences, razor-ribbon and electronic detection system surround the Level 1 perimeter. There are 304 cameras deployed throughout the facility and the perimeter has microwave sensors in addition to the physical barriers.

Programming and Education

The facility offers Adult Basic Education and General Education Development through completion. Other programs include: GED/Special Education, Employment Readiness, Pre-Release planning, Building Trades, Career Technical Counseling, Bridges/Domestic Violence Phase 1/ 2, Alcoholics Anonymous, Substance Abuse Treatment, Sex Offender Therapy, Violence Prevention Programming, Thinking for a Change, Work Assignments, and Religious services. Community volunteers expand many programs resources through participation.

Medical

Prisoners are provided routine medical and dental care onsite. Emergencies are referred to the local regional hospital, Marquette General Hospital. All other major medical concerns are dealt with at the Michigan Department of Corrections Duane L. Waters Health Care Facility located in Jackson Michigan.

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: 0

Click or tap here to enter text.

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 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: 0

Summary of Corrective Action (if any)

Auditor requested completed investigation from Letter #2 that prompted a third party reporting by the Lead Auditor.

Auditor requested completed investigation regarding the allegation that a staff member was sexually harassing and blackmailing inmate for sexual favors. This was reported by the Lead Auditor while onsite.

On November 14, 2019, Marquette Branch Prison provided the auditor copies of the complete investigations requested. This auditor reviewed the investigation noted that the finding were unsubstantiated.

115.13: Supervision and monitoring

115.13 (a) (1) (5-8) (11) The L5 Kitchen basement area has no camera coverage and no written direction for appropriate inmate-staff ratios. The area needs to be clearly posted as to inform staff and inmates, a procedure change would need made, or additional cameras will need to be added in the area that cover all of the blind spots, or restrict all inmate access to the area. The auditors identified this area as area of concern for the sexual safety of inmates that may work/access it.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) The L5 Yard Building has no camera coverage and no written direction for appropriate inmate-staff ratios. The area needs to be clearly posted as to inform staff and inmates, a procedure change would need made, or addition of a camera in the area covering all of the blind spots. The auditors identified this area as area of concern for the sexual safety of inmates that may work/access it.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) The Powerhouse has no camera coverage in the building, no written direction for appropriate inmate-staff ratios, logs were not signed consistently, and the building is manned by a one-on-one staff-inmate ratio 24 hours per day. The auditors identified this area as area of concern for the sexual safety of inmates that may work/access it. This area needs a procedure change, more appropriate staff-inmate ratio, or additional cameras that cover all of the blind spots. Administration did indicate at the closeout meeting that the Powerhouse is being automated, and the inmate position would not be necessary in the future. Documentation is needed to show that staffing ratios have changed, adequate camera coverage has been added, or notification (with posted signs on building) that the inmate work detail has ceased (as noted by administration at the close out).

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) The inmate library on N dorm is on the second tier and is solely manned by an inmate worker who controls the ingress and egress to the space. The camera in the room is not constantly displayed at the Officer's desk, nor does it provide adequate coverage of room. The area needs to be rearranged to eliminate blind spots to the camera and staff during rounds. The auditors identified this area as area of concern for the sexual safety of inmates that may access it.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (5) (11) During the tour of P unit it was observed that the lower West wing cells are not in use and the doors are left unsecure. It was noted that inmates go down the closed off wing to train puppy's. Staff should be directed to ensure that all cells that are not in use should be closed and locked to deter activity in the cells outside of staff supervision.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (5) (11) During the tour of A unit it was observed that the Blue wing cells are not in use and the doors are left unsecure. It was noted that inmates go down the closed off wing and utilize the area. Staff should be directed to ensure that all cells that are not in use should be closed and locked to deter activity in the cells outside of staff supervision.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) Quarter Master tour noted that there is no camera coverage in the building, various blind spots created by the arrangement of the shelves, and no written direction for appropriate inmate-staff ratios in the staff member office. The staff office has a restroom and blind spot created by file cabinet placement. Staff indicated that he and one inmate utilize the space throughout the shift. The shelving arrangement and processing room location allows for one-on-one inmate work details that are not in camera or in direct sight of staff. The auditors identified this area as area of concern for the sexual safety of inmates that may work/access it. This area needs a procedure change, more appropriate staff-inmate ratio in regards to the staff office, or additional cameras that cover all of the blind spots. It was suggested that clipboards/Pipe tour button could be placed at the south end of the building and the processing room. Staff did create a clipboard system sign-sheet to ensure that increased frequency of staff presence in the area could be documented. There still needs to be corrective action in regards to the staff office concerns. In regards to the office, the auditor identified this area as area of concern for the sexual safety of inmates that may work/access it. This area needs a procedure change, more appropriate staff-inmate ratio, or additional cameras that cover all of the blind spots.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (11) The Maintenance Buildings Refrigeration shop and Electrical door were unlocked with no staff present. Inmates are not permitted in these areas. The area needs to be locked when not in use by staff and there needs to be clear postings to inform staff and inmates that inmates are not permitted in the shops. The auditors identified this area as area of concern for the sexual safety as the area was not staffed and unsecure.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) The L1 Property Basement rooms are used as tool cribs. There are no cameras present in the space, staff reported that there was a serious assault in the building in the past, and that no inmates are allowed without officer. Additionally, there were no logs to verify staff presence and no written direction for appropriate inmate-staff ratios. The area needs to be clearly posted as to inform staff and inmates, a procedure change would need made, or additional cameras will need to be added in the area that cover all of the blind spots. The auditors identified this area as area of concern for the sexual safety of inmates that may access it.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) The L1 Chapel Basement rooms are used by inmates, there are no cameras present in the space, and no means of verifying how often staff do rounds in the basement. The auditors identified this area as area of concern for the sexual safety of inmates that may work/access it. This area needs a procedure change, more appropriate staff-inmate ratio, or additional cameras that cover all of the blind spots.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11) Auditor Folino and Baez-Sprague toured the Level 1 Kitchen freezer at different times. The refrigerator area contains a separate freezer unit. The refrigerator has a camera but the freezer does not. A procedure change to keep the freezer door open when in use by inmates, or addition of a camera would suffice to correct this area of concern. The auditors identified this area as area of concern for the sexual safety of inmates that may access it.

See corrective action and verification in Standard Section 115.13 (a).

115.13 (a) (1) (5-8) (11), 115.41, and 115.42 The Greenhouse structure is mostly made of plastic and is located on the L1 side. It has no camera coverage inside the dome or adjacent shed but there are cameras that can view the ingress and egress of the structure. Inmates assigned to this job, access this area throughout shifts that begins around 0815-0830 and end at varying times not-later-than 1400hrs. There is no logbook present to show the frequency that the Roving Officers stop in. Inmates interviewed indicated that staff only stop in 1 time per day. The area needs policy or procedures that at minimum increases the frequency at which staff are doing rounds in the structure (especially during the winter months when the structure doors would be closed), or add camera coverage inside the structure. The auditors identified this area as area of concern for the sexual safety of inmates that may access it. All inmates must have initial risk assessments whereas the staff member administering it meets with the inmate face-to-face to ensure that inmate dynamic information is captured. Specifically, 115.41 (d) 9. Inmate's own perception of vulnerability;

See corrective action and verification in Standard Section 115.13 (a).

115.15: Limits to cross-gender viewing and searches

115.15 (d) Cameras coverage has viewing directly into cells, and on B C E directly into/over showering areas. These cameras are viewed in Control and in the Wardens office. There are Gun Posts located at either end of the cellblock; this post is not gender specific. The vantage viewpoint is such that the staff can see into the unit through gun ports. The vantage viewpoint allows for staff to see directly into inmates cells and shower areas on B-C-E blocks. Inmates can see a restricted view (shadow, feet, and eyes) of the staff member but the setup does not provide for inmates in their cells to change without knowing that they are not in direct view of female staff. Cross-Gender announcement do not suffice to satisfy the standard due to the obstructed vantage point the staff has to see into cells and shower areas. Policies, procedures, staffing changes, and/or camera repositions needs to occur to eliminate Cross-Gender viewing of inmate cells, dorm areas, observation cells, and showering areas.

See corrective action and verification in Standard Section 115.15 (d).

115.15 (d) The current system of female staff self-announcing on B, C, D, E, and F does not provide adequate notice to the inmates that a female staff member is present, or the gender status quo has changed. Auditor Baez-Sprague did witness this first hand. During the tour status quo changed and the auditor did not hear the female officer announced. The officer did indicate that she did announce and demonstrated her announcement. There is no PA system in the area. The vocal of the officer was extremely loud but due to the size of the ranges and noise levels, it was noted that staff could not create a personal-vocal-volume loud enough to extend from the entrance to the top farthest ranges. Policies and

procedures needs to occur to ensure that inmates are able to clearly hear the status-quo changes when female staff members enter the unit.

20 inmates (out of 28 Random interview questionnaires completed) expressed either they never heard female staff announce, or they only heard female Administrative staff announce their presence on the unit.

See corrective action and verification in Standard Section 115.15 (d).

115.15 (d) Due to the decrease in population, the facility has shut down C block. Administration has provided a notice to the Auditor that if/when the unit is reopened, the Audit finding and mandates will be implemented with direct input from the PREA Coordinator. A Clear plan of action is needed to outline minimally what must occur prior to reopening the unit.

See corrective action and verification in Standard Section 115.15 (d).

115.15 (d) Based on the tour and CCTV review Cross-gender viewing is occurring in Observation Cells. On E block the Observation Cell was observed by an inmate trustee and was in full view of directed cameras that are viewed in Control and in Warden's office. Auditor Baez-Sprague did request the current risk assessment for the inmate trustee charged with watching at-risk inmates. The Trustee inmate was not found to be at high risk to abuse other inmates. Policies, procedures, staffing changes, and/or camera repositions needs to occur to eliminate Cross-Gender viewing of inmate cells, dorm areas, observation cells, and showering areas.

See corrective action and verification in Standard Section 115.15 (d).

115.15 (d) Based on the tour and CCTV review Cross-gender viewing is occurring in the O dorm when it is occupied. This is a dorm style housing area that has camera coverage in the sleeping areas. Inmates do not have clear direction prohibiting them from changing in their bedding area. The absence of clear direction to the inmates, coupled with the presence of cameras that are Cross-Gender viewed, does not allow the inmates to change clothing absent Cross-Gender viewing. There needs to be clear direction to inmates that directs them to change in a specific area out of camera range, camera viewing would need to be gender-specific, or cameras would need to be repositioned/removed. Due to the decrease in population, the facility has shut down O dorm. Administration has provided a notice to the Auditor that if/when the unit is reopened, the Audit finding, and mandates will be implemented with direct input from the PREA Coordinator. A Clear plan of action is needed to outline minimally what must occur prior to reopening the unit.

See corrective action and verification in Standard Section 115.15 (d).

115.15 (d) The Medical Department Office area inmate restroom has a door with a window view. The urinal in the restroom is positioned in a manner that would not allow the inmate utilizing it to do so without cross-gender viewing. There is another closed toilet area in the space and the staff indicated that the only one inmate is permitted in the bathroom at a time. The area is not clearly posted with this one-inmate requirement. The door needs to be posted with the one inmate at a time requirement to ensure that inmates can access the covered toilet without inhibition by other inmates utilizing it, the urinal should be removed, or a partition should be put up to allow the inmate to urinate with some level of privacy.

See corrective action and verification in Standard Section 115.15 (d).

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

115.16 (c) Random Staff Interview produced mixed results when staff were asked about inmate interpreter's use. Out of 12 Random staff interviews, 5 answered "Yes" and 2 "Not sure." The responses from the interviews produced evidence that the prohibited use of inmate interpreters, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, is not readily known to the majority of the Corrections Officers that would act as immediate first responders.

Staff need to be retrained regarding this requirement, to include how to access language services.

See corrective action and verification in Standard Section 115.16 (c).

115.32: Volunteer and contractor training

115.32 (a) Targeted Volunteer and Contractor interviews showed that 2 of the 3 interviewed did not have solid definition of Zero Tolerance, could not describe the type of information went over, and how they should appropriately respond to allegations they may receive. One of the interviewed noted that they receive a packet and told to take it home, review, complete, and return. He indicated that the Sexual Abuse and Sexual Harassment training is somewhere in the packet. He was articulate in the material but noted that he is a "reader" and that he made sure he read all of the materials. He did not recall anyone ever going over the Sexual Abuse nor Sexual Harassment materials with him. The other two interviewed could recall it was in the packet, but answered "I don't know" when asked about how to report incidents of Sexual Abuse or Sexual Harassment.

This training modality does not ensure that all volunteers and contractors who have contact with inmates have been appropriately trained, and understand, their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

It is suggested that the PREA training section of PROGRAM A, be removed from the packet materials it is currently being presented in. The materials should be provided, reviewed, allow for follow-up questions, and signed by volunteers in the presence of staff to ensure that the Volunteer/Contractor understands the PREA information they are required to retain knowledge of.

See corrective action and verification in Standard Section 115.32 (a).

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

Additionally, the training does not adequately reinforce the agency's zero-tolerance policy and ensure they are truly informed regarding how to report such incidents.

It is suggested that the PREA training section of PROGRAM A, be removed from the packet materials it is currently being presented in. The materials should be provided, reviewed, allow for follow-up questions, and signed by volunteers in the presence of staff to ensure that the Volunteer/Contractor understands the PREA information they are required to retain knowledge of.

See corrective action and verification in Standard Section 115.32 (b).

115.41: Screening for risk of victimization and abusiveness

115.41 (a) (d) (g) Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all. Documentation showed that they did occur but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

See corrective action and verification in Standard Section 115.41 (a) (d) (g).

115.41 (d) During Random Inmate interviews, inmates repeatedly answered "no" when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LBGTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate's perception and allow for self-reported LBGTI/Vulnerability.

Marquette Branch Prison needs to demonstrate that all of the inmates in their custody have received a face-to-face assessment/reassessment that allows for the inmate to self-disclose/report the information that can be captured by mere file review.

See corrective action and verification in Standard Section 115.41 (d).

115.41 (f) Marquette Branch Prison does not have any written policy or procedure that establishes a defined the period for reassessment up to 30 days. Staff make the determination and the time frame vary. There is no way to meet the spirit of the standard as a reassessment could occur the next day after the initial assessment. This does not allow the facility to capture changes in the inmate's vulnerability after a period of onsite incarceration.

Marquette Branch Prison needs to establish a set period of time, not to exceed 30 days, that allows for the capture of changes in inmate's vulnerability during onsite incarceration.

Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all. Documentation showed that they did occur within 30 days but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

See corrective action and verification in Standard Section 115.41 (f).

115.42: Use of screening information

115.42 (a-f) Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all.

Documentation showed that the assessments did occur, but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

During Random Inmate interviews, inmates repeatedly answered "no" when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LBGTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate's perception and allow for self-reported LGBTI/Vulnerability.

Marquette Branch Prison needs to demonstrate that all of the inmates in their custody have received a face-to-face assessment/reassessment that allows for the inmate to self-disclose/report the information that can be captured by mere file review.

See corrective action and verification in Standard Section 115.42 (a-f).

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

115.81 (a-c) During the interview process it was determined that inmates were not be assessed face-to-face which does not capture the Subjective response from an inmate as to whether he had been a victim of sexual abuse or perpetrator of sexual abuse while (or before) incarceration. The documentation supports that inmates that had reported were referred but there is a pool of inmates that could not have been captured due to not posing the direct question. Inmate interviews supported this as one inmate noted "Not here but at Muskegon..." when posed the question regarding being asked and referred.

See corrective action and verification in Standard Section 115.81 (a-c).

115.86: Sexual abuse incident reviews

115.86 (c) Example SAIR reports indicated that there was no a Medical nor Mental Health representative present at, nor providing input, for the Sexual abuse incident Review. A qualified Medical and Mental Health provider needs to provide some level of input as part of the SAIR review.

See corrective action and verification in Standard Section 115.86 (c).

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

oversee agency efforts to comply with the PREA standards in all of its facilities?

☒ Yes ☐ No

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by a network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in April 24, 2017. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation,

disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.

- (b)** MDOC employs a fulltime Statewide PREA Manager in the Office of Legal Affairs Division who directly reports to the State Office Administrator. Subsequently, the State Office Administrator reports to the Senior Deputy Director. The Statewide PREA Manager is Charles Carleson. Provision (b) was additionally audited at the agency level; however, it will be addressed in part in this report. According to the PREA Manual, the position of PREA 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, it was explained that the title of PREA Administrator is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Administrator, 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 that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The facility PREA Coordinator is charged with ensuring the security of Marquette Branch Prison. 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.

- (c)** MDOC designates a PREA Analysts in each Area (Northern, Central, & Southern). A designated PREA Coordinator at each facility. The Northern Analyst PREA Analyst is Matt Silsbury and the PREA Coordinator at Marquette Branch Prison Inspector Douglas Tasson.

During the targeted interviews with PREA Analyst Silsbury, and PREA Coordinator Tasson, it was noted that there was a recent state of transition for the onsite PREA Coordinator. The prior PREA Coordinator, of over 3 years, had recently retired and Inspector Tasson was actively in the role for the past 2 months. With this, Inspector Tasson, as of 2 weeks prior is currently acting in a Deputy Warden position. As of the date of the audit, Mr. Justin Smith was acting in the Inspector/PREA Coordinator position. During the interview, it was clear to the auditor, that PREA Analyst Silsbury is continuously and immediately available to both Acting Deputy Warden Tasson, and Acting Inspector Smith, during this transition and loss of senior PREA technical knowledge.

The position of 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, he reported that he has sufficient time and authority to implement the agency's efforts to comply with the PREA standards. The PREA Administrator remained on-site during the audit site visits to two recently audited facilities to assist with any agency related matters.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) Procurement, Monitoring and Compliance Division issued a Memo dated February 6, 2017 reflecting:

Regulation 115.12(b) states, "Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards".

Marquette Branch Prison does not contract for the confinement of offenders; therefore, this standard does not apply.

The Agency does have a contract to house their inmates, dated April 1, 2014 (terms of agreement ends September 30, 2017) between County of Lake and the Department of Corrections. Contract, Section 2-STATEMENT OF WORK, 26. Directs contractor to abide by State Policy 03.03.140 "Prohibited Sexual Conduct Involving Prisoners."

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

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

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*)

Instructions for Overall Compliance Determination Narrative

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

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

The facility provided a 2017 Annual Staffing that showed that all 11 areas in the Standards were taken into consideration.

The staffing plan indicated that the following standard provisions were taken into consideration:

All components of the facility physical plan (including “blind spots” or areas where staff or inmates may be isolated).

Number and placement of supervisory staff.

That there was “NO” needed adjustments to the current video monitoring systems and other monitoring technologies in order to better protect prisoners from sexual abuse.

During the tour, the auditors identified the following areas did not take into consideration the aforementioned sections and were areas of concern for the sexual safety of inmates that may access it.

115.13 (a) (1) (5-8) (11) The L5 Kitchen basement area has no camera coverage and no written direction for appropriate inmate-staff ratios.

On November 7, 2018, facility provided still images showing that Interior doors 2 and 1 were marked “No Prisoner Allowed.” Additionally, Exterior basement doors 2 and 1 were marked “No Prisoner Allowed.” Additionally, the facility provided still images showing that the door had been marked “NOTICE the freezer door is to remain open while in the freezer. A prisoner is allowed to retrieve items from the freeze while the staff member stays in the cooler area in camera coverage.”

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

115.13 (a) (1) (5-8) (11) The L5 Yard Building has no camera coverage and no written direction for appropriate inmate-staff ratios.

On November 7, 2018, facility provided still images showing that the door had been marked “No Prisoners Allowed.” Based on Michigan policy and procedures, staff would be subject to disciplinary action if reported or outside camera coverage caught them violating this direction.

115.13 (a) (1) (5-8) (11) The Powerhouse has no camera coverage in the building, no written direction for appropriate inmate-staff ratios, logs were not signed consistently, and the building is manned by a one-on-one staff-inmate ratio 24 hours per day.

Marquette Branch Prison provided a Memo dated November 2, 2018 that indicated that immediately after the onsite-audit the inmate midnight shift was eliminated and staffing-ratios were changed to a minimum of 2 inmates with a staff member on active shifts. The powerhouse is expected to be automated beginning January 1, 2019. At that time, prisoners will only be in the Powerhouse to do routine cleaning and water sampling with the aforementioned staffing-ratios in place.

Marquette Branch Prison provided Offender Schedules that show that 2 inmates are assigned to the Powerhouse per shift until the automation process is completed. Additionally, third shift Offender positions were eliminated. January 1, 2019 is not a hard deadline and was only an anticipation.

On January 3, 2019, a randomly selected inmate was also a Power plant worker. The inmate confirmed that there are always two inmates present when he is at work.

115.13 (a) (1) (5-8) (11) The inmate library on N dorm is on the second tier and is solely manned by an inmate worker who controls the ingress and egress to the space. The camera in the room is not constantly displayed at the Officer's desk, nor does it provide adequate coverage of room.

On 10/19/2018, Marquette Branch Prison provided captured images of officer's station video monitor. This image shows that the area is part of the current display panel and that the areas has been rearranged in a manner that allows for clear field of view in all areas of the room.

115.13 (a) (5) (11) During the tour of P unit it was observed that the lower West wing cells are not in use and the doors are left unsecure. It was noted that inmates go down the closed off wing to train puppy's.

Auditor requested random dates to show that the wing was currently in use, doors were no longer left ajar and inmates were no longer unaccompanied/monitored in the areas in the conditions described above. Random dates over the 30 days, dates included 9/9/2018 at 1500hrs, 9/19/2018 at 1323hrs, 10/8/2018.

Documentation included Memo outlining mitigation, OMNI system count boards for the dates requested, videos of the dates and times requested.

Video footage was provided to validate location.

115.13 (a) (5) (11) During the tour of A unit it was observed that the Blue wing cells are not in use and the doors are left unsecure. It was noted that inmates go down the closed off wing and utilize the area.

Auditor requested random dates to show that the wing was currently in use, doors were no longer left ajar and inmates were no longer unaccompanied/monitored in the areas in the conditions described above. Random dates over the previous 30 days Dates included 8/20/2018 1500hrs, 8/31/2018 at 2000hrs, 9/13/2018 at 0200hrs.

Video footage was provided to validate location.

115.13 (a) (1) (5-8) (11) Quarter Master tour noted that there is no camera coverage in the building, various blind spots created by the arrangement of the shelves, and no written direction for appropriate inmate-staff ratios in the staff member office. The staff office has a restroom and blind spot created by file cabinet placement. Staff indicated that he and one inmate utilize the space throughout the shift. The shelving arrangement and processing room location allows for one-on-one inmate work details that are not in camera or in direct sight of staff.

On October 19, 2018 Michigan Branch Prison provided before and after pictures of the Quarter Masters Office and pictures of the newly installed "round reader buttons." The Office rearrangement allows for clear view from outside of the space (large windowed area) that eliminates the blind spots in the office. Additionally, the facility provided electronic data showing that rounds, and Administrative tours, are being conducted in the shelving and processing rooms.

115.13 (a) (11) The Maintenance Buildings Refrigeration shop and Electrical door were unlocked with no staff present. Inmates are not permitted in these areas.

On November 7, 2018, facility provided still images showing that the Refrigeration shop Interior door, Refrigeration shop Exterior door, HVAC shop, and Electrical Shop doors had all been marked "No Prisoners Allowed." Michigan Branch Prison also provided emails that staff for the shop and area were informed directly that all doors in the maintenance shops should be closed when not in use.

Video footage was provided to validate location.

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

115.13 (a) (1) (5-8) (11) The L1 Property Basement rooms are used as tool cribs. There are no cameras present in the space, staff reported that there was a serious assault in the building in the past, and that no inmates are allowed without officer. Additionally, there were no logs to verify staff presence and no written direction for appropriate inmate-staff ratios.

On November 7, 2018, facility provided updated post orders (dated October 25, 2018) that assigned Yard Officer Level 1 to conduct at minimum 2 intermittent rounds on each shift. They provided images of the newly installed "round reader buttons." Additionally, the facility provided electronic data showing that rounds, and Administrative tours, are being conducted in the area.

Video footage was provided to validate location.

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

115.13 (a) (1) (5-8) (11) The L1 Chapel Basement rooms are used by inmates, there are no cameras present in the space, and no means of verifying how often staff do rounds in the basement.

On December 28, 2018, this auditor reviewed still images and video showing that the chapel basement doors have been marked "NO PRISONERS ALLOWED" and that Guard 1 reader buttons were installed. Additionally, facility provided documentation that the orders, for Corrections Shift Supervisor I- TD Sergeant and Yard Officer Level 1, have been updated as of October 25, 2018 to indicate that rounds of this area will be made and that buttons had been added to ensure compliance.

Finally, facility provided Guard 1 report that shows that random rounds are being conducted by supervisory level staff and line staff.

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

115.13 (a) (1) (5-8) (11) Auditor Folino and Baez-Sprague toured the Level 1 Kitchen freezer at different times. The refrigerator area contains a separate freezer unit. The refrigerator has a camera but the freezer does not.

On November 7, 2018, facility provided still images showing that the door had been marked "NOTICE the freezer door is to remain open while in the freezer. A prisoner is allowed to retrieve items from the freeze while the staff member stays in the cooler area in camera coverage."

Video footage was provided to validate location.

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

115.13 (a) (1) (5-8) (11), 115.41, and 115.42 The Greenhouse structure is mostly made of plastic and is located on the L1 side. It has no camera coverage inside the dome or adjacent shed but there are cameras that can view the ingress and egress of the structure. Inmates assigned to this job, access this area throughout shifts that begins around 0815-0830 and end at varying times not-later-than 1400hrs. There is no logbook present to show the frequency that the Roving Officers stop in. Inmates interviewed indicated that staff only stop in 1 time per day.

On December 28, 2018, this auditor reviewed still images and video showing that the Guard 1 reader buttons were installed. Additionally, facility provided documentation that the orders, for Corrections Shift Supervisor I- TD Sergeant and Yard Officer Level 1, have been updated as of October 25, 2018 to indicate that rounds of this area will be made and that buttons had been added to ensure compliance. Finally, facility provided Guard 1 report that shows that random rounds are being conducted by supervisory level staff and line staff.

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

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

Facility provided Monthly PREA Report samples for April 2017, January 2017, and October 2016 documenting when the staffing plan was not adhered to due to decrease in inmate population and the need for consolidation of housing units to increase staff presence, productivity, and as a cost saving measure at the facility. Documentation also showed that considerations were taken when staffing levels were low and noted that none of these closed posts/positions were on operational units, nor areas, that would negatively affect PREA sexual safety requirements.

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

A copy of the March 2018 Staffing plan review CAJ 1027 was supplied to the auditor, with confirmation that the PREA Administrator had reviewed. Additionally, the 2017 PREA Annual Staffing Plan was supplied.

- (d) The PREA Manual directs Wardens, Deputy Wardens, Inspectors, Captains, Lieutenants to conduct and document rounds for PREA audit purposes, in addition to rounds conducted per PD 04.04.100 “Custody, Security, and Safety Systems.” Additionally, MBP 04.04.10B General Population/Rounds by Housing Unit Staff, and MBP 04.04.100V Facility Inspection Schedule and Administrative Staff Rounds (Exempt) outlines local procedures and position title that must conduct rounds per the aforementioned State policy.

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

MBP provided Guard 1 Printouts that showed that routine tours of the facility were occurring on all shifts.

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

During interviews with the Warden, PREA Compliance Manager, and Intermediate –or Higher-Level facility staff members (that conducted PREA tours), all indicated that unannounced rounds were conducted, documented, and that it was prohibited for staff to alert other staff. All interviews outlined details ways in which they conducted rounds that were random, absent notice to the staff, and sporadic enough to eliminate patterns that could be anticipated by staff.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a)– (c) The PREA Manual and Agency policy 05.01.140, Prisoner Placement and Transfer, restricts male and female prisoners under the age of 18 to two specific facilities within the MDOC system. Males Thumb Correctional Facility and Females to Women's Huron Valley Corrections Facility.

MDOC does not refer, nor can Michigan Branch Prison accept, any Youthful offenders to their program.

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.

Procurement, Monitoring and Compliance Division issued a Memo dated November 15, 2017 reflecting:

Marquette Branch Prison does not house youthful offenders.

Warden Erica Huss, Marquette Branch Prison, issued a Memo dated January 11, 2018 reaffirming that:

Marquette Branch Prison houses male prisoners, 18 years of age and older. It does not house youthful inmates. The standard is non-applicable to Marquette Branch Prison.

During the audit tour, through interviews with the Administration, Staff, Inmates, and the PREA Coordinator, it was determined that Michigan Branch Prison 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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) 4.1.140** Search and Arrest in Correctional Facilities and the PREA Manual establish procedures to limit cross gender viewing, strip search, and body cavity searches. This policy was reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross gender strip searches or visual body cavity searches were conducted during this audit period.

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

Policy 4.1.110 W. states, A strip search shall be performed only by employees of the same sex as the prisoner being searched. A strip search also shall be performed only in the presence of employees of the same sex as the prisoner being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor's presence is required by policy and a supervisor of the same sex as the prisoner being searched is not available.

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

Marquette Branch Prison Memorandum from Warden indicated that Marquette Branch Prison houses male prisoners. Marquette Branch Prison had no occurrences of female staff conducting a cross-gender strip search or cross-gender visual cavity search.

Random Inmate interviews indicated that inmates did not note any instances where they were aware that they were strip searched in full view of female staff. This would support the documentation provided, that

cross-gender strip, nor body cavity, searches are not occurring with cross-gender non-medical staff present.

- (b)** The PREA Manual outlines search procedures and prohibitions while dually references PD 04.01.110 and PD 04.06.184

Policy 04.01.110, 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.

Training module “Employees, Prisoners, General Identity Disordered Prisoners and the Public” states that: Pat-down and clothed body searches of female prisoners may only be conducted by female staff members unless an emergency situation exists such that there is not a female staff member available to search and waiting for a female staff member would jeopardize the good order and security. If a male staff member searches a female prisoner, it must be documented through submission of a written report to the on-duty administrator.

MDOC Memorandum by the Marquette Branch Prison Warden indicates that “This standard is non-applicable to Marquette Branch Prison.”

Marquette Branch Prison does not accept female inmates. During the tour, no female inmates were observed onsite throughout the 3-day tours.

- (c)** See notations in sections (a) and (b) of this standard.

- (d)** The PREA Manual mandates that each “Warden shall ensure the facility’s physical plant layout enables prisoners to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing the prisoners’ breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks.”

The PREA Manual also requires that cross-gender staff announce their presence when entering the opposite gender housing areas. Specifically, it calls for staff to “Knock on the most interior door and announce in a loud clear voice, ... wait 10 seconds and enter.” This Auditor observed this practice during the tour of the facility. Additionally, Random Staff and Inmate interviews confirmed that staff were announcing their presence when entering opposite-gender housing areas on a routine basis.

Based on the inmate interviews, tours, and CCTV review Cross-gender viewing is occurring on B, C, D, E, and F. Cameras coverage has viewing directly into cells, and on B C E directly into/over showering areas. These cameras are viewed in Control and in the Wardens office. There are Gun Posts located at either end of the cellblock; this post is not gender specific. The vantage viewpoint is such that the staff can see into the unit through gun ports. The vantage viewpoint allows for staff to see directly into inmates cells and shower areas on B-C-E blocks. Inmates can see a restricted view (shadow, feet, and eyes) of the staff member but the setup does not provide for inmates in their cells to change without knowing that they are not in direct view of female staff. Cross-Gender announcement do not suffice to satisfy the standard due to the obstructed vantage point the staff has to see into cells and shower areas.

On November 2, 2018, the facility provided documentation and still photos that indicate that G, B, and C blocks have placed yellow dots on the floors of the cells that are directly visible to the gun ports that would allow the inmates an area to use the toilet and change clothing without cross-gender viewing from the vantage point of the gun port. Additionally, the gun port was changed to a gender specific post and the only time a female would be present would be during Administration rounds.

On January 3, 2019 random inmate interviews indicated that inmates were aware that they could change, shower, and use the toilet without cross-gender viewing. Inmates described the varying methods utilized to ensure this. Inmates were aware that female staff did not man the gun ports, that the areas marked on the floor were not in direct view of the gun port, cameras, shower areas now have shower curtains, and all affirmed that female staff did were not in or near the shower areas during shower times.

On the same date, random staff interviews indicated that staff (male and female) were aware that female staff were not allowed in the shower areas during shower times. The control officer interview indicated that during shower times on the Cell Blocks the camera over the shower areas were turned off and logged in the control book. Additionally, staff all were aware that females did not man the gun posts on the cell blocks.

On January 11, 2019, Auditor Baez-Sprague requested Control Logs to validate that the cameras in control were being shut down during shower periods. Three, second shift, random dates over the past 3 months were selected and requested: Second Shift November 15, 2018, December 21, 2018, and January 5, 2018. All documentation was supplied and validated that there was documentation that this practice is occurring.

On January 9, 2019, Marquette Branch Prison provided photos regarding their upgrades to the showers. The permanent corrective action based on the upgrades alone did not suffice to correct the cross gender viewing. Auditor Baez-Sprague informed the facility that the permanent structural fix, absent the already established practices, would not suffice to eliminate cross gender viewing and would make this standard non-compliant. Facility agreed, and was evaluating other ways to mitigate in the future, but affirmed that the current practices that eliminated cross gender viewing would remain in place even after the conclusion of the audit (until a permanent fix that eliminated cross gender viewing could be completed).

This auditor finds that the combination of added shower curtains, overhead diamond cage addition to shower area, gender specific gun posts, digital blocking of designated cell areas, control of cross-gender staff in the area during shower times, and temporary logging off of cameras during shower times suffice to find the standard compliant during the completion of the shower capital project.

The Medical Department Office area inmate restroom has a door with a window view. The urinal in the restroom is positioned in a manner that would not allow the inmate utilizing it to do so without cross-gender viewing. There is another closed toilet area in the space and the staff indicated that the only one inmate is permitted in the bathroom at a time. The area is not clearly posted with this one-inmate requirement. The door needs to be posted with the one inmate at a time requirement to ensure that inmates can access the covered toilet without inhibition by other inmates utilizing it, the urinal should be removed, or a partition should be put up to allow the inmate to urinate with some level of privacy.

On November 7, 2018 facility provided images of the Medical Department area inmate restroom that showed that the door has a sign that states "One Prisoner at a Time." Additionally, a still photograph was provided showing that a partition had been installed to allow inmates that chose to use the urinal could do so without cross gender viewing occurring.

Based on the tour and CCTV review Cross-gender viewing is occurring in Observation cells.

The facility provided memo dated November 2, 2018 that indicated that the Observation cells have digital blocking in front of the toilet area from all camera-viewing stations. There have been posting placed outside these observation cell, instructing prisoners to changed clothing in front of their toilets. Additionally, the facility attached still images of the digital blocking technology that clearly creates a space that inmates can change absent cross-gender viewing by camera coverage.

Based on the inmate interviews, tour, and CCTV review Cross-gender viewing is occurring in the O dorm when it is occupied.

On October 31, 2018, O Dorm (aka Trusty Division) was reopened due to bed space needs. Prior to this (October 25, 2018), the facility updated Posted Ruled in the area to inform inmates that "Prisoners on open bay setting in N, O, and P-Dorms have the expectation of privacy to change their clothing in the bathroom."

03.03.140 Prohibited Sexual Conduct Involving Prisoners, the PREA Manual, Privacy Notice Signs, Knock and Announce signs were reviewed and observed throughout the tour.

03.03.140 General Information

w. "Knock and announce" areas within the facility include, but are not limited to, bathroom stalls and showers, housing unit cells, health care treatment rooms, and quartermaster area. This includes the intake area.

z. Male staff at the LCRRP facility shall be required to sign the appropriate logbook whenever they enter or exit the female housing unit. Any failure to log in shall be reported immediately to supervisory staff.

03.03.140 Additional Measures to Minimize Prohibited Conduct

GG. Female offenders shall be provided one or more locations where they may dress, shower, and use the toilet out of sight of male staff.

HH. Whenever an offender is transported to receive medical care, male officers shall not remain in the examination room when the offender is fully or partially nude, except in an emergency situation or upon request of the health care professional who will be conducting the examination. Health care professionals are exempt from this requirement.

The current system of female staff self-announcing on B, C, D, E, and F does not provide adequate notice to the inmates that a female staff member is present, or the gender status quo has changed. The current system of female staff self-announcing on B, C, D, E, and F does not provide adequate notice to the inmates that a female staff member is present, or the gender status quo has changed. Auditor Baez-Sprague did witness this first hand. During the tour status quo changed and the auditor did not hear the female officer announced. The officer did indicate that she did announce and demonstrated her announcement. The vocal of the officer was extremely loud but due to the size of the ranges and noise levels, it was noted that staff could not create a personal-vocal-volume loud enough to extend from the entrance to the top farthest ranges.

20 inmates (out of 28 Random interview questionnaires completed) expressed either they never heard female staff announce, or they only heard female Administrative staff announce their presence on the unit.

On December 19, 2018, Marquette Branch Prison provided documentation that changed their "knock and announce" procedure to include bullhorn system with siren tone.

Interviews conducted with staff and inmates on January 3, 2019 overwhelmingly indicated that all female staff were announcing in a manner that inmates were aware that the cross-gender status quo had changed. Michigan Branch Prison has implemented bullhorn system (with siren) in areas where the physical layout does not allow for self-vocal projection to reach all of the cells. All 17 inmates and 8 Staff Members described the same announcement methodology.

Based on the tour and CCTV review Cross-gender viewing is occurring in Observation Cells. On E block the Observation Cell was observed by an inmate trustee and was in full view of directed cameras that are viewed in Control and in Warden's office.

On November 8, 2018, Marquette Branch Prison provided still images of video camera digital blocking of the area directly in front of the toilets in the Observation cells. Inmates have been given direction, via postings in front of the cells, that they can change their clothing in front of the toilet with an expectation of privacy.

On December 19, 2018, Marquette Branch Prison provided documentation that changed their “knock and announce” procedure to include bullhorn system with siren tone.

Interviews conducted with staff and inmates on January 3, 2019 overwhelmingly indicated that all female staff were announcing in a manner that inmates were aware that the cross-gender status quo had changed. Michigan Branch Prison has implemented bullhorn system (with siren) in areas where the physical layout does not allow for self-vocal projection to reach all of the cells. All 17 inmates and 8 Staff Members described the same announcement methodology.

The combination of the video camera digital blocking, and improved cross-gender announcement, allows for the inmates in observation cells to change their clothes and use the toilet absent cross-gender viewing.

(e) The PREA Manual

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

Policy 04.06.184 Gender Identity Disorder in Prisoners

I. Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner’s genital status. If unknown, it may be determined during conversation with the prisoner, by reviewing medical records or, if necessary as part of a broader medical examination conducted in private by a medical practitioner.

MBP OP 04.04.110 Search and Arrest in Correctional Facilities, General Information states:
Except as outlined in PD 04.06.184 “Gender Identity Disorder in Prisoners,” Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner’s genital status.

CBT –Sexual Abuse and Sexual Harassment in Confinement outlines training for staff regarding “Determining a Prisoner’s Sex” that is in line with the Standards.

Marquette Branch Prison did not have any identified Transgender inmates, nor intersex inmates. During the tours and interviews, no inmates identified themselves to interviewers as transgender or intersex throughout the onsite audit.

The review of the policies and trainings records are sufficient to address this concern should a TG be committed to the facility.

(f) In-Service Training Modules- Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners

Computer Based Training Custody and Security in Corrections Part 2- Searches- Exerts submitted have tutorials and picture examples of proper pat search procedures to include the “praying hands technique” and searching the groin area.

Staff members training records for the aforementioned trainings were reviewed. The records indicated that staff were trained on how to properly conduct cross-gender, transgender, and intersex inmates in a least intrusive manner possible, consistent with security needs. This confirmed compliance with the standard provisions.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a)** 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Additional Measures to Minimize Prohibited Conduct OO. The PREA Administrator shall ensure standardized educational material to educate prisoners regarding conduct prohibited by this policy, self-protection, how to report conduct or threats of conduct prohibited by this policy, and treatment and counseling is accessible to all prisoners. Educational materials shall be available to all prisoners, including any updates, in CFA and Reentry facilities and shall

be incorporated into facility orientation programs. If needed, the Department will seek the assistance of interpreters for prisoners with disabilities or limited English proficiency.

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

MBP OP 04.01.140 notes that; Illiterate prisoners and prisoner with limited English skills will be provided an orientation in which prison rules, procedures, and guidebook information is presented and discussed in an understandable manner. Prisoners may be provided interpreter service if determined necessary.

Michigan Branch Prison provided documents to include: Prisoner Guidebook in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and flyer for Language Unlimited services that included Language, Deaf, and Heard of Hearing Services.

Interviews with Disabled and Limited English Proficient Inmates, it is noted that nearly all inmates felt that they received the material in a format that they could understand. It was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the staff.

- (b)** Michigan Branch Prison provided documents to include: Prisoner Guidebook in Spanish, Bi-Lingual informed consent posters, Photos of Privacy Notice signs in Spanish, Bi-Lingual RAINN Posters, Orientation packets in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and flyer for Language Unlimited services that included Language, Deaf, and Heard of Hearing Services.

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

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

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

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

Marquette Branch Prison Memorandum from Warden indicates: Marquette Branch Prison does not rely on interpreters, inmate readers, or other types of inmate assistants 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. During the audit time frame, no inmate interpreters, inmate readers, or other types of inmate assistants were used or found necessary at Marquette Branch Prison.

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

Ransom Staff Interview produced mixed results when staff were asked about inmate interpreter's use. Out of 12 Random staff interviews, 5 answered "Yes" and 2 "Not sure." The responses from the interviews produced evidence that the prohibited use of inmate interpreters, except in limited circumstances where

an extended delay in obtaining an effective interpreter could compromise the inmate's safety, is not readily known to the majority of the Corrections Officers that would act as immediate first responders.

Staff need to be retrained regarding this requirement, too include how to access language services.

Marquette Branch Prison provided copies of email reminders dated 9/25/2018 and 10/29/2018, to all reminding all them that the facility does not use inmate interpreters and that Translation Services are available 24/7.

On January 3, 2019, random staff interviews overwhelmingly indicated that staff were aware that inmates could not be used as interpreters and there is a Translation service available.

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.

The PREA Manual- Promoting Current Employees- Contractors states:

Before enlisting the services of any contractor who may have contact with prisoners, the Department shall perform a criminal background records check.

The Department shall not enlist the services of any contractor, who may have contact with prisoners, who:

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging in, attempting to engage in, or conspiracy to engage in sexual activity 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; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in (2).

Incidents of sexual harassment shall be considered in determining whether to enlist the services of anyone who may have contact with prisoners.

Marquette Branch Prison supplied a copy of the Corrections Supervisor Application Questions. Questions 12-17 specifically address PREA Standard 115.17 (b).

Marquette Branch Prison supplied examples of Background Check forms, LEIN criminal background check, and Vendor/Contractor LEIN request CAJ1037. Examples contained information regarding criminal background checks, questions about previous discipline from other employers, and copies of the MDOC Facility Database. The database includes Vendors, Contractors, Volunteers, Student Interns, and examples of Denials. Finally, MDOC provided documentation whereas previous employers where staff may have had contact with inmates were contacted. The written request for information had specific question regarding the prospective employees work history as it relates to the presence/non-presence of substantiated Sexual Abuse and Sexual Harassment. This documentation shows that the standards core tenants are met for 115.17 (c) and (d).

Marquette Branch Prison Memorandum indicates that the Records Supervisor conducts a criminal background check on all employees every 3 years. 115.17 (e).

Marquette Branch Prison provided documentation dated 7/13/2018 that staff had received a LEIN criminal background check in 3 years intervals.

Marquette Branch Prison supplied a copy of the Corrections Officer Recruitment Supplemental Questionnaire. Questions 9-13 specifically addresses PREA standard 115.17 (f).

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

Marquette Branch Prison supplied 2016 and 2017 responses to requests from other Corrections departments from different agencies and States. PD 02.01.140 Access by Non-Department Employees CC. permits the MDOC to provide such materials but requires signed releases, subpoena, or court order to release the materials. This meets standard section 115.17 (h).

The Marquette Branch Prison Human Resources Administrative Officer was interviewed and affirmed that all subsections of this Standard are being strictly adhered to.

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

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

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring. A review of policy and the interview with Human Resource staff confirms that the individual facilities are not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff. The agency reports that 474 corrections officers had background checks completed at the agency level. The agency provided a sampling of LEIN check documentation for the past 2 years to demonstrate the agency practice for provision (c).

The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the facility. According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, 5-year LEIN checks are completed by the records supervisor in June of designated years for each individual facility where the contractor or employee is located. Documentation was received from two facilities to verify this practice.

The agency provided sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide such information when applying for employment or promotion and during any self-evaluations. In addition to application

materials, the employee work rules, specified in the employee handbook, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. Agency policy affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination.

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

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*)

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The PREA Manual under Facility and Technology Upgrades states:

- (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered.*
- (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered.*

MDOC requires form *CAH-135 Project Review and Approval* to be utilized for all facility projects. Through Administration and PREA Coordinator interviews, it was noted that the Facility Supervisor, Lake County Sheriff's Office, and the PREA Administrator would discuss any projects at the facility. Not projects have occurred, nor have any technology upgrades occurred during the Audit review period.

Marquette Branch Prison Memorandum from Warden states: Marquette Branch Prison has not acquired any new facilities under its jurisdiction. It has not had any substantial expansions or modifications of its existing facility. Marquette Branch Prison would consider the protection of inmates from sexual abuse during the design, acquisition, expansion or modification of its facility if it had occurred.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

- (b) Michigan Branch Prison provided documentation that investigative staff were trained in 110-Michigan Commission on Law Enforcement Standards--Basic Training Curriculum which includes material reference and sources from: The U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," Michigan Department of Corrections Sexual Violence Response and Investigation Guide 2015 Rev., and Crime Scene Management and Preservation 2015. Additionally, investigative staff completed the NIC PREA Investigator training.

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

Marquette Branch Prison did provide documentation that UP Health System Marquette has SANE nurses available 24hours per day 7 days per week for sexual assault victims.

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

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

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

The facility has provided adequate documentation in regards attempting to establish a relationship with the local Rape Crisis Center. In 2016, Michigan Branch Prison previously reached out to Women's Center who declined to provide services. The local District Attorney's office was contacted to see if they could assist in swaying the Women's Center decision, it did not. Finally, Michigan Department of Corrections has an MOU (and is currently piloting services) with the Justice Detention International where-as #2. *JDI will be responsible for the following: D. JDI will engage the Michigan Coalition to End Domestic and Sexual Violence and Local rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring the referrals made to MDOC prisoners are as effective as possible.*

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

Marquette provided example of inmate receiving Advocacy at the Hospital when he was transported from Alger Prisons for a sexual abuse allegation- both Marquette and Alger use the same hospital for sexual abuse allegations.

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

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

Memorandum from A/Inspector Smith affirms that staff have been vetted with background checks, too include a review of their work history.

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.

- (a)** MDOC Policy Directive 01.01.140 Internal Affairs- directs that all allegations of abuse and harassment be referred to the Internal Affairs Division Manager to be assigned for investigation. Additionally, the a Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of Internal Affairs Division which are referred to the Michigan State Police or local law enforcement agency for criminal investigation.

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

MDOC PREA Manual states that “All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on- sexual harassment allegations ...shall be...investigated.”

Administrative interviews, PREA Compliance Manager Interviews, Random Staff Interviews, Inspector interviews, and Random Inmate Interviews did not indicate that there have been any allegation of Sexual Abuse or Sexual Harassment at the facility.

Michigan Branch Prison provided a spreadsheet of all of their investigation dating back to 2015. Interviews with Investigators and Random Inmates provided support that allegations of Sexual Abuse and Sexual Harassment were investigated.

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

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

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

Michigan Branch Prison provided a spreadsheet of all of their investigation dating back to 2015 that documented referral to law enforcement.

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

03.03.140 Prohibited Sexual Conduct Involving Prisoner is published and outlines MDOC and Law Enforcement requirements.

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

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

Michigan State Police letter dated September 30, 2015 acknowledging sections a-f of 115.21 apply to their agency.

- (d)** See letter (c)

- (e)** N/A

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Marquette Branch Prison provided a Course History Report that showed that staff had participated in and completed course title (45116) Sexual Abuse and Sexual Harassment in Corrections.

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

There were no examples of staff transferring to Marquette Branch Prison from female facilities. Policy does address the training requirement if a transfer would occur.

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

MDOC has an annual In-service Training Module (2hrs) that is part of their annual In-service Training plan.

Marquette Branch Prison provided a Course History Report that showed that staff had participated in and completed course title (45116) Sexual Abuse and Sexual Harassment in Corrections.

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

There is a knowledge test, and electronic signature, at the end of the (45116) Sexual Abuse and Sexual Harassment in Corrections module.

Marquette Branch Prison provided a Course History Report that showed that staff had participated in and completed course title (45116) Sexual Abuse and Sexual Harassment in Corrections.

Random Staff Interview with 12 MDOC staff members indicated that staff had received the training, understood the training, and were implementing the education learned.

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.

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

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

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

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

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

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

11. Must comply with the Prison Elimination Act (PREA). Overfamiliarity with prisoners is prohibited. If a prisoner reports an incident of sexual assault, abuse, or harassment to any volunteer, the volunteer must immediately report the allegation to MDOC staff.

Any volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with prisoners and shall be reported to law enforcement.

PROGRAM A Correctional Facilities Administration (CFA) Security Regulations August 2014 contains a section titled on Page 30: Prisoner Contract- Sexual Abuse, Sexual Harassment, Overfamiliarity and Unauthorized Contact.

Targeted Volunteer and Contractor interviews showed that 2 of the 3 interviewed did not have solid definition of Zero Tolerance, could not describe the type of information went over, and how they should appropriately respond to allegations they may receive. One of the interviewed noted that they receive a packet and told to take it home, review, complete, and return. He indicated that the Sexual Abuse and Sexual Harassment training is somewhere in the packet. He was articulate in the material but noted that he is a “reader” and that he made sure he read all of the materials. He did not recall anyone ever going over the Sexual Abuse nor Sexual Harassment materials with him. The other two interviewed could recall it was in the packet, but answered “I don’t know” when asked about how to report incidents of Sexual Abuse or Sexual Harassment.

This training modality does not ensure that all volunteers and contractors who have contact with inmates have been appropriately trained, and understand, their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

It is suggested that the PREA training section of PROGRAM A, be removed from the packet materials it is currently being presented in. The materials should be provided, reviewed, allow for follow-up questions, and signed by volunteers in the presence of staff to ensure that the Volunteer/Contractor understands the PREA information they are required to retain knowledge of.

On December 11, 2018. Marquette Branch Prison provided documentation and a PowerPoint that showed that the modality of education for Contractors and Volunteers was revised to better ensure understanding. This auditor reviewed the Power Point used to education Contractors and Volunteers.

On January 3, 2019, an interview was conducted with one of the two available Contractors/Volunteers on ground. The interviewed contractor was very well knowledgeable about Zero Tolerance, reporting methods, his responsibilities, and the overall rights of the inmates. The interviewee described viewing the power point and being allowed ask follow up questions.

- (b)** *The PREA Manual Training Section- Volunteer and Contractor- The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with prisoners. All volunteers and contractors who have contact with prisoners shall be notified of the Department’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.*

Additionally, the training does not adequately reinforce the agency’s zero-tolerance policy and ensure they are truly informed regarding how to report such incidents.

It is suggested that the PREA training section of PROGRAM A, be removed from the packet materials it is currently being presented in. The materials should be provided, reviewed, allow for follow-up

questions, and signed by volunteers in the presence of staff to ensure that the Volunteer/Contractor understands the PREA information they are required to retain knowledge of.

On December 11, 2018, Marquette Branch Prison provided documentation and a PowerPoint that showed that the modality of education for Contractors and Volunteers was revised to better ensure understanding. This auditor reviewed the Power Point used to education Contractors and Volunteers.

On January 3, 2019, an interview was conducted with one of the two available Contractors/Volunteers on ground. The interviewed contractor was very well knowledgeable about Zero Tolerance, reporting methods, his responsibilities, and the overall rights of the inmates. The interviewee described viewing the power point and being allowed ask follow up questions.

- (c) Michigan Branch Prison provided rosters for both Volunteers and Contracted Employees showing that they had received training utilizing PROGRAM A materials.

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

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- (a) Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditors, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. Through interviews with facility intake staff the PREA Coordinator and random inmates, 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.

Marquette Branch Prison provided additional sample documentation demonstrating that inmates received training and it was documented on form CAJ 1036.

- (b) Random Inmate and Staff interviews indicated that inmates were provided PREA materials and trained regularly within 24hrs of reception to the Michigan Department of Corrections.
- (c) Marquette Branch Prison provided sample documents showing that inmates received PREA education in the form of a pamphlet and Video PREA training “taking action.”

Random Inmate and Staff interviews indicated that inmates were provided PREA materials and trained regularly within 24hrs of reception, or the next day at the latest, to the Michigan Department of Corrections.

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

During Interviews with Disabled and Limited English Proficient Inmates it was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the staff. Nearly all 8 interviewed affirmed that they could access the information in a format that they could understand.

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

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

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

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

- (b) The PREA Manual Training Section- Specialized Training-Investigator: *Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.*

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

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

Interview with MDOC Inspectors indicated that they were trained and that the investigation was limited to Administrative investigations.

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

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

Michigan Branch Prison provided documentation that Medical and Mental Health Staff have received training Health Care-PREA and Mental Health Services- PREA.

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

Michigan Branch Prison provided documentation that Medical and Mental Health Staff have received training Health Care-PREA and Mental Health Services- PREA.

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.

- (a)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: *In addition to the PREA assessment at intake, Staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA-Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner's risk of being sexually abused or being sexually abusive toward others. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- All prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The OMNI-based risk assessment tools will be used to determine a prisoner's risk. The results of the Risk Assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.

Marquette Branch Prison Memorandum dated May 2, 2018 reflected the change in policy and procedure from April 2017 and noted that all current inmates, receptions from August 2016 to 2017, and continuous new receptions were assessed upon transfer to the facility.

Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all. Documentation showed that they did occur but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face.

- (b)** The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: - Staff designated by the warden shall complete both PREA Risk Assessments if any of the following occur:
(1) Within 72 hours of the prisoner's arrival at a correctional facility, including intake.

Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all. Documentation showed that they did occur but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate. Additionally, documentation showed that inmates are being assessed within 72 hours of arrival.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question Inmates stated that the assessment occurred usually the same date of arrival or the next date.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and within 72 hours of arrival.

- (c) The PREA Risk Assessment Worksheet CAJ-1023 meets objective criteria. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.
- (d) The review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Coordinator, the auditor is satisfied that the intake screening instrument meets the 9 criteria. Number 10 is not applicable as the Marquette Branch Prison does not detain offenders solely for civil immigration purposes.

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LBGTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions upon reception to Marquette Branch Prison nor since they have been here.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate’s perception and allow for self-reported LBGTI/Vulnerability.

Marquette Branch Prison needs to demonstrate that all the inmates in their custody have received a face-to-face assessment/reassessment that allows for the inmate to self-disclose/report the information that cannot be captured by mere file review.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face.

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

The review of the Assessment tool, coupled with interviews with staff that conduct the initial screening, the process and tool do consider the criteria set in this standard.

- (f) Marquette Branch Prison does not have any written policy or procedure that establishes a defined the period for reassessment up to 30 days. Staff make the determination and the time frame vary. There is no way to meet the spirit of the standard as a reassessment could occur the next day after the initial assessment. This does not allow the facility to capture changes in the inmate’s vulnerability after a period of onsite incarceration.

Marquette Branch Prison needs to establish a set period of time, not to exceed 30 days, that allows for the capture of changes in inmate's vulnerability during onsite incarceration.

Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all. Documentation showed that they did occur within 30 days but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 2, 2019, Marquette Branch prison provided a policy MBP 03.03.140 that established the set period of time for reassessment at "15 calendar days and no later than 30 calendar days."

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question. Inmates indicated that within a couple of weeks after the initial assessment they were pulled back out and asked questions again.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face. Staff indicated that they were conducting assessments 15-30 days after the initial 72-hour assessment.

- (g) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: O.** *In addition to the PREA assessment at intake, Staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA-Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner's risk of being sexually abused or being sexually abusive toward others. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Facilities: Staff shall complete a new PREA-Aggressor Risk Assessment-Prison and PREA-Victim Risk Assessment-Prison form when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the prisoner's risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. If any such incident requires that the prisoner be transferred, the sending facility shall ensure that the risk reassessments are completed prior to the transfer.

Random Inmate interviews indicated that the Risk Assessment were not being conducted face-to-face so they were not aware if they were conducted at all. Documentation showed that they did occur within 30 days but this does not suffice, as it cannot capture inmate's perception or self-disclosure.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 2, 2019, Marquette Branch prison provided a policy MBP 03.03.140 that established the set period of time for reassessment at "15 calendar days and no later than 30 calendar days."

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question. Inmates indicated that within a couple of weeks after the initial assessment they were pulled back out and asked questions again.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face. Staff indicated that they were conducting assessments 15-30 days after the initial 72-hour assessment.

- (h)** The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: *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.*

During Random Inmate Interviews, Administration, and Interviews with Staff who conduct the Initial and Review it was determined that no inmate was punished for not answering questions related to this section.

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

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: *Information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners.*

Policy requires that risk assessment be conducted using Offender Management Network Information (OMNI). OMNI is secured via a user profile rights system. Additionally, just because you have access to OMNI does not mean you have access to screening records. For instance, the PREA Administrator has enhanced access in order to provide records to Auditors, but they cannot enter data into the assessment tool. Likewise, the PC's conducting the risk assessments have access to allow them to enter data and see the results but the corrections officers don't have access to the risk screening module at all. Every position in our agency has user profile rights assigned to that position. This has been in place long before PREA. The login ID is unique to the staff member and their position within the agency.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) PD 05.01.140 Prisoner Placement and Transfer- PREA Risk Assessment: CC. ... *Staff shall complete the PREA Risk Assessments Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. The assessment shall be completed using information contained within the prisoner's Records Office file, on electronic databases available to staff and obtained from discussions with the prisoner. This assessment shall be considered when making housing, bed, work, education and program assignments at*

that facility. Risk assessment scores affecting bed assignments shall follow the procedures outlined in the PREA Manual.

Marquette Branch Prison provided documentation where they use Marking A for potential High-Risk Abuser and V for potential High-Risk victims to ensure that the inmates are housed appropriately.

MBP OP 05.01.100 Program Classification of Prisoners: provides guidance on how the risk assessment will be used when assigning inmates to *work, education and program assignments*. *Interviews of inmate details coupled with review of available Risk Assessment scores showed inmate's assignments did take into consideration the Risk Assessment scores.*

During Random Inmate interviews, inmates repeatedly answered "no" when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LBGTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate's perception and allow for self-reported LBGTI/Vulnerability.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

- (b) PD 05.01.140 Prisoner Placement and Transfer- PREA Risk Assessment: EE.** *Whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: ***Decisions Based on PREA Risk Assessment Results*** - *In addition to other classification considerations, facility staff shall use information from the risk assessment to inform housing, bed, work, education and program assignments with the goal of keeping prisoners at high risk of being sexually victimized separate from prisoners at high risk of being sexually abusive.*

These decisions shall include individualized determinations addressing how to ensure the safety of each prisoner. Risk assessment scores will affect bed assignments as follows:

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

Marquette Branch Prison provided documentation to show that inmates are individually assessed for custody level, programming needs, and security concerns to ensure their overall safety at the facility.

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LBGTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate’s perception and allow for self-reported LBGTI/Vulnerability.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

- (c) PD 04.06.184 Gender Identity Disorder (GID)/ Gender Dysphoria- General Information: D.**
When making housing and programming assignments, facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner’s health and safety and any management or security concerns.

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

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LBGTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate’s perception and allow for self-reported LBGTI/Vulnerability.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

Transgender and LGBTI inmates can be identified now that face-to-face assessments are being conducted.

- (d)** PD 04.06.184 Gender Identity Disorder (GID)/ Gender Dysphoria- General Information: *J. The prisoner shall be assessed by an appropriate medical provider at least twice a year to determine if any changes are needed to the approved individual management plan.*

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LGBTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate’s perception and allow for self-reported LGBTI/Vulnerability.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

Transgender and LGBTI inmates can be identified now that face-to-face assessments are being conducted.

- (e)** The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Transgender. Intersex, and Gender Identity Disorders (GID): *A transgender, intersex or GID prisoner’s own views with respect to his or her own safety shall be given serious consideration in placement decisions.*

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LGBTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate’s perception and allow for self-reported LGBTI/Vulnerability.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

Transgender and LGBTI inmates can be identified now that face-to-face assessments are being conducted.

- (f) PD 04.06.184 Gender Identity Disorder (GID)/ Gender Dysphoria- Individual Management Plan and Placement: *H. 2. Access to toilet and shower facilities with relative privacy.*

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LGBTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

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On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

Transgender and LGBTI inmates can be identified now that face-to-face assessments are being conducted.

- (g) PD 05.01.140 Prisoner Placement and Transfer- Other Considerations: *II. Information about a prisoner’s sexual orientation that is unrelated to the prisoner’s behavior shall not be used by staff for any purpose, including placement and transfer decisions.*

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Transgender, Intersex, and Gender Identity Disorders (GID): *Prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order.*

Michigan Department of Corrections Memo by James Alexander, Deputy Warden of Housing indicates: *Prisoners at Marquette Branch Prison are not designated as LGBTQ. This information is not listed in any documentation or electronic records that housing unit staff would have access to. There are no areas of Marquette Branch Prison specifically dedicated to housing LGBTQ.*

During the Audit tour and based on Interviews with inmates that identified as LGBTI showed that the facility does not house LGBTI inmates on separate units based solely on their sexual orientation or LGBTI status.

During Random Inmate interviews, inmates repeatedly answered “no” when asked about being asked questions relevant to the Risk Assessment requirements: Whether they had been in jail before, whether they had ever been sexually abused, whether they identify as being LGBTI, or whether they think they might be in danger of sexual abuse here? 23 out of 28 Inmates noted that they had never been asked these questions are reception to Marquette Branch Prison nor since they have been her.

Although the tool meets the standard, the practice does not as interviews indicate that staff are not conducting the Assessment, and Reassessment, with the inmate present to capture the inmate's perception and allow for self-reported LGBTI/Vulnerability.

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On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and being asked subjective questions.

Transgender and LGBTI inmates can be identified now that face-to-face assessments are being conducted.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) PD 04.05.120 Definitions Types of Segregation Temporary Segregation *J. Temporary segregation is used when it is necessary to remove a prisoner from general population pending, ..., an investigation of a prisoner's need for protection or transfer.*

The PREA Manual Protective Custody states: Prisoners at high risk of sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less

restrictive means of separation from likely abuser exists. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed.

If no less restrictive means of separation from the abuse or likely abuser exists, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 "Segregations Standards" for time period not to ordinarily exceed 30 calendar days.

MBP 04.05.120L Information: A. Temporary segregation is used when it is necessary to remove a prisoner from general population pending, ..., an investigation of a prisoner's need for protection or transfer.

- (b)** PD 04.05.120 Property, Program and Activity Access V., W., X—Personal Property Y. and Z. the list includes Healthcare access, medical device access, state issues clothing, meals served same as general population, shower/shave 3 times per week, haircare services commensurate with general population, mail privileges, visits, access to legal property, law library, writing materials, telephone privileges reading materials, out of cell time, notary public services, store ordering, religious items, recreational programming, educational programming, and limited personal property.
Restricted items are listed in PD 04.05.120B.

Marquette Branch Prison Post Orders outline the same access as listed above.

Marquette Branch Prison Segregation Packet makes the inmates aware of the access to and limitation available while in the Segregation Units.

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

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

- (c)** The PREA Manual Protective Custody states: *If no less restrictive means of separation from the abuse or likely abuser exists, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 "Segregations Standards" for time period not to ordinarily exceed 30 calendar days.*

PD 04.05.120 Segregation Standards- Temporary Segregation Types of Segregation states: K. Wardens shall ensure that prisoners are not confined in temporary segregation for more than seven business days except under the following circumstances: the day on which a prisoner is placed on temporary segregation is not counted in this time limit but the day on which the prisoner is released is counted:

- (d)** PD 04.05.120 Segregation Standards- Temporary Segregation Types of Segregation states: *J. ...A prisoner's placement in temporary segregation, including the reason for such placement, shall be documented in writing and approved by the warden or designee within 72 hours...*

MBP 04.05.120L Information: A... A prisoner's placement in temporary segregation, including the reason for such placement, shall be documented in writing and approved by the warden or designee within 72 hours...

- (e)** PD 04.05.120 Segregation Standards- Temporary Segregation Types of Segregation states: *BBB. Housing unit team and SCCC shall regularly review behavioral adjustment of each prisoner classified to administrative segregation...The reviews shall be conducted at least weekly,...during the first two months in segregation and at least every 30 calendar days thereafter until prisoner is reclassified to general population.*

Interviews with Random Inmates, PREA Coordinator, Administration, and Inspectors indicated that no inmates had been involuntarily placed in segregation for safety regarding PREA.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.

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

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

Marquette Branch Prison provided a copy of the MOU between MDOC and The Legislative Corrections Ombudsman signed in 12/2014.

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

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

Random Inmate Interviews concluded that inmates were given information on how to report and were provide a phone number with a PIN to report anonymously. Many of the inmates did not realize that did not have to give a name but the posting were available on the unit and by the phones. Inmates indicated that if they wanted to report anonymously they could tell their families to call the facility.

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

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

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

Random Staff interviews indicated that staff were aware that they could use the PREA hotline, contact their internal affairs office, or report privately to the PREA Coordinator.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.
- (b) DIRECTOR'S OFFICE MEMORANDUM (DOM) 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (b), allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. Inmates are not required to

informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances. The auditor notes that the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.

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

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

- (d) DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator 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.

Marquette Branch Prison issued a Memo dated May 5, 2018 reflecting:

All Grievances filed at Marquette Branch Prison were answered within the set time limits. No Extensions were required.

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

- (e) The DOM, which was reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented.

Marquette Branch Prison issued a Memo dated May 5, 2018 reflecting:

Marquette Branch Prison had a non-occurrence of third party grievances during the audit time frame and to our current date.

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

- (f) On the PAQ, the facility claims that no emergency grievances have been filed by an inmate during the audit review period. The DOM, which was reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance.

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

The auditor reviewed two emergency grievances, whereas the alleged risk of imminent sexual abuse was assessed, and responded to, either the date of (or the next day) after filing date.

- (g) The DOM, which was reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden.

Documentation provided, Pre-Audit Questionnaire data, Random Staff, Random Inmate, and PREA Coordinator interviews did disclose that there were PREA related grievances filed within the past 12 months that resulted in discipline. The documents reviewed did show that discipline was imposed in those cases where unfounded and could have caused an employee or prisoner to be disciplined/corrective action.

One inmate interviewed did allege that he was disciplined for filing a PREA related grievance, where as he believed the incident could not have been unfounded based on the camera placement. He provided documentation to the Auditor showing the discipline and grievance response. This Auditor requested the grievance, investigation, and subsequent video surveillance. This Auditor witnessed that the camera could clearly see that the alleged abuse (indicated by the inmate) did not occur. Discipline could be warranted based on the inmate's version and the supporting evidence that the allegation did not (and could not) have occurred as described.

This auditor is satisfied that the Statewide PREA Policy and Procedures are being adhered to at Michigan Branch Prison.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

MDOC has also begun working with Rape, Abuse & Incest National Network (RAINN) to provide access to counseling services via telephone conference.

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

Marquette Branch Prison does not detain any inmate solely for civil immigration purposes.

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

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

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

Michigan Department of Corrections Prisoner Guidebook- Telephone Use: *Prisoner telephone call may be listened to and recorded in accordance with the requirements of Policy Directive 05.03.130 "Prisoner Telephone Use."*

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

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

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

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

MDOC has also begun working with Rape, Abuse & Incest National Network (RAINN) to provide access to counseling services via telephone conference.

The facility has provided adequate documentation in regards attempting to establish a relationship with the local Rape Crisis Center. In 2016, Michigan Branch Prison previously reached out to Women's Center who declined to provide services. The local District Attorney's office was contacted to see if they could assist in swaying the Women's Center decision, it did not. Finally, Michigan Department of Corrections has an MOU (and is currently piloting services) with the Justice Detention International where-as #2. *JDI*

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Michigan Branch Prison Memorandum dated May 5, 2018 indicated that they had not received any Third Party Reports during this audit period. Interviews with Staff and Inmates did not provide information to contradict this.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Random Interviews with Staff, Inmates, and Administration indicated that immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender.

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

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(a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Reporting Prohibited Conduct: V. 1. *For allegations of abuse within the MDOC - To the appropriate facility head. The Inter-Administration Investigation Protocol issued by the CFA and FOA Deputy Directors shall be followed if the allegation is regarding the conduct of an employee from another Administration. The appropriate facility head shall verify whether the allegation had been previously investigated. If not, s/he shall ensure the allegation is entered into the Department's computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Administrator.*

(b) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Reporting Prohibited Conduct: V...., If the allegations pertain to conduct at another facility (including county jails, another state prison, federal prison or substance abuse program facility), the Warden shall provide email notification within 72 hours...

(c) See (a)

(d) See (a)

Michigan Branch Prison provided documentation that they provided notification to another Correctional Agency within 72hours of receiving the allegation.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Custody staff shall:

(1) Separate the alleged victim and abuser;

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

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

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

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

Random Staff interviews and Targeted Staff Interview with Staff who have acted as first responders indicated that staff were aware of their responsibility regarding their response.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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

(b) The PREA Manual- Protection from Retaliation:

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

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

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

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

- **Staff who report sexual abuse** – Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter.

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

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

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

If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary.

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

(d) The PREA Manual- Protection from Retaliation indicates that there will be periodic status checks.

(e) The PREA Manual- Protection from Retaliation: *If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary.*

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

Random Staff, Random Inmate, PREA Coordinator, Inspectors, and Administration interviews affirmed that inmates and staff are aware of the right to be free of retaliation. A review of

documentation provided shows that inmates are monitored for retaliation for a period of 90 days minimum.

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

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- (a) PD 04.05.120 Definitions Types of Segregation Temporary Segregation J. *Temporary segregation is used when it is necessary to remove a prisoner from general population pending, ..., an investigation of a prisoner's need for protection or transfer.*

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

If no less restrictive means of separation from the abuse or likely abuser exists, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 "Segregations Standards" for time period not to ordinarily exceed 30 calendar days.

MBP 04.05.120L Information: A. Temporary segregation is used when it is necessary to remove a prisoner from general population pending, ..., an investigation of a prisoner's need for protection or transfer.

PD 04.05.120 Property, Program and Activity Access V., W., X—Personal Property Y. and Z. the list includes Healthcare access, medical device access, state issues clothing, meals served same as general population, shower/shave 3 times per week, haircare services commensurate with general population, mail privileges, visits, access to legal property, law library, writing materials, telephone privileges

reading materials, out of cell time, notary public services, store ordering, religious items, recreational programming, educational programming, and limited personal property.

Restricted items are listed in PD 04.05.120B.

Marquette Branch Prison Post Orders outline the same access as listed above.

Marquette Branch Prison Segregation Packet makes the inmates aware of the access to and limitation available while in the Segregation Units.

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

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

Marquette Branch Prison did not involuntarily confine any inmates for protection and those that ask for self-confinement did not have privileges revoked.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) The PREA Manual: *All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.*

- (j) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- MM. *The investigation shall not be closed simply due to the resignation, transfer, or termination of the accused staff person.*

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

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

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

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

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

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

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

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

MDOC provided documentation via email, to show that an alleged abuser from 2017 was prosecuted post her resignation from the facility.

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

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

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Marquette Branch Prison provided example of inmate notifications CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Finding and Action.

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

- (b)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify.*
- (c)** PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *For Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner, the facility shall subsequently inform the prisoner whenever:*

- (1) Any disciplinary action is taken. However, details of the discipline including the specific charges and sanctions shall not be provided;*
- (2) The staff member is no longer posted within the prisoner's unit;*
- (3) The staff member is no longer employed at the facility;*
- (4) The Department learns the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- (5) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

Marquette Branch Prison provided example of inmate notifications CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Finding and Action.

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

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

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

Marquette Branch Prison provided example of inmate notifications CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Finding and Action.

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

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

Marquette Branch Prison provided example of inmate notifications CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Finding and Action.

- (f) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- *The Department's obligation to provide notification as outlined in this section shall terminate if the prisoner is paroled, discharged from his/her sentence, is vacated or the prisoner is pardoned.*

Marquette Branch Prison provided example of inmate notifications CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Finding and Action.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.
- (b) The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.
- (c) The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).

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

A review of documentation showed that there was one substantiated allegation of abuse in 2017 and the staff member resigned, prior to the end of the disciplinary process, and was still referred and prosecuted for her crimes against an inmate.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

- (c)** The auditor reviewed agency policy 03.03.105, and the PREA Manual which established procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard.
- (d)** The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs.
- (e)** Agency policy 03.03.140, was reviewed by the auditor, which dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation. Locally at LCRRP the Lake County Sheriff's Law enforcement will conduct the initial investigation and seek support from MSP is necessary.

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

PREA Administrator and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.

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

PREA Administrator and PREA Coordinator indicated knowledge that this requirement must be met if/when an allegation occurs.

- (g)** 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).

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

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*)

Instructions for Overall Compliance Determination Narrative

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

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

Marquette Branch Prison provided documentation that inmates that had previously experienced sexual victimization were seen by the Bureau of Healthcare services within 14 calendar days.

During the interview process it was determined that inmates were not be assessed face-to-face which does not capture the Subjective response from an inmate as to whether he had been a victim of sexual abuse or perpetrator of sexual abuse while (or before) incarceration. The documentation supports that inmates that had reported were referred but there is a pool of inmates that could not have been captured due to not posing the direct question. Inmates interviews supported this as one inmate noted "Not here but at Muskegon..." when posed the question regarding being asked and referred.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face.

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

Marquette Branch Prison provided documentation that inmates that had previously perpetrated sexual abuse were seen by the Bureau of Healthcare services within 14 calendar days.

During the interview process it was determined that inmates were not be assessed face-to-face which does not capture the Subjective response from an inmate as to whether he had been a victim of sexual abuse or perpetrator of sexual abuse while (or before) incarceration. The documentation supports that inmates that had reported were referred but there is a pool of inmates that could not have been captured due to not posing the direct question. Inmates interviews supported this as one inmate noted "Not here but at Muskegon..." when posed the question regarding being asked and referred.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face and referred for medical or mental health follow-up if appropriate.

(c) See (a)

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

During the interview process it was determined that inmates were not be assessed face-to-face which does not capture the Subjective response from an inmate as to whether he had been a victim of sexual abuse or perpetrator of sexual abuse while (or before) incarceration. The documentation supports that inmates that had reported were referred but there is a pool of inmates that could not have been captured due to not posing the direct question. Inmates interviews supported this as one inmate noted "Not here but at Muskegon..." when posed the question regarding being asked and referred.

On December 10, 2018, Marquette Branch prison provided documentation that indicated that all inmates incarcerated in the facility had received a face-to-face Risk Assessment that was memorialized by signature of the inmate.

On January 3, 2019, random inmate interviews indicated that inmates are being assessed face-to-face and being asked subjective question.

On the same date, interviews with staff that conduct risk assessments indicated that inmates are being assessed face-to-face.

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

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

(b) Marquette Branch Prison employs full time medical or mental health staff.

Random Interviews with Staff, Inmates, and Administration indicated that standard 115.62 would be adhered as immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas.

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- (a) The PREA Manual- Sexual Abuse Incident Review: *The facility PREA Coordinator shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be No Evidence/Unfounded.*
- (b) The PREA Manual- Sexual Abuse Incident Review: *Such review shall generally occur within 30 calendar days after the conclusion of the investigation.*
- (c) The PREA Manual- Sexual Abuse Incident Review: *The review team shall include upper-level custody and administrative staff, with input from relevant supervisory staff, investigators, and medical or mental health practitioners or others as appropriate.*

Example SAIR reports indicated that there was no a Medical nor Mental Health representative present at, nor providing input, for the Sexual abuse incident Review. A qualified Medical and Mental Health provider needs to provide some level of input as part of the SAIR review.

On November 14, 2018, Marquette Branch Prison provided sample documentation that showed that the SAIR included a Mental Health Representative.

- (d) The PREA Manual- Sexual Abuse Incident Review: *The review team shall:*
- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to prevent, detect or respond to sexual abuse;*
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;*
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
 - (4) Assess the adequacy of staffing levels in that area during different shifts;*
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*
 - (6) Prepare a report of its findings including but not necessarily limited to determinations made pursuant to (1) through (5) and any recommendations for improvement and submit such report to the Warden or Administrator with a courtesy copy to the Department PREA Administrator and facility PREA Coordinator.*

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

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

A review of the agency's annual PREA Annual report for 2016 and the Survey of Sexual Violence 2016 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence.

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

A review of the agency's annual PREA statistics for 2016 and the Survey of Sexual Violence 2016 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence. According to interviews with the agency PREA Administrator and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.

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

The agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect from these facilities.

MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, www.michigan.gov/corrections, and this auditor's review, auditor has determined that Marquette Branch Prison is in compliance with the requirements of these data collection and posting standards.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2016 report identified its efforts to continue training Department investigators, the inmate population and expand reporting options for third parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with an intent to continue this activity until all agency facilities have been audited.

The agency's 2016 annual PREA report compares data from 2015. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The 2016 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress.

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

MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, www.michigan.gov/corrections, and this auditor's review, auditor has determined that Marquette Branch Prison is in compliance with the requirements of these data collection and posting standards.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, www.michigan.gov/corrections, and this auditor's review, auditor has determined that Marquette Branch Prison is in compliance with the requirements of these data collection and posting standards.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Marquette Branch Prison was very accommodating during the audit and provided unfettered access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) of the standard. The auditor was provided copies of all documents requested. The auditor was able to conduct inmate interviews in a private setting in accordance with provision (m) of the standard. The auditors were provided private offices where interviews occurred. During the audit tour, the auditor observed that the notice of audit was prominently displayed throughout all housing units and common areas of the facility. This auditor did not receive any correspondences from any inmate at the facility prior to the audit. (n) of the standard.

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

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

January 28, 2019
Date

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

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