Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report August 11, 2018

Auditor Information

Name: Louis Folino	**E Mail:** lsf168@verizon.net
Company Name: Organization Name: Pennsylvania Department of Corrections	
Mailing Address: 1920 Technology Parkway	**City, State, Zip:** Mechanicsburg, Pennsylvania, 17050
Telephone: 717-728-4135	**Date of Facility Visit:** June 25-27, 2018

Agency Information

Name of Agency: Michigan Department of Corrections		**Governing Authority or Parent Agency** *(If Applicable)*: State of Michigan	
Physical Address: 206 E. Michigan Avenue		**City, State, Zip:** Lansing, MI 48933	
Mailing Address: 206 E. Michigan Avenue		**City, State, Zip:** Lansing, MI 48933	
Telephone: 517-335-1426		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Agency mission: Policy Directive 01.01.100 Mission Statement: 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: www.michigan.gov/corrections

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: Carlson2@michigan.gov	**Telephone:** **517-230-1464**
PREA Coordinator Reports to: Julie Hemp	**Number of Compliance Managers who report to the PREA Coordinator:** **32**

Facility Information

Name of Facility: **Ojibway Correctional Facility**			
Physical Address: N. 5705 Ojibway Road, Marenisco, MI 49947			
Mailing Address (if different than above):			
Telephone Number: 906-787-2217			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	

Facility Mission: **Mission Statement, Ojibway Correctional Facility: Correctional operations at Ojibway Correctional Facility (OCF) will be based on a philosophical approach of honesty and fairness to all involved in its operations. Within the realm of sound custody and security practices, it is Ojibway's goal to provide a safe, secure and humane environment for both staff and prisoners. Constant effort will be made to allow prisoners the option to serve their sentences in the most productive way possible. Being firm but fair in dealing with prisoners is Ojibway's approach, recognizing that men are sent to Ojibway as punishment and not for punishment.**

Facility Website with PREA Information: www.michigan.gov/corrections

Warden/Superintendent

Name: Kathleen Olson	**Title:** Warden
Email: olsonk4@michigan.gov	**Telephone:** **906-787-2217**

Facility PREA Compliance Manager

Name: Kris Taskila	**Title:** **PREA Coordinator**
Email: TaskilaK@michigan.gov	**Telephone:** 906-787-2217, ext. 111-22-72134

Facility Health Service Administrator

Name: Janet Wilbanks	**Title:** Health Unit Manager
Email: **Wilbanksj@michigan.gov**	**Telephone:** 906-787-2217H

Facility Characteristics

Designated Facility Capacity: 960	**Current Population of Facility:** 784		
Number of inmates admitted to facility during the past 12 months			1179
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1179
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			**1179**
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	**Youthful Inmates Under 18:** 0	**Adults:** 18-80	
Are youthful inmates housed separately from the adult population?	☐ Yes	☐ No	☒ NA
Number of youthful inmates housed at this facility during the past 12 months:			NA
Average length of stay or time under supervision:			0-3 years
Facility security level/inmate custody levels:			Minimum-Secure Level 1
Number of staff currently employed by the facility who may have contact with inmates:			196
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			5
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			**2**

Physical Plant

Number of Buildings: 15	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	**7**
Number of Open Bay/Dorm Housing Units:	4 (only 2 in use)
Number of Segregation Cells (Administrative and Disciplinary:	0 (2 Temporary Seg Cells)

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.):

203 video cameras (variety of PTZ's and single views).

Medical

Type of Medical Facility:	General Medical Care
Forensic sexual assault medical exams are conducted at:	Aspirus Ironwood Hospital, Ironwood MI 49938

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	27
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	18

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.

The audit entrance meeting was conducted at 0800 hours on Monday, June 25, 2018. The Ojibway Correctional Facility (OCF) staff in attendance included Warden Kathleen Olsen, Deputy Warden (DW) Michael Yon, Regional PREA Analyst Matt Silsbury, OCF PREA Coordinator/Inspector Kris Taskila, Assistant PREA Coordinator/Assistant Resident Unit Manager (ARUS) Rich Kerttu, Business Manager Kristine LaCount, and Inspector Scott Michelli. The PREA audit team on-site consisted of Lead Auditor Louis Folino, Secondary Auditor Angel Baez-Sprague, and PREA Assistant Jessica Delaney.

Introductions were conducted, with Ojibway staff providing an overview of facility operations, their preparedness for the audit, and willingness to work with the audit team. All parties discussed the tentative agenda for the remainder of the day, and the strategy to successfully accomplish the Onsite Audit prior to mid-day on Wednesday, June 7, 2018, to enable the audit team to commute to a sister-MDOC facility in order to conduct another PREA audit.

Auditor Folino discussed the progress of the Pre-Onsite audit work completed to date, consisting primarily of policy reviews, review of the OCF PAQ, MDOC website, OCF documentation reporting statistics, PREA investigation statistics/reports, etc. Auditor Folino identified the priorities for the auditors and Ojibway staff in order to complete all Onsite requirements as required in accordance with the Auditor Handbook. Auditor Folino advised facility staff that we were there as their advocates, with the objective of conducting a thorough Site Review of all facility areas, and to conduct numerous interviews of staff and inmates. If there are areas, procedures or practices identified as not in compliance with the many provisions or elements of the 41 applicable standards, we will work with facility staff to address issues, either before the 45-day report due-date, or during a 180-day Corrective Action Period (CAP).

The auditors discussed the methodology of the audit process, and described the triangulation of the review of documentation; information derived from the interview of random and specialized staff, and random and targeted trainees; and the experienced observations of the audit team of facility areas/buildings, staff presence, inmate supervision, electronic monitoring, facility culture, trainee work areas, blind spots, trainee bathroom/shower areas, facility PREA postings, inmate movements and the inmate's access to personnel, mail, phones, and request slip/Grievance boxes. Auditor Folino noted that informal discussions would also be conducted with facility staff and random inmates as we proceed through the facility. Auditor Folino will work closely with Mr. Silsbury during the Post-Audit Phase to confirm facility procedures and practices, clarify specific staff duties and roles, obtain verifying documentation concerning random employee training and background checks, inmate PREA education, risk-assessments, etc.

The PREA Audit Team requested and received a walk-thru of the facilities CCTV system and capabilities immediately following the introduction meeting. The Site Review commenced at approximately 1000hrs hours, proceeding to the Temporary Segregations Cells (TSC), consisting of two secure individual cells located adjacent to the facility Control Center. Then team then conducted site review of the Control Center

and the Electronic Monitoring Officer post (EMO) within the Control Center. The audit team then proceeded to all the facility housing units, i.e. C, B, G, E, A, D and F. During the morning site review, the audit team Evaluated the Food Service Department (inmate Kitchen/Dining Room), Medical, Inmate Visiting (contact and non-contact), the Upper (ABC) and Lower (DEFG) Yards, Quartermaster, Laundry, Gym, Chapel/Classroom, Education Building/Library, Prisoner Store, Inside Compound and Administration. The outside Maintenance Buildings/Training Bldg. and Warehouse were evaluated following lunch on Day One, followed by another visit on Day 3 to the Maintenance Buildings to further review the audit team's observed concerns of the physical plant, accountability and surveillance monitoring.

During the site review of the housing units, the audit team evaluate all inmate bathrooms/showers, inmate cells/cubicles, unit lobby areas, unit postings (Notice of Audit, PREA and RAINN posters, Crime Stoppers and An End to Silence postings), staff mailboxes, CCTV, staff performance and inmate demeanor, staff/inmate interactions, inmate group, individual, yard and dining movements, and unit officer's stations/posts. Auditor heard regular gender announcements and observed numerous female uniformed and non-uniformed staff on duty throughout the facility. The audit team engaged both post staff and random inmates and personnel in informal conversation and discussions concerning PREA, and general operating procedures.

The audit team interviewed 15 random inmates selected by the audit team, and 15 targeted inmates, i.e. 4 LEP, 4 cognitive disabilities, 2 disabled, and 5 LGBTI. There are no youthful offenders confined at OCF. There were no documented reporters of sexual abuse or prior sexual victimizations, or any inmate in TSC due to a sexual abuse report or for his protection. While onsite one inmate requested to be interviewed by auditor, which was facilitated, and one inmate wrote a letter to auditor which was written/mailed from OCF 4 weeks following auditor's departure.

The audit team interviewed 13 random staff and 30 specialized staff. Two Volunteers and the Volunteer Coordinator were interviewed by telephone subsequent to the onsite review due to their unavailability at OCF. The auditor also interviewed by telephone prior to the onsite review the Patient Care Manager at Aspirus Ironwood Hospital (SANE), the Gogebic County Victim Services Coordinator, and the Gogebic County Prosecutor's Office Victim Advocate.

During Site Review, auditor observed CCTV footage concerning several PREA investigations conducted in the last 12 months and was provided 2 CD ROM discs with pertinant footage concerning two additional investigations conducted. Control center/EOM demonstrated for auditor the operation and capability of the electronic monitoring system in place at OCF. Auditor observed security staff supervising inmates during group yards, during dayrooms, inmate bathrooms/showers, and during daily housing unit routine. The programs building was actively occupied with teachers and other program personnel. The sanitation and organization of the facility can be described as excellent. The audit team observed regular and appropriate staff and inmate interaction in all areas. Auditor did not observe or sense any tension or hostility from inmates or personnel. It was apparent that inmates can function and go about their daily routines without undue stress or discomfort at Ojibway due to the positive culture and correctional environment established.

At the conclusion of the site review and staff and inmate interviews, the audit team met with facility leadership and other personnel in the inmate Visiting Room on Wednesday, June 27, 2018, to review our observations and impressions. Facility staff were provided a general overview of the preliminary findings, and specific areas which the audit team concluded required additional attention in order to fully comply with the standards. The three members of the audit team debriefed with Warden Olson, MDOC PREA Analyst Matt Silsbury, DW Yon, PC/Inspector Taskila, Executive Secretary Hand, ARUS Kerttu, ARUS Giuliani, A/LT/Investigator Haapala, CO Niemi, CO Jeske, Social Worker Senk, RUM Perttu, and Physical Plant Supervisor Kliemola. The audit team expressed appreciation for their hospitality and the outstanding manner that they facilitated the PREA site review, and coordination of the many interviews conducted. Auditor

commented on the proud, dedicated workforce that works well as a team in accomplishing the facility mission. All staff encountered were accommodating to the audit team members.

Subsequent to the site review, the lead auditor initiated a thorough evidence review process, further examining the Pre-Audit Questionnaire (PAQ), Auditor Compliance Tool (ACT), interview protocol responses, MDOC PREA policy and the PREA Manual, OCF Operating Procedures, and site-review notes. Auditor remained in regular communication with the Regional PREA Analyst, who assisted greatly in providing clarifying documentation and responses to auditor's many inquiries. Auditor has indicated below in the Summary of Audit Findings section the discussion and compliance determinations for all 43 standards. Collaborative efforts to address deficiencies concerning several of the standards was initiated/completed while the audit team was still onsite, and subsequent to the audit teams' departure from Ojibway.

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.

Ojibway Correctional Facility (OCF) is a Secure Level 1-Minimum Security facility, with a design capacity of 960. On the first day of the audit, there were 784 inmates at OCF. The original facility design of Camp Ojibway, opened in 1971, included 3 housing units (A, B, C), with units D, E, F, and G added during a major subsequent expansion/conversion to a correctional facility in July 2000. During the onsite review, unpopulated Housing Unit E was reactivated for inmate housing and Units F and G were vacated. The Upper Level Units, or A, B and C, consist of 2-man rooms, while the Lower Level housing units are dormitory style housing, consisting of 8-man cubicles. The Upper unit inmates have their own Recreation Yard and can also utilize the Lower Yard. The Lower unit inmates, i.e. D, E, F and G, are not authorized to utilize the Upper Yard.

All General Population housing have communal bathrooms/showers. The bathrooms consist of partitioned stalls, urinals and individual showers equipped with PREA-style shower curtains, i.e. translucent material with viewing of upper body and lower legs. Due to the facilities minimum security level, there is not a Segregation Housing Unit at OCF. An inmate engaging in serious misconduct and evaluated as inappropriate for further confinement at OCF would be transferred from Ojibway to a higher level MDOC facility. Two cells located adjacent to the facility Control Center, Temporary Segregation Cells, (TSC), can house an inmate for up to 7 business days on a temporary basis, pending review by the Security Classification Committee. The facility can also utilize 2 cells in each of the Upper Units for minor discipline, providing additional supervision short of segregation.

In addition to the housing units, the facility includes an Administration Building/Medical, Food Service/Quartermaster/Laundry, Gym, Education/Library/Chapel/Inmate Store, and outside Maintenance/Warehouse, Bus Garage, Backhoe Garage, and Training Building.

Ojibway provides Adult Basic Education, General Education Development completion, pre-release, vocational classes and various treatment regimens. Prisoners are provided with on-site routine medical and dental care. Serious problems are treated at the MDOCs Duane L. Waters Health Care in Jackson. Emergencies can be referred to a local hospital (Aspirus Ironwood Hospital), in Ironwood, Michigan.

The Ojibway employee complement is reported to be 196, supported by the services of 27 volunteers and contractors. During the first day of the onsite PREA audit, the former Trinity Services Group, Inc (Food Service) employees were transitioned over to full time MDOC employment, reducing the number of contracted personnel in the facility.

The security perimeter includes two chain-link fences, monitored with electronic security devices and topped with razor-ribbon wire. The perimeter is patrolled by armed personnel.

The minimum-security nature of the facility, with the average length of stay reported to be 0-3 years, results in low relative numbers of institutional offenses of sexual abuse and sexual harassment. The inmate population is serving short sentences for less-serious offenses, are largely non-violent offenders, or are near completion of longer sentences and less likely to engage in disruptive or unauthorized conduct, generally. The inmate's security classification is a priority for MDOC review prior to placement at OCF. The absence of a facility Segregation Unit for Administrative or Disciplinary infractions impacts inmate behavior in a positive manner, in this writer's experienced opinion, due to the prospect of being transferred to a higher security level facility and thereby negatively impacting an inmate's parole and program prospects.

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: 9

115.17, 115.18, 115.21, 115.22, 115.32, 115.34, 115.51, 115.71, 115.88

Number of Standards Met: 34

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.31, 115.33, 115.35, 115.41, 115.42, 115.43, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89

Number of Standards Not Met: 0

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Click or tap here to enter text.**Summary of Corrective Action (if any)**

1. During site review the audit team observed one security mirror in the Education Building inmate bathroom which enabled opposite gender viewing into the end toilet stall. That same day the facility relocated the mirror to an exterior building where the audit team had recommended the placement of a security mirror to provide viewing into a corner of the Maintenance Building (left-rear).

2. The audit team recommended that highly visible signage be placed on the exterior of the Backhoe Garage located outside the perimeter of the facility, i.e. **NO PRISONER ACCESS.** This action was recommended due to the multiple blind spots present inside this garage, with a loft area, and the frequency of one staff member possibly assigned with one inmate. The audit team conferred with the facility administration and OCF determined to restrict inmate access to this building. Auditor has verified that such signage has been fabricated/purchased and mounted next to the front and rear entrances to the Backhoe Garage, as recommended. In addition, facility procedures have been revised and communicated to personnel concerning the restriction of inmates in this area, through a July 5, 2018 Memorandum from the Warden to OCF Staff, advising of inmates' restriction from presence within this building.

3. Due to supervision issues recognized in the exterior Bus Garage when the exterior door is closed, the Warden issued a Memorandum on July 5, 2018, Subject: Bus garage access, which revised existing procedures, now requiring a ratio of 2 staff to one inmate or 2 inmates to one staff when the bus garage door is not entirely opened. The audit team noted that a perimeter camera presently provides adequate security viewing when the garage door is opened.

4. Two security mirrors were suggested to be obtained/mounted in the Quartermaster section of the Food Service Building, i.e. one at the Northwest corner upon entrance, and one within a secure mesh-screen clothing/linen storage room. Prior to the audit team's departure on June 27, 2018, the two mirrors were appropriately mounted, providing enhanced viewing and supervision, and deterrence to this work area used by staff and inmates.

5. The audit team recommended that existing staff access to a rear maintenance closet door in the Property Room be removed, due to a lack of need, and potential for unauthorized access by staff and inmates. The facility determined to change-out the locking mechanism, thereby providing only maintenance staff keyed access to this maintenance closet.

6. The audit team observed during site review of Units D, E, F and G that installed security cameras had vision into the cubicles, thereby enabling opposite-gender monitoring staff to observe inmates possibly in a state of undress within the cubicles. In light of this audit team observation and possibility, the Warden effectively and promptly revised facility procedures to require inmates to "..... keep their underwear on (t shirt and underwear) while in the cube. They must use the bathroom to fully undress." Failure to comply will be handled as a violation of posted rules, per Memorandum dated July 5, 2018.

7. 115.81 Staff interviews indicated lack of several staff's awareness of the requirement to obtain Informed Consent, MDOC CAJ-1028 - Authorization for Release of Information, as required by PREA Standard 115.81. One staff member mentioned that he thought such consent was obtained upon commitment to MDOC, therefore believing that such consent had already been obtained. Due to this uncertainty evidenced by several staff, auditor requested an OCF Memorandum be issued, reiterating the proper PREA and MDOC procedures required (below):

MICHIGAN DEPARTMENT OF CORRECTIONS

"Committed to Protect, Dedicated to Success"

MEMORANDUM

DATE: 08/09/18 TO: OCF Medical and Mental Healthcare Staff

FROM: A/Inspector Richard Kerttu

SUBJECT: PREA CAJ-1028 Authorization for Release of Information

Please remember that anytime you / we receive information about a prisoner's prior sexual victimization that did not occur in an institutional setting that you are reporting. Medical or Mental Healthcare staff shall obtain informed consent using the PREA Authorization for Release of Information Form (CAJ- 1028). A copy of the CAJ-1028 shall be completed and retained for auditing purposes. The CAJ-1028 is available in DAS, in addition, please refer to PD 03.03.140 for further information.

8. The PREA risk assessments required to be processed in an objective and subjective manner upon inmate reception were discovered to not be occurring on a regular basis. The majority of inmates arriving to OCF in the last year had asserted that they were not asked the individual PREA inquiries upon Intake. It was apparent to the audit team that most Intake staff were obtaining the information to conduct the initial risk assessment from the OMNI inmate database, based upon a prior risk assessment. The interviews of Intake staff served to confirm this conclusion. In discussions with administrative personnel and at audit Exit, it was acknowledged that OCF was aware of this failure to properly conduct such assessments as required by the standard, MDOC policy and the PREA Manual.

   Subsequent to the onsite review, and within one week, unit staff were mobilized to conduct a face-to-face objective and subjective risk assessments of every inmate at Ojibway. On August 2, 2018, auditor was provided the electronic screen shots of risk assessments conducted on all OCF inmates, containing both staff and inmate signatures, evidencing that all inmates had been properly queried concerning their gender identity, their risk or comfort level, prior victimizations, etc. Auditor chose 10 inmates at random from each housing unit roster, totaling 50 inmates, to further verify staff execution of this facility-wide initiative. Based upon OCF's strict adherence to all other standards, and an eagerness to comply with all MDOC and PREA requirements as they are aware, auditor has concluded that Ojibway has addressed the none major flaw in their PREA efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has demonstrated to the audit team that they are making their best efforts at compliance.

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.

In order to make a determination of standard compliance, auditor reviewed the MDOC PREA Policy, Policy Directive (PD) 03.03.140, PREA and Prohibited Sexual Conduct Involving Prisoners, General

Information, page 2; MDOC PREA Manual, Introduction, page 5 and Prevention Planning, page 9; MDOC Director's Office Memorandum, (DOM), dated 12-5-16, PREA; Ojibway Operating Procedure (OP) 03.03.140, Prohibited Sexual Conduct Involving Prisoners, General Information, page 1.

During documentation review, auditor notes that MDOC PREA Policy (2017) and MDOC PREA Manual (2017) are updated revisions of prior established PREA policy/PREA Manual which mirror the requirements of the PREA Standards. MDOC has included specific policy requirements for their agency facilities which have been noted by auditor and may be noted during auditor discussion of the individual standards. Auditor will henceforth refer to MDOC Policy Directives as PD .03.03.140, etc.; local OCF Operating Procedures as OP 03.03.140, etc.; and MDOC PREA Manual as PREA Manual.

The MDOC PREA Policy, PREA Manual and OCF PREA Operating procedures reiterate the agency's Zero Tolerance policy against sexual abuse and sexual harassment. Included in the agency/facility documents are definitions of prohibited behaviors, and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

MDOC utilizes a statewide MDOC PREA Manager, who oversees 3 regional PREA Analysts, with each correctional facility designating a PREA Compliance Manager (Inspector/Captain). A total of 32 PREA Compliance Managers are responsible for local PREA implementation and compliance at the various MDOC facilities. At OCF, the Warden has designated an Inspector as PCM, and an ARUS (Assistant Resident Unit Supervisor) as Assistant PCM.

During interview, the MDOC PREA Coordinator advised that the facility PCM's report indirectly to his office via the Regional PREA Analysts. Communication is provided through memos, phone conferences, emails and monthly meetings. An Annual PREA Conference is also conducted. The MDOC PREA Coordinator advised that he has sufficient time to perform his assigned duties. In the MDOC Table of Organization, he reports to the State Office Administrator, who reports directly to the Senior Deputy Director.

Auditor interviewed the OCF PCM, who also advised auditor that he has sufficient time to perform his assigned PREA duties and to coordinate the facility's efforts to comply with the PREA standards. The OCF PCM reports directly to the Deputy Warden. Auditor interviewed the MDOC Regional PREA Analyst, who advised auditor that there is a total of 65 PCMS in MDOC, which includes the primary facility PCM and their back-ups. His role is to serve as the bridge for the facility/facility PCM to MDOC Central Office. He is in regular contact with the facilities providing technical support and policy implementation. Facility issues are reported up to MDOC/PREA Coordinator.

Based upon auditors review of agency and facility documentation, review of the OCF Pre-Audit Questionnaire (PAQ), and interviews with the MDOC PC and OCF PCM, auditor has concluded that OCF meets the standard requirements. Auditor spent two and one-half days coordinating the on-site review with the PCM, and found him to be very thorough, knowledgeable and dedicated to his duties as PCM. The facility has designated an Assistant PCM, who supports the duties of the PCM, and has been involved in the implementation of PREA at OCF.

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.

In order to make a determination of compliance, auditor reviewed the OCF PAQ and interviewed the OCF Business Manager. While the MDOC does contract for the confinement of MDOC inmates to one other facility, the Lake County Residential Reentry Program (LCRRP), in Baldwin, Michigan, OCF does not contract for the confinement of their inmates. OCF is therefore in compliance with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against

sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other

relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make a determination of compliance, auditor reviewed PD 04.04.100 Custody, Security and Safety Systems, Required Rounds, Section RR, SS, UU and XX, page 7; OCF OP 04.04.100/100P Facility Inspections, Rounds-Administrative Staff, Sections RR-YY, page 7, PREA Manual, Rounds, page 20-21; and the Ojibway Staffing Plan, dated February 6, 2018.

The OCF PAQ reports that the facility staffing plan is predicated upon an average daily population of 1,070 inmates. During the first day of the PREA Audit, one housing unit was vacant. During on-site review, OCF moved the inmate population to enable the facility to vacate a second housing unit. OCF has only reduced their shift security staffing concerning those units vacated, and in program areas not in use. The PAQ reports the six most common reasons for deviating from the staffing plan are emergency incidents, early outs/mandates, transportation coverage, contractor/vendor escorts, sick leave and training.

Auditor reviewed the 2018 Staffing Plan, noting that OCF provides supervision thru direct and indirect security supervision and staff security rounds, and through video surveillance in order to ensure the protection of offenders from sexual abuse. The annual staffing plan review considers all factors as required by this standard.

Auditor interviewed the Warden, who advised that the OCF are dictated by MDOC Central Office, following OCF and MDOC review. The staffing plan is reviewed annually and the custodial staffing assignments sheets are updated accordingly to reflect facility changes, such as the housing unit closures. Electronic monitoring and the Electronic Monitoring Officer (EMO) are part of the staffing plan considerations. OCF has had some staffing adjustments due to closure of one and now two housing units, but the security complement has not been reduced. There have been no cases of violation of the staffing plan. The summer month yard posts are reduced in the winter months. The Deputy Warden reviews the daily shift reports to ensure the staffing plan is adhered to.

The MDOC PREA Coordinator advised during interview that his office is consulted concerning all facility's staffing assessments or adjustments. MDOC reviews to determine whether the adjustments are consistent with the requirements of the standards.

Auditor interviewed the OCF PCM, who advised that the facility conducts an annual staffing review and considers generally accepted correctional practices, the physical plant and security level/composition of the facility, facility programming occurring on the different shifts, video surveillance capability, and staff and supervisory security rounds. Auditor reviewed the Annual Staffing Plan Review forms, CAJ-1027, reporting the 2018 and 2018 staffing plan reviews conducted and reported to MDOC PREA Coordinator. The PCM provided an example of staff taking action through activation of an additional camera to eliminate a facility blind spot reportedly utilized by inmates for unauthorized activities. The PCM displayed and reviewed the entire facility CCTV system for the audit team, to include the reported blind spot. Auditor also visited the EMO post in the Control Center and reviewed the facility video monitoring system and capabilities with the posted officer. The recent electronic monitoring expansion and upgrade has provided the facility with excellent monitoring and retrieval capability.

The PCM stated OCF has not had a substantiated case of sexual abuse. The facility considers inmate movements and activities, striving to provide the safest environment for staff and inmates.

Auditor interviewed one uniformed security supervisor and one non-uniformed facility supervisor. Both personnel stated they conduct unannounced rounds of their areas, posts and shifts. The rounds are recorded electronically by the "Pipe" security round system, and log entries are made into log books by the

supervisors signing in green ink. All supervisors who are required to conduct such rounds are issued an individual fob for rounding/recording purposes. The rounds are then downloaded in the Control Center for later review by the administration. The rounds are varied in nature concerning times and routes. While it was expressed that it is sometimes hard to prevent staff from knowing when such supervisory rounds are conducted, the non-uniformed supervisor stated that he does not have a problem with staff alerting others about his rounds.

Auditor has reviewed OP OCF 04.04.100P Facility Inspections/Rounds-Administrative Staff, page 1, which prohibits staff from alerting others of supervisory rounds being conducted, unless related to the legitimate operational functions of OCF. Auditor has reviewed a printout of one full weeks electronically documented security rounds conducted in 2017 by supervisory personnel. During site review, auditor observed both post and supervisory personnel "piping" their tours as auditor toured the facility.

Based upon auditors review of agency policy documentation, the MDOC PREA Manual, electronic rounding printouts and random sampling of housing unit logs, review of electronic monitoring systems and videos, and staff interviews, auditor has concluded that OCF is compliant with this standard. During site review, auditor has observed uniformed and non-uniformed personnel conducting patrols of their assigned areas of responsibility. Auditor has observed a friendly staff atmosphere reflecting the favorable culture of the facility. Staff and inmate interaction were observed to be cooperative, and without tension. Informal discussion with post security personnel revealed a conscientious cadre of Ojibway employees, being accommodating to the audit team. Staff encountered and engaged informally evidenced having received prior PREA training, awareness of their "rounding" duties, and their obligations as first responders.

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.

Ojibway is a male adult correctional facility. OCF does not house youthful inmates.

Auditor reviewed PD 05.01.140, Prisoner Placement and Transfer, Sections X-Z, page 4, which requires all youthful male offenders who are committed under the Holmes Youthful Trainee Act to be housed at the Thumb Correctional Facility (TCF). The PREA Manual, Section: Placement Screening, Youthful Prisoners, requires that all male prisoners under the age of 18 to be housed at TCF for access to age-appropriate housing and programming.

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 NA

115.15 (d)

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, auditor reviewed PD 04.04.110, Search and Arrest in Correctional Facilities, Section Q, W, Y, Z, and AA pages 4-6; OCF OP 04.04.110, Searches of Prisoners, page 2; PD 04.06.184, Gender Identity Disorder (GID)/Gender Dysphoria, Section I, page 2; PREA Manual, Strip Searches and Body Cavity Searches, page 16; PD 03.03.140, Section GGG, page 10; OCF Memo dated 11-15-17 advising that OCF does not house female offenders; and In-Service Training: Personal Searches: The application of Search Procedures for GID and Transgender Prisoners..

The OCF PAQ reports no cross-gender strip or cross gender visual body cavity searches during the last 12 months. The PAQ reports that 100% of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Auditor reviewed digital photographs of "PREA" privacy panels and curtains in use at OCF.

During site review, the audit team did not observe any shower areas where inmates were subjected to cross-gender viewing, either directly or thru remote monitoring. The audit team did observe one security mirror which enabled viewing into one corner toilet stall in the Education Building. This mirror was promptly removed by facility staff. The audit team also observed that placement of housing unit cameras in the dormitory style Housing Units, i.e. D, E, F and G, enabled remote viewing of the bedding areas of the units by female staff assigned to electronic monitoring, other females assigned to the Control Center, or other areas which have monitoring capability. Based upon the audit team's observations and input, the OCF Warden issued a Memorandum on July 5, 2018, to OCF Staff directing that all inmates housed in the open-bay housing units (D, E, F, G) must keep their underclothing on (t shirt and underwear) while in the cube. They must use the bathroom to fully undress. This Memorandum was posted on all Housing Unit Bulletin Boards, with the posted rules and prisoner guidebook to be amended accordingly during next review/revision.

During site review, auditor observed numerous large red-type Knock and Announce posting, directing that: STAFF OF THE OPPOSITE GENDER MUST KNOCK ON THE MOST INTERIOR DOOR OF THIS BUILDING AND ANNOUNCE "MALE/FEMALE IN THE AREA" (as appropriate) IN A LOUD CLEAR VOICE PRIOR TO ENTERING THE HOUSING UNIT. The Knock and Announce requirement is included in the PREA Manual, Cross Gender Viewing, page 15, and the OCF OP 03.03.140 Prohibited

Sexual Conduct Involving Prisoners, page 1. During site review, auditor heard female members of the OCF staff announcing their presence, as we entered the housing units. The audit team also observed bilingual Privacy Notices posted within the housing units, which informs inmates that female staff may be in the unit/area at any given time. It prohibits inmates from willful or intentional display of their genitals, groin, buttocks.

PD 04.06.184, Gender Dysphoria, page 2 prohibits staff from physically examining a transgender or intersex prisoner for the sole purpose of determining that prisoner's genital status. If unknown, it may be determined during conversations with the prisoner, by reviewing medical records, or as part of a broader medical examination in private by a medical practitioner. The PREA Manual, Section: Determining a Prisoner's Sex, page 16, similarly prohibits such strip searches or physical examinations for the sole purpose of determining the inmate's genital status.

During interview with random staff, the audit team concluded that personnel were aware of the prohibition against physically searching a transgender or intersex prisoner for the sole purpose of determining that prisoner's genital status. Such informed responses indicated that OCF has been conducting the required PREA training of personnel. Staff were familiar with methods to conduct pat-down searches of cross-gender and transgender inmates. Auditor reviewed the MDOC Computer Based Training (CBT) module on Custody and Security in Corrections, Part 2 – Searches, which included pat-down searches, clothed body searches, and the use of the praying hands technique, which is provided to all MDOC trainees during academy basic training.

During interview with random inmates the majority (17) of inmates stated that female staff do announce their presence when entering the housing units. Eleven inmates however, stated female staff do not announce, and 4 responded that they were uncertain, or that they do so "sometimes". Based upon the inmate interview results, it can be concluded that staff are announcing as required. Some negative and uncertain responses can likely be attributed to the inmate's location within the unit, the style or configuration of the units, i.e. dormitory vs. cells/rooms, and amount of activity/noise within the unit at any given time. The inconsistent results concerning female announcements was provided to OCF PREA officials, in order to reinforce this standard requirement at the facility, and perhaps to conduct further evaluation of a better method of announcing, e.g. use of bell, buzzer, etc.

During interview with one transgender inmate, the responses indicate that this inmate would be authorized to shower separately if he requested to do so, that he has never been placed in a unit only for transgender or intersex inmates, and he has not been strip searched solely to determine his genital status.

Based upon auditor's review of MDOC policy directives, local OCF Operating Procedures, the PREA Manual, site review observations as noted, and interview results of staff and inmates, it is concluded that OCF meets the requirements of this standard.

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

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Auditor reviewed PD 03.03.140 PREA, Prohibited Sexual Conduct Involving Prisoners, Section EEE, page 2; Director's Office Memorandum (DOM) 12-5-16; PREA Manual page 18, Deputy Director Memorandum, Contracts for Services, pages 1-2; MDOC bilingual PREA brochures; and OCF PC Memorandum, 3-6-18.

Auditor reviewed the Ojibway Correctional facility Verification of Orientation packet, which includes signature/receipt forms for inmate General Orientation and PREA/ Facility Assault/Sexual Abuse (English and Spanish) orientations, and the CAJ-1038 form, PREA, completed and signed by staff, and signed-for by each individual inmate following PREA Orientation.

In order to make a determination of compliance, the audit team interviewed random staff. Results of interviews indicate personnel were aware of the prohibition against the use of inmate interpreters, readers or assistants to report matters of sexual abuse or sexual harassment, except in limited

circumstances. No staff member interviewed was aware of an inmate interpreter ever being utilized at OCF for such translation purposes. Auditor explained to staff member interviewed the reasons for not relying on inmate interpreters for such translation services for serious allegations/reports such as sexual abuse or sexual harassment.

Auditor reviewed MDOC PDs and Memorandums, which prohibit use of inmate interpreters, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance if first-response duties, or the investigation of the inmate's allegations. The PREA Manual similarly prohibits such use of other inmates, except in circumstances as outlined in the PREA standards, policy and executive memorandums. The PAQ reports 0 use of inmate interpreters, inmate readers or inmate assistants during the last 12 months.

The MDOC Executive Memorandum, 7-20-2015 directs the MDOC facilities to contract vendors for foreign translation services, and as appropriate, American Sign Language Services (ASL). Auditor reviewed the implementation e mail of 8-27-2015, which eliminated the use of inmate interpreters at OCF, and activated the use of contracted ELSA translation devices, and/or the use of RTT Mobile Interpretation telephone services, via 1-877-886-1799. During site review, auditor received an orientation by health care personnel of the ELSA device, a portable translation tool which is maintained in the Heath Care Department. Auditor notes that health care is the main user of the translation device in the facility. Staff explained to auditor that the 1-877-886-1799 number could also be utilized, in event staff were experiencing technical difficulties with ELSA.

Auditor reviewed a MDOC Brochure, Identifying and Addressing Sexual Abuse and Sexual Harassment, transcribed in Braille, 3-4-2015, available for use by OCF and other MDOC facilities. Auditor reviewed bilingual PREA brochures/trifolds issued to LEP inmates, and observed bilingual MDOC PREA posters (purple hands), bilingual RAINN (Rape, Abuse and Incest National Network) posters, bilingual Privacy Notice signs, and bilingual MDOC Informed Consent posters prominently posted throughout the facility.

Interview of the MDOC agency head (designee) advised that MDOC utilizes bilingual Prisoner Handbooks, PREA brochures, PREA posters, activation of a close captioned PREA video, and MDOC directed all facilities to contract for necessary translation services.

The audit team interviewed 4 cognitive and physically disabled inmates. All inmates interviewed stated they understood PREA through the presentation of the video, posters, and pamphlets issued to inmates. They would seek assistance from staff or other inmates as needed to get information. The audit team interviewed 4 Limited English Proficient (LEP) inmates. One of the 4 inmates have very limited English proficiency. He stated he has received the Spanish PREA brochure and has used the ELSA translation device one time for medical reasons. The others can understand limited English, have received the Spanish PREA brochures, and are aware of the PREA hotlines. They would contact staff for assistance for any issues.

Based upon the reviews, findings and observations, auditor has concluded that OCF meets all the requirements of this standard.

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

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Auditor reviewed MDOC PD 02.06.111 Employment Screening Sections D., page 1, Sec. E, page 2, Sec. F, K, R, page 2-4, Sec. J, page 2, Sec. S, page 3 and Sec. J, page 2; PD 02.01.140 Human Resource Files, Sec. CC, page 6; and MDOC PM Hiring New Employees/Promoting Current Employees/Contractors, pages 18-19.

The OCF PAQ reports 5 staff hired in the last 12 months who may have contact with inmates and had criminal background record checks. 3 contracted staff who might have contact with inmates had background record checks in the last 12 months, as reported by the PAQ.

In order to make a determination of compliance, auditor interviewed a Human Resource staff person. The HR employee advised auditor that background checks are conducted on all facility employees every three years by the Records Supervisor. OCF also conducts criminal record background checks on all new hires, contractors and volunteers. The approved background criminal records check or LEINS (Law Enforcement Information Network) are placed in the Human Resource office personnel files. All employment applicants and promotional applicants must complete and sign an application which includes the five PREA inquiries. The Deputy Warden's Secretary processes the facility volunteers LEINS and maintains those files. The HR staff person advised auditor that staff have a continuing affirmative duty to report/disclose prior misconduct or any charges or convictions lodged against them. The employee stated there have been no cases of another institution requesting information concerning a former employee's employment history of sexual abuse or sexual harassment in the last 12 months. Auditor notes he reviewed 4 such out-of-state requests from 2015-2016, which include the former MDOC employee's signed Release of Information form, which was processed and responded-to by MDOC. The HR staff person was very knowledgeable, and the content of her responses was consistent with the requirements of the standard.

Auditor reviewed 10 pages of OCF LEIN information from the 2017 LEIN Information Forms, the 11-page OCF staff roster, and Live scan Fingerprint Background Check Requests from 2017. Auditor reviewed the 2015 LEIN spreadsheet from the last time all facility staff were LEIN requested/approved. Auditor also reviewed the LEIN Tracking spreadsheets for Volunteers, Vendors and Visitors, for 2016, 2017 and 2018.

During site review, auditor visited the HR office and had HR personnel display the computerized processing of the nine (9) 2018 potential new employees currently being processed for hire. Auditor was provided a May 24, 2018 email from the Deputy Warden's secretary to MDOC reporting that all nine candidates had successfully passed their LEIN checks.

Based upon auditor's review of facility PAQ, MDOC Policy Directives, OCF spreadsheets and individual applications (employment and promotional), other related verifying documentation and auditors' interview with HR personnel, auditor has concluded that OCF Exceeds the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the OCF PAQ and MDOC PREA Manual, Section: Facility and Technology Upgrades, page 21. Auditor also reviewed the MDOC CAH-135 form, Project Review and Approval; and State of Michigan form, DMB-400, Project Request and Approval, July 11, 2016; and Comtech Design bid review recommendations, dated June 28,2016.

The PREA Manual instructions for Facility and Technology Upgrades in MDOC facilities is consistent with the requirements as established by this standard. Auditor reviewed the State of Michigan Project Request and Approval, Work Order/Miscellaneous Operating Project request as submitted by MDOC for the OCF technology upgrade requested in June 2016. This project request was the result of a systematic evaluation of existing electronic monitoring technology, in order to enhance sexual safety

(PREA) and security, and to provide remote surveillance and enhanced monitoring to additional identified facility areas. This request sought to "Upgrade video security solutions to provide-forensic investigation, intrusion detection, video monitoring management using SOM contracted video management systems (VMS), storage platform solutions to provide 90-day storage duration (unless unique solution is requested) and monitoring options to provide effective monitoring and documentation within and near MDOC property." The project was approved at a cost of $1,337,383.00, with the project being completed in April 2017.

The current internal electronic/CCTV monitoring system is state-of-the-art, and provides OCF with enhanced deterrence, detection and retrieval capability. At the audit team's request, facility staff oriented the audit team to the facility CCTV system and its capabilities, prior to conducting the actual site review. This CCTV demonstration was conducted for all three audit team members in the Administrative Conference Room. The OCF PCM identified areas which were upgraded resulting from the aforementioned facility electronic project (2016-2017) and discussed several areas which were reportedly either used by inmates form unauthorized activities, i.e. Stairway to Heaven, or presented problematic blind-spot issues, e.g. coolers and freezers. The audit team would subsequently tour the facility Control Center and receive a similar orientation by the EMO (Electronic Monitoring Officer).

During interview with the MDOC Director of Corrections (designee), the designee advised that the agency uses many methods, procedures and various technology to ensure the sexual safety of inmates, such as round readers (electronic pipe tours), cameras, and technology heavy computer locking systems, to prevent inmates at risk of sexual victimization from being housed with potential predators, etc. Many facility cameras have audio capability, to include the automatic audio and video of the tasers issued to numerous facility staff.

During auditor interview with the Warden, she advised that there has not been any major expansion or modifications at OCF since 2012, which would impact the staff's ability to protect inmates from sexual abuse. The Warden did state that they specifically pursued for addition of the video monitoring to the inmate kitchen cooler and freezer, and other areas, due to the recognize need for such monitoring and video retrieval purposes.

Based upon the audit teams systematic review of OCF areas, and thorough orientation to the upgraded electronic monitoring systems in place, it is concluded that OCF Exceeds Standard Requirements. Personnel undertook a comprehensive evaluation of all facility areas in order to enhance supervision and safety, looking at all areas with PREA considerations, and developed an outstanding, effective system to provide improved deterrence/prevention, detection, and investigative support.

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.

Auditor reviewed PD 03.04.100 Health Services Sec. UU, page 10; PD 03.03.140, PREA Sex. X, page 2; OCF OP 03.03.140 PREA, Prisoner on Prisoner Sexual Abuse, Prisoner on Prisoner Sexual Abuse, Staff Sexual Misconduct/Harassment and Staff Overfamiliarity, page 3, and No. 8 page 5; PD 01.01.140, Internal Affairs, pages 1-4; OCF OP 03.04.125 Medical Emergencies, pages 3-4 Sections E, G, Offsite Transportation and Sexual Assaults; PREA Manual, Criminal and Administrative

Investigations, pages 28-29; MSP Letter to MDOC Director re: Victim Advocates, dated 9-30-2015; MDOC Victim Advocate memorandum, 11-28-16; OCF Victim Advocate Staff Roster, dated 10-31-2017; Specialized Investigator Training, page 10; MDOC Crime Scene Management and Preservation, 2015 In-service Training, page 2; OCF PCM Memo to PREA Auditor, dated 3-13-18, Subject: Victim Advocates for Prisoners.

Auditor reviewed the MDOC Crime Scene Management and Preservation training curriculum, developed from the United States Army Criminal Investigation Command and the Michigan State Police (MSP) training materials. Authorized and trained OCF investigators must receive such specialized training utilizing uniform evidence protocols. Auditor reviewed the PCM memorandum advising auditor that OCF utilizes Aspirus Ironwood Hospital, N10561 Grandview Lane, Ironwood, MI 49938 (906) 932-2525 for all needed examinations related to PREA incidents.

The OCF PAQ reports that there 0 forensic examinations conducted during the last 12 months as the result of sexual assault or sexual assault allegations at OCF.

In order to make a determination of compliance auditor interviewed the Ironwood Hospital Patient Care Manager. The Patient Care Manager advised that Ironwood provides any necessary care for the Ojibway inmates, whether is broken leg, appendicitis, sexual assault, etc. The hospital has especially SANE-trained nursing staff. If there were no SANE's on duty, the Emergency Room (ER) could call one in to report for duty or rely on authorized clinical staff assigned to the ER. If an inmate alleging sexual abuse is received in the ER, the hospital would notify Gogebic County Victim Services (906-667-0203) for Victim Advocacy support and services. The Patient Care Manager was unaware of any inmates from OCF transported to Ironwood for sexual abuse.

Auditor further contacted the Gogebic Victim Services Unit Coordinator, who advised auditor that Victim Services is staffed by 17 trained volunteers, who receive Victim Services/Victim Advocate training through the Michigan Sheriff's Association. The Victim Services office provides immediate and short-term services, usually within 24 hours, to crime/accident victims. Victim Services would respond to Ironwood in event of an inmate sexual assault. She had no knowledge of any such cases from OCF. They function as liaison between law enforcement, EMTs and victims. If longer-term services are indicated, Victim Services contacts DOVE (Domestic Violence Escape) for their certified Counselors. Victim Services utilizes a list of service organizations as a resource when addressing victim needs.

Auditor interviewed the Gogebic County Prosecutor's Office Victim Advocate by phone (906-667-0471). The Victim Advocate advised auditor that the Ironwood Hospital ER would contact Victim Services to respond to any incident of sexual assault. The county Victim Advocate's Office would only get involved in the event a crime is established to have occurred. The Victim Advocate was unaware of any sexual assault incidents at Ojibway during the last 12 months.

Auditor interviewed the OCF PCM who advised auditor that OCF has never had a sexual assault incident. Staff would notify Ironwood Hospital to determine whether they would have a staff member available to provide emotional support, crisis intervention, information, and referrals during the forensic examination process and investigatory interviews. If they did not, OCF would contact Gogebic County Victim Services for such a staff person or use the OCF authorized and trained Victim Advocate personnel. The PCM advised auditor that all medical and mental health staff have received the required Victim Advocate training and are approved to provide such intervention and supportive services. One ARUS (Assistant Resident Unit Supervisor) is also approved and one officer is one-half way through the required training. This Victim Advocate Training is provided on-line thru OVCTTAC, www.ovcttac.gov, Office for Victims of Crime Training and Technical Assistance Center and consists of

13 modules of Victim Assistance Training (VAT). The core competencies and skills covered in the modules are: Advocacy; Assessing Victim's Needs; Basic Communication Skills; Collaboration; Confidentiality; Conflict Management and Negotiation; Crisis Intervention; Culture, Diversity and Inclusivity; Documentation; Problem Solving; Referrals; Self-Care; and Trauma-Informed Care.

Random staff interviewed by the audit team indicated staff have been properly trained and are aware of first responder duties and steps and actions to be taken to preserve evidence, ensure inmate safety, and to provide notifications to supervisors/Health Care. All OCF personnel have been issued a pocket reference guide/checklist for referral during emergencies or when sexual abuse allegations are received.

Based upon auditor's review of MDOC and facility policies and documentation, interviews with specialized facility staff and community support agencies, and random staff and inmates, auditor has concluded that OCF exceeds the requirements of this standard. OCF has trained and authorized a large cadre of facility Victim Advocates (15) to provide necessary victim support to inmates as needed. The qualified local community agencies are properly prepared, knowledgeable and motivated to service the needs of OCF in the event of a sexual assault/abuse incident at the facility.

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.

Auditor reviewed PD 03.03.140 PREA, Sections L, X, Y, RR-VV and AAA, BBB, pages 3-10; PD 01.01.140 Internal Affairs, Sec. C, D, G, I, M, and O, pages 1-4; OCF OP 03.03.140 PREA, Prisoner on Prisoner and Staff on Prisoner Sexual Abuse; PREA Manual, Sexual Abuse and Sexual Harassment Investigations, pages 28-30; MSP letter to MDOC Director, 9-30-15; and MDOC webpage, www.michigan.gov/corrections.

The OCF PAQ reports that there were 14 allegations of sexual abuse or sexual harassment received. No investigations were referred for criminal investigation. All investigations were completed and reported to the MDOC PREA Manager and to MDOC Internal Affairs. MDOC agency policy describing the investigatory responsibilities of MDOC and the MSP are available on the MDOC website, at www.michigan.gov/corrections.

Auditor reviewed the September 30, 2015 letter from the MSP to the MDOC Director confirming the services to be provided to MDOC and the inmate population. Such services are in accordance with the PREA standards. The MSP further note the MDOCs role in providing Victim Advocate services in compliance with PREA Standard 115.21 (d).

During interview with MDOC Agency Head (designee), the designee advised that all allegations are investigated, either administratively or criminally. Criminal incidents or allegations are referred to MSP for investigation, and prosecution if evidence indicates is criminal nature. There are procedures in place

for staff reporting, assignment of trained investigators, notifications to Warden, Internal Affairs, and PREA Coordinator. By PREA policy, when a facility receives an allegation that an incident occurred at another facility, the PCM does what they can at that facility, and they report it and the investigation is done at that facility where the alleged incident occurred.

Auditor interviewed two facility PREA Investigators. Both staff advised that both sexual abuse or sexual harassment allegations are referred to the MSP unless the allegation does not involve potentially criminal behavior. Administrative investigations can also be turned over to them or referred to them for further investigation.

Based upon auditor's policy review, PREA Manual Review, staff interviews, and auditors review of all 14 investigations conducted during the last 12 months, auditor has determined that OCF exceeds the requirements of the standard. OCF has a practice of referring all the sexual abuse investigations or those with potential criminal conduct to the MSP for their own review. OCF maintains a positive relationship with the local MSP contingent, and they reportedly work well together. Auditor has reviewed multiple exchanges of emails and MDOC official reports, notifying the MSP of ongoing and completed investigations, and seeking their review/input/assistance.

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.

Auditor reviewed PREA Manual, Employee Training, pages 9-10; Instructors Module/CBT, Sexual Abuse and Sexual Harassment in Confinement, 2015; 2017 In-service training Plan and 2017 Menu Course catalog.

The OCF PAQ reports 196 staff employed by the facility who may have contact with inmates, who were trained or retrained on the PREA requirements of this standard. The PAQ reports 27 volunteers and individual contractors who have contact with inmates and who have been trained in agency policy and procedures regarding sexual abuse/harassment prevention, detection and response. Auditor reviewed facility training spreadsheets (Course History Reports), for period 10-1-16 to 3-15-18, documenting that all staff have been PREA trained in accordance with the standard. Auditor reviewed random Individual Training Program Reports and individual Certificates of Completion, CAR-854s, to verify staff completion of PREA trainings. OCF requires either electronic verification or staff signatures verifying that staff understand the training they have received. Auditor has observed that OCF maintains well-organized and accurate documentation in the TADS database concerning staff training.

The audit team interviewed random staff to make a determination of compliance. Random staff advised the audit team that personnel receive PREA training at the academy, and annually thru CBT. Staff advised that the last CBTs were in Jan-Feb, March or May,2018. They also receive annual training or "415 training" annually on PREA. This is considered the refresher training required by the standard. The last 415 training was several weeks prior to the audit, according to personnel interviewed. Staff evidenced knowledge of all PREA requirements during interviews, e.g. zero tolerance, inmate's right to be free from sexual abuse, sexual harassment and retaliation, avoiding inappropriate relationships, communications and the dynamics of sexual abuse and sexual harassment.

Auditor interviewed an OCF Training Officer, who advised that PREA CBTs are done annually. Staff receive 2 hours training credit and they sign a CAR-854, Individual Training Report. 415 training may include overfamiliarity training, GID (Gender Identity Dysphoria) training, hands-on transgender/cross-gender pat-down searches, etc. All trainings are documented in TADS and through a CAR-854.

Auditor has concluded that OCF meets the standard requirements by properly providing training to new hires and existing staff annually. Staff interviews verify that staff have an excellent knowledge of PREA, resulting from such trainings. Auditor has observed the commitment to training that OCF maintains, and the professional work force resulting from such ongoing trainings.

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.

In order to make a determination of compliance, auditor reviewed PD 03.03.140 PREA, Sections U, page 4 and Sec. U page 4 and Sec. DDD, page 8; PD 03.02.105 Volunteer Services and Programs, Sections E, Q-S, pages 1, 3-4.

Auditor reviewed the standardized training curriculum, **Program A**, Correctional Facilities Administration (CFA) Security Regulations (2014), and orientation training required for all contractors, volunteers, vendors, skilled trades, construction workers and student interns providing services at facility work sites. Topics included in this program are searches, vehicles, tool control, contraband, prisoner contact, discriminatory harassment and emergencies. The **Program A** training program was expanded/revised in August 2014 to include Sexual Abuse, Sexual Harassment, Overfamiliarity and Unauthorized Contact, pages 30-38. This Program A includes 22 valuable "Do's and Don'ts" which emphasize proper interaction with inmates, appropriate dress, reporting unusual or questionable events, fundamental security practices and overfamiliarity issues.

The OCF PAQ reports 27 volunteers and individual contractors who have contact with inmates who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response. In order to verify such training of facility volunteers and contractors, the audit team interviewed 3 contracted staff, 2 facility volunteers, and the Volunteer Coordinator. The three contracted staff advised the audit team that they had received either classroom power point PREA training, or CBT training. The contracted staff advised that they were to report to their supervisor, the Shift Commander or the Inspector any information concerning sexual abuse or sexual harassment that they were notified-of or witnessed. All allegations are investigated the same way, past and present. They should separate the inmates if there is an incident or they receive a report. There is no such thing as consensual sexual conduct at OCF, and no staff to inmate contact at all. Auditor notes that all food service staff were contracted staff, i.e. Trinity Services Group, until June 25, 2018, when they all hired-on/transferred to MDOC employment. Two of the three contracted staff interviewed were Trinity employees during the auditing period, one a long-term staffer and one a relatively new hire.

The 2 volunteers randomly selected for interview by auditor were chosen from an OCF Course History Report (record of training spreadsheet), documenting 10 volunteers as having previously received a Non-Employee Orientation, which includes PREA. The volunteers advised auditor that the PREA Orientation was provided by the Chaplain at the facility, and that they signed that they had received the training. Both volunteers interviewed informed auditor that if information about sexual abuse or sexual harassment came to their attention, of if they personally experienced or witnessed an incident they would contact the Chaplain or an officer if the Chaplain was not present at the time. One of the volunteers had completed the orientation two years prior and just had it again two months ago, while the other volunteer had just completed her initial orientation two months ago, in May or June 2018. The Chaplain reportedly sat with the volunteers and reviewed the information. The volunteers also reportedly received pamphlets concerning providing their volunteer services in the institution. One volunteer stated she recalled it was a 2 to 3-hour session with the Chaplain and one other new volunteer.

Auditor interviewed the Volunteer Coordinator, who advised auditor that she provides the Program A Orientations to the new volunteers and maintains the training documentation. Program A now includes the PREA information. She stated she prefers to use the CBT curriculum instead of the PREA video, because the CBT is more intensive. She stated she has them receipt for the training when complete by signing the rear of their application, and the CAJ-248B, MDOC Agreement to Comply with Policies and Procedures form. The Volunteer Coordinator also provides all volunteers a PREA pamphlet, i.e. “MDOC’s 12 Questions and Answers for Volunteers,” which is noted on the Ojibway Correctional facility 2018 Volunteer Orientation/PREA Training signature sheet, also required to be signed and dated by the volunteers upon completion of their volunteer orientation. The volunteers must have this orientation before they enter OCF for their tour of the facility. Then they are authorized to enter and perform their volunteer duties.

Based upon auditors review of MDOC policies and facility operating procedures, Program A orientation program for contractors and volunteers, and multiple staff, contractor and volunteer interviews, auditor has determined that Ojibway exceeds the requirements of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed PD 03.03.140 PREA, Sec EEE, Page 2; PD 04.01.105 Reception Facility Services, Sec. M, page 4; PD 04.01.140 Prisoner Orientation, Sec. E, pages 1-2; OCF OP 04.01.140 Prisoner Orientation, Sec. Prisoner Orientation, page 2; Charles E. Egeler Reception and Guidance Center (RGC) OP 04.01.140, pages 1-2; and PREA Manual, Prisoner Education, page 11.

The OCF PAQ reports that all 1,179 inmates who were admitted to the facility during the last 12 months were provided the required PREA information at intake. All 1,179 subsequently received the comprehensive education within 30 days of arrival to OCF. The PAQ reports that all inmates in the population at OCF were provided the PREA education in 2013.

The audit team interviewed random inmates, and interviewed all targeted inmates concerning the random interview protocols. The majority (80%) advised the audit team members that they had received the information about the facility's rules against sexual abuse and harassment. Some inmates were confused or did not recall whether they had received the information thru the PREA pamphlet, while others stated they had attended an orientation within days of arrival.

The audit team interviewed 2 intake staff who advised that every inmate that every inmate that arrives to Ojibway receives the PREA education within seven days of arrival. The Classification Director provides a group orientation and then meets individually with each inmate with the inmate signing indicating that they received the orientation. Auditor has reviewed completed CAJ-1036 forms, Prisoner Education Verification Forms, containing both the inmate signature and the Classification Director's signature. The PREA video plays one day a week on the institutional channel, also. Upon arrival,

incoming inmate files are checked to ensure they have received the PREA information previously by confirming the PREA stamp upon their file folders. All are again provided the full OCF orientation, to include PREA.

Auditor has reviewed random CAJ-1036, Prisoner Education Verification Forms serving to confirm that the required PREA education sessions are being conducted. The PREA orientation is included as part of the overall OCF Orientation, which is also receipted-for by the newly arrived inmates. The orientation packet includes the PREA brochures.

During site review the auditor observed standardized postings of PREA information throughout Ojibway. These included the MDOC PREA Hotline posters, in English and Spanish, 517-335-5355 for Prisoners or Detainees, or 1-877-517-PREA (7732) for Parolees, Staff, or Public; and online reporting at: www.michigan.goc/corrections. The bilingual National Sexual Assault Hotline posters, RAINN (Rape, Abuse & Incest National Network), posters (1-800-656-HOPE - 1-800-656-4673); OCF provides the inmate with an anonymous PIN to utilize when calling one of the PREA Hotlines – these numbers are stenciled on the walls at the phone areas in the housing units and on the phone stations in the recreation yards. The mandatory reporting notices, (MDOC) are posted in the housing units in English and Spanish notifying the inmates of staff's obligation to report information concerning sexual abuse or sexual harassment. The Notice of Audit, which was posted 6 weeks prior to the June 25-27, 2018 audit was observed posted in the housing units, Lobby front entrance and other departmental areas for staff and inmate information. The newly arrived inmates receive a PREA brochure or trifold, also available in Spanish, or Braille. The Prisoner Guidebook is also available in Spanish. The Privacy Notices posted throughout the housing units are bilingual, notifying the inmates of possible female staff presence at any given time. OCF has contracted with a private vendor for inmate translation services and sign-language services. The Taking Action PREA video shown to all new arrivals at orientation, and one day a week on the institutional television channel. Information is posted in the housing unit advising inmate of the Handbook: An End to Silence – Inmate's Handbook on Identifying and Addressing Sexual Abuse, available in the Inmate Library, for inmate information and agency/community resource contact information.

Auditor has concluded, based upon documentation review, staff and inmate interviews and site review observations and verifications, that OCF is in compliance with the requirements of this standard. The auditor has witnessed an administrative, management, supervisory and line staff collaborative effort to properly orient the inmate population concerning PREA education, starting with their arrival to Ojibway.

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

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.

Auditor reviewed PD 03.03.140 PREA, Sec. RR, page 2, Investigation of Sexual Abuse and Sexual Harassment; MDOC Basic Investigator Training Manual/Interview and Investigation techniques and Fundamentals, August, 2014, OCF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Investigation of Sexual Abuse/Sexual Harassment, page 3; PREA Manual, page 10, Specialized Training – Investigator; MSP Letter of Agreement to MDOC Director confirming MSPs compliance with investigative protocols required by PREA legislation.

The OCF PAQ reports that there are 18 trained PREA Investigators at Ojibway. In a March 28, 2018, memorandum to Auditor, the PCM identifies each investigator by Title and indicates the year that the specialized investigative training was completed, i.e. 15 in 2014-2015 and 3 in 2018. During site review interviews, auditor interviewed one investigator from the 2014-2015 group (Captain) and one investigator from the 2018 group (Sgt/Acting Lt.). All investigators had reportedly completed both the MDOC PREA Investigator training and the NIC online curriculum, PREA, Investigating Sexual Abuse in a Confinement Setting.

Auditor reviewed both the MDOC Basic Investigator Training - Interview and Investigation techniques and Fundamentals, 2014, and the NIC PRFEA Investigator online training program. The MDOC investigative training includes basic investigative subjects/modules, with a specific module addressing PREA.

Auditor interviewed two facility PREA investigators. One investigator (Captain) received the specialized MDOC PREA investigative training at Marquette Branch Prison several years prior, accompanied by others, including the OCF PCM. The MDOC PREA Coordinator presented some of the training at that time. He received the NIC PREA investigative training online at Ojibway. The investigator had good recall of the training subjects and PREA. He has completed multiple PREA investigations. The second investigator (Acting Lieutenant) interviewed advised auditor that he had received both the MDOC and NIC training at OCF. The investigator recalled receiving instruction on collecting evidence, interviewing techniques using Miranda and Garrity Warnings, and the burden of proof (preponderance of evidence). This investigator has completed one investigation and he advised auditor that doing so has helped him “greatly’ in becoming familiar with the processes, forms, etc.

Based upon auditor’s thorough review of MDOC and facility policies and related documentation, verification of reported investigator trainings, investigator interviews and review of all facility PREA investigations conducted during the last 12 months, auditor has concluded that Ojibway exceeds standards for 115.34. OCF has specifically selected and trained a large cadre of qualified personnel to receive such specialized training and to conduct thorough and consistent PREA investigations.

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.

In order to make a determination of compliance auditor reviewed PD 02.02.100 New Employee Training Program, Sections E, G, M-R, T-U, pages 1-3; PD 02.05.101 In-Service Training, page 1; PREA Manual, Specialized Training, Health Care/Mental Health Care, pages 10-11.

The Ojibway PAQ reports 100% or 18 OCF medical/mental health personnel who regularly at the facility and have received the specialized training required by the PREA standard, MDOC policy an MDOC PREA Manual.

Auditor reviewed the training records or Course History Reports of all health care/mental health personnel which document completion of the required specialized trainings. In MDOC auditor notes that all medical/mental health staff are required annually to complete the basic PREA training module (Module 1) required of all personnel, and an additional specialized module (Module 2) required of medical/mental health employees. Auditor has reviewed both the Module 1 (Basic PREA) and Module 2 CBT curriculums to verify the specialized focus of Module 2 provided for health care and mental health personnel.

The audit team interviewed 4 health care and 1 mental health personnel. With OCF being a Level 1 (minimum security) facility, necessary mental health services are provided by an on-site Licensed Mental Health Social Worker. Additional mental health/psychological services can be and are provided via telemedicine as necessary. When interviewed by the audit team, the MH Social Worker advised that he receives the specialized training for medical/mental health staff annually through CBTs. The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and reporting procedures for allegations received. He signed electronically for the CBTs, that he has completed them.

The 4 health care personnel interviewed advised the audit team that forensic examinations are not conducted at OCF. Health care staff would do what they can do to preserve physical evidence, but the actual forensic examinations would be conducted off site. All health care staff interviewed advised that they had receive the specialized CBT training annually. The training addresses reporting, detecting and handling procedures for inmate allegations of sexual abuse or sexual harassment. PREA has also been discussed at monthly staff meetings. Interviewed staff advised that health care personnel have also received the Victim Advocate training.

Auditor has concluded based upon M DOC policy/PREA Manual requirements, interviews with health acre and mental health staff, and review of facility training records, that OCF is in compliance with the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed Pdo3.03.140 PREA, Sections Q, R, W, Risk Assessments, page 2; PD 05.01.14 Prisoner Placement and Transfer, Section CC, page 2; OCF OP 03.03.140 PREA, Sexually Aggressive Behavior or Sexual Victimization, page 6; PREA Manual, PREA Risk Assessments and Risk Assessment Reviews, page 13.

The MDOC PREA Policy, 03.03.140, the MDOC PREA Manual, and the MDOC PREA Risk Assessments Manual require initial risk assessments to be conducted within 72 hours of arrival to a facility, and to be reassessed within 30 days after their arrival. The OCF PAQ reports 1,179 inmates entered the facility during the last 12 months who were screened within 72 hours for risk of sexual victimization or risk of sexually abusing other inmates. The PAQ reports all 1,179 were reassessed within 30 days after their arrival.

Auditor reviewed sample Ojibway Transfer Bulletins announcing inmates being transferred in/out during 2017-2018. Auditor reviewed dated samples of OMNI (MDOC inmate database system) screenshots with entries documenting arriving inmates having received the required risk assessments for victimization and abusiveness.

The agency Regional PREA Analyst advised auditor that MDOC has profile rights on the OMNI database, restricting officer access. Prison Counselors, ARUS's, RUM's and PCM's have such access to the risk screening information. This information is restricted based upon job duties. The automated OMNI system prevents inmates from being housed together. The OCF PCM advised auditor during interview that only the housing unit Counselor, RUM and ARUS have access to the inmates' risk assessments, in order to protect sensitive information from exploitation.

The audit team interviewed 3 staff tasked with conducting the risk screening of inmates upon their arrival to Ojibway. The staff advised the audit team that they review and consider the inmates documented history/file, pull misconduct history and criminal history. They use this information to fill-out the file PREA screen. Staff would call the inmate to office and conduct a visual assessment and ask if they have any issues. The reassessment would be conducted within 30 days, as needed, based upon an incident or misconduct, or if referred based upon new info. All 3 staff advised that inmates would not be disciplined for failing to respond or for not disclosing information during risk assessments. The staff interviewed advised that only authorized personnel have access to the risk assessment information in OMNI, like ARUS (Assistant Resident Unit Supervisor, RUM (Resident Unit Manager), and others that are authorized access to OMNI. The officers do not have access to this information, only the PREA codes which are used to classify as Potential Victim, Aggressor, Victim, etc. This risk information is used to assign housing and beds to prevent housing of victims and aggressors together. The computer system prevents the housing of victims with potential aggressors by activating a warning on screen, based upon the inmate's conflicting codes.

Random inmates were interviewed during site review and all inmates interviewed, whether random or targeted, were asked the random interview inquiries. Of the 18 inmates interviewed that had arrived in the last 12 months, 13, or 72%, advised the audit team that they were not asked the risk screening inquiries upon their arrival.

Based upon auditors review of MDOC and OCF policy, PREA Manual, and PREA Risk Assessment Manual, it is established that all incoming inmates are to have a risk screening conducted within 72 hours of arrival. This screening is to be an objective and subjective assessment to determine likelihood of victimization or abusiveness. Based upon interviews of 3 staff who conduct the initial risk screenings, and the interviews of OCF inmates, it is concluded that the OMNI entries reporting that risk assessments are being conducted only reflects the computer reviews of an inmate's history, and possibly based upon a visual observation conducted, at times, of the inmate by the respective assigned risk screening employee. Based upon the evidence, it was concluded that not all arriving inmates are receiving a proper risk assessment, as is required by the standard, i.e. a private face to face meeting conducted within 72 hours of arrival, with the inmate being asked all relevant PREA inquiries. OCF cannot therefore properly assign a PREA code, or make appropriate housing/bed, work, program, or educational assignments. Based upon this finding by the audit team, Ojibway immediately initiated a corrective action plan to address this issue. This prompt remedial action is discussed in the corrective action section at the beginning of this report (see No. 8).

Based upon OCF's direction to personnel, the documented, dated and signed risk assessments conducted of all Ojibway inmates during the period July 9 – August 9, 2018, and auditors random review of 10 inmate's risk assessments from each occupied unit, auditor had determined that Ojibway is in compliance with the standard. Several Intake staff had the mistaken understanding that the initial risk assessments were conducted at MDOC's Intake Facility, RGC, and that it was acceptable for the receiving institutions to conduct an electronic assessment prior to their arrival, reviewing for any additional information. Auditor has concluded that this incorrect assumption has been properly addressed by the OCF Warden, and implemented by designated personnel, based upon auditor's further review.

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

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

Auditor reviewed PD 05.01.140 Prisoner Placement and Transfer, PREA Risk Assessment, Sections CC, page 5; PD 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria, Sec. G-page 2, K- page 2, L- page 3, N- page 3; OCF OP 03.03.140 PREA, Section Q, page 3.

The Regional PREA Analyst advised auditor that MDOC does not house LBGTIs in any dedicated facilities, wings or units solely on the basis of their sexual orientation. MDOC or OCF are not subject to any consent decrees.

When interviewed by auditor, the PCM advised that the ARUS's review the inmate's electronic files before they arrive, usually on Mondays and Wednesdays. They make bed assignments based on their established score. The ARUS reviews for past PREA education and make entries into OMNI. They ask the inmate the list of PREA inquiries upon intake. The inmate's file is further reviewed upon their arrival, and the unit staff do so again within 72 hours. Only the housing unit Prisoner Counselor, ARUS or RUM can conduct the initial risk assessments. TPCM advised auditor that OCF is not subject to a consent decree and that there are no dedicated units at OCF for any LGBTI inmates. LGBTI inmates are not treated differently but are evaluated for proper housing and programming the same way. We make accommodations as needed, considering the inmate's needs, and the safety and security of the facility. The PCM advised that a transgender inmate had been previously moved from a dormitory style unit to a two-man room unit, and with a better private showering area. The transgender inmates are reviewed by classification every six months. The PCM sees the transgender inmate regularly as does the mental health social worker, every week or two.

The three staff that are responsible for conducting the initial risk screenings advised the audit team that risk screening enables the facility to classify inmates as potential aggressors or victims, the code enables them to be housed separately. A warning is flashed on the computer screen if someone attempts to house victims or potential victims with aggressors or potential aggressors. Transgenders could be housed in the upper level units, so they could shower separately. The transgenders are reassessed at least twice each year. One of the risk screeners had no experience with transgenders and was not familiar with standard requirements pertaining to them, except that he understood that housing and showering considerations would be made.

A transgender inmate was interviewed, advising that he is allowed to shower without other inmates. He has not been placed in a unit only for transgender or intersex inmates, or for only LGBTI inmates. He was never strip searched for the sole purpose of determining his genital status. He advised the audit team that he was not asked questions about his safety.

Auditor reviewed an OCF memorandum dated 3-14-18 advising that if additional precautions are recognized as appropriate at Intake for a particular inmate, that inmate could be placed in a cube nearest the officer's station. If an inmate claimed he had fears of sexual abuse, he could be placed in temporary segregation on protection status pending further review.

Auditor reviewed documentation verifying multiple medical and mental health contacts with the transgender inmate interviewed by the audit team, and a second transgender inmate housed at OCF in 2017. Documentation included housing rosters confirming inmates' housing in GP units, verification of 6-month reclassification reviews, medical and mental health contacts, CSX-175 Program Classification Reports, and GID individual management plan reviews. Auditor notes "No active concerns" and "No expressed concerns" entered during recent 2018 reviews.

Based upon auditor's thorough review of agency and facility documentation, and staff and inmate interviews, auditor has concluded that the facility is compliant with the requirements of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

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

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

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

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed PD 04.05.120 Segregation Standards, Sections D, J, K, V, W, X, EE, and BBB, pages 2-12; OCF OP 04.05.120 Temporary Segregation; PREA Manual, Protective Custody, pages 16-17.

Auditor reviewed OCF PCM memorandum dated 3-28-18 advising auditor that Ojibway only has Temporary Segregation Cells (2 cells, located adjacent to the OCF Control Center). The local temporary segregation procedures restrict inmate occupancy to no more than 7 days, unless an exemption is requested to MDOC via submission of CAJ-296, MDOC Request for Policy Variance.

During site review on June 25, 2018, the audit team visited the TSC and evaluated security and conditions in the unit/cells. The audit team also observed the unit and the two camerized cells remotely via the CCTV system, noting the digitally blacked-out toilet areas to prevent cross-gender viewing. If/when an inmate is housed in TSC, he is escorted to shower 3 days a week to C Unit, where there is a secure shower unit. Exercise is conducted 5 days per week, one hour per day. Auditor notes that OCF

is a Level 1 minimum security facility. Inmates placed in TSC are either returned to TSC's General Population or transferred to another MDOC facility. During the last 12 months the PAQ reports that 0 inmates at risk of sexual victimization were involuntarily segregated in TSC housing.

During interview with auditor the Warden advised that there is no segregation unit at Ojibway, only two temporary segregation cells. We move inmates out of TSC ASAP. We act promptly to review through Security Classification, identify and address issues and work with MDOC to transfer the inmate if is necessary. Inmates may be able to be placed in 79 or 80 Rooms, in A, B, or C units. These are used as an alternative time-out housing, rather than move to TSC or transfer out.

A random officer assigned to duties in TSC was interviewed by the audit team. The officer advised that authorized or restricted programs and property would be properly logged. Inmates are probably only in seg no more than 1 or 2 days until they would find somewhere else safe. Is very temporary and inmate never be in TSC for more than 30 days. If TSC was used as separation as a means from a likely abuser, it would be very temporary, if it were ever to happen. Auditor notes that there was one inmate housed in TSC during our site visit, for non-PREA conduct issues. The audit team interviewed that inmate as a random selection.

Ojibway does not maintain a regular segregation unit. Only two cells are designated for use as temporary housing (TSC). There have been no substantiated cases of sexual abuse in the last 12 months, and OCF has not used the TSC to ensure the safety of an inmate at risk of sexual victimization during the last 12 months. Procedures are in place as a contingency. OCF utilizes other cells in A, B, and C units for inmates requiring additional supervision or protection, as an alternative to placement in segregated housing, or transfer. Auditor has concluded that OCF is in compliance with this standard based upon the aforementioned review.

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 X - NA

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.

Auditor reviewed PD 03.03.140 PREA, Reporting Prohibited Conduct, Sections X, Y, page 2; PREA Manual, Prisoner Reporting, page 23, Prisoner Grievance Process - Sexual Abuse Allegations/Sexual Harassment Allegations pages 24-25; Prisoner Guidebook, PREA, page 16.

In order to make a determination of compliance auditor interviewed the OCF PCM. He advised that the inmates can use J pay to send messages home or out of the facility, they have the RAINN Hotline, can contact the Ombudsman, or use third-parties to report abuse or harassment to a private or public entity not part of MDOC. These methods of reporting allow for the inmate to remain anonymous upon request.

Random staff interviewed advised the audit team that staff can report verbally or make a phone call and have a private conversation with the Inspector (PCM), Lieutenant, Captain or supervisor to report sexual abuse or harassment of inmates. Or report by e mail or use the Hotline numbers. Report to MSP or MDOC Internal Affairs. Staff advised that inmates can use the Hotlines posted on phones, notify staff verbally, put Kite (Staff Request) in mailbox, or notify State Police.

Random inmates interviewed advised that they would report by Kite to Unit Counselor, use Hotline, use the anonymous PIN posted by telephones, tell Officer, Sergeant, Counselor, staff, notify State Police, file PREA grievance, write family or friends. The majority of inmates advised that they understood that they could make reports anonymously and through third parties. Such reports could be made verbally, in writing or through the Hotlines available.

During site review, auditor observed standardized PREA postings in the housing units consisting of multiple PREA posters and information. These included the MDOC (purple hands) PREA posters (517-335-5355 for Prisoners and Detainees/517-335-5355 or 1-877-517-PREA (7732) or online at www.michigan.gov/corrections for Parolees, Staff or Public; national RAINN posters, MDOC PREA bilingual PREA posters, and Crime Stoppers Hotline. An anonymous PIN is also posted (stenciled on walls/phone station frames) in units and yards for inmates use when calling. PREA posters and Audit Notices also were observed as posted in the Visiting Room, Lobby and School Building.

The Prisoner Guidebook (English and Spanish) includes reporting instructions for inmates to contact the Legislative Ombudsman's Office or the Michigan State Police. The PREA Brochure/trifold provided to all inmates upon arrival to OCF contains instructions for inmates to report sexual abuse verbally and/or in writing to any staff member, thru the MDOC Hotline, the Prisoner Grievance Process, by writing the MDOC PREA Administrator, writing the Legislative Correction's Ombudsman, or having family/friends report complaints electronically at the agency website: www.michigan .gov/corrections.

Auditor reviewed the December 17, 2014 Memorandum of Understanding (MOU) between the MDOC and the Legislative Corrections Ombudsman (LCO) establishing a separate method of inmate reporting, allowing the inmate to remain anonymous. Reports are received verbally, in writing anonymously and from third parties. Immediate (same day/next business day) reporting to MDOC of reports received is required by this MOU.

Auditor reviewed multiple methods used by OCF inmates in 2017 to report sexual abuse or sexual harassment. Methods used were reporting verbally to OCF staff, use of a PREA Grievance, and through the MDOC PREA Hotline via third party. All reports were thoroughly logged and investigated by OCF. Auditor reviewed the PREA Online Reporting Form at the MDOC website, www.michigan.gov/corrections, and successfully tested the MDOC Hotline (1-877-517-PREA (7732), on July 24, 2018.

OCF has prominently posted contact information for multiple external agencies. Staff and inmate random interviews conducted by the audit team confirm that both staff and inmates are aware of the various reporting methods available to them. The PREA Brochures, Prisoner Guidebook, and MDOC website provide the multiple resources available, with reporting instructions and encouragement to

report sexual abuse or sexual harassment in verbally to staff, by Kite, through Hotlines, in writing to Ombudsman, MDOC PREA Administrator or MSP, through PREA grievance submission, or online. Auditor has concluded, based upon this review, that Ojibway exceeds the requirements of this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

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

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

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

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor has reviewed PD 03.03.140 PREA, Sections EE-QQ, pages 2-4; OCF OP 03.03.140, PREA, Section GG, page 6; PREA Manual Prisoner Grievance Process – Sexual Abuse Allegations/ Substantial Risk of Imminent Sexual Abuse/Sexual Harassment Allegations, pages 24-25; MDOC Director's Memorandum (DOM), pages 1-2, dated 4-27-16, establishing the MDOC PREA Grievance Process; PD 03.03.105, Attachment B, Class II Misconducts, pages 1-2.

The OCF PAQ reports 3 grievances filed in the last 12 months that alleged sexual abuse, with all 3 grievances reaching final decision within 90 days. One emergency PREA grievance was reportedly filed in the last 12 months, which had an initial response within 48 hours. No inmate was disciplined in the last 12 months for having filed a grievance in bad faith.

Auditor reviewed the MDOC PREA Grievance forms, CAJ-1038A Step 1 and Step 2, CAJ-1038B, (Appeal form). Auditor reviewed the monthly Grievance Spreadsheets for the period April 2017 through April 2018. Auditor reviewed the 3 PREA grievances filed and responded-to in the last 12 months (2017), the emergency grievance filed and responded-to in the last 12 months (2017), and a 2017 PREA Grievance that was filed in the last 12 months that was rejected as not constituting a PREA related issue.

Auditor reviewed the Prisoner Guidebook which includes the Misconduct Charges for filing false reports, i.e. Class II, No. 423, Interference with the Administration of Rules, page 12. OCF reports ____ inmates disciplined for filing false reports concerning alleged PREA misconduct, either by staff or other inmates.

Auditor interviewed the Ojibway Hearings Investigator/Grievance Coordinator to review facility grievance handling procedures. The employee advised auditor that the regular grievance system is 03.03. 130 Prisoner and Parolee Grievances. The employee stated he believed he sent one grievance to the PCM in the last 12 months which he recognized to constitute a PREA grievance. He normally telephones the PCM to enable the grievance to be handled immediately. The Grievance Coordinator stated he would call the inmate up and advise them to submit a PREA Grievance form to the Inspector (PCM) or to the ARUS (Assistant PCM). When he calls the PCM, the PCM usually would call the inmate up and have him then fill out the PREA Grievance form.

Auditor's review of the MDOC PREA Manual confirms that all elements of the PREA standards are contained within the manual. Auditor's review of PREA Grievance submissions and related documentation confirms that OCF accepts and processes all PREA reports in a timely manner. OCF meets the requirements of the PREA standard.

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 X - NA

- 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.

Auditor reviewed PD 03.03.140, PREA, Section MMM – Victim Advocates, pages 9-10; PD 05.03.130, Prisoner Telephone Use, page 1, Attachment B – Universal List, Sections E, M, X, pages 1, 3 and 5; PD 05.03.118 Prisoner Mail, Sections R and S, pages 4-5; OCF OP 05.03.118, Mail Processing.

The auditor reviewed the MDOC Prisoner Guidebook which notifies inmates of the authority and extent of mail and telephone monitoring, in accordance with agency policies. During site review of the OCF housing units, the audit team observed notices posted advising inmates of routine monitoring and recording of the inmate telephone system. Auditor reviewed policy Attachment B of PD 05.03.130, Prisoner Telephone Use, Universal List, which provides for all prisoners' access to the MDOC PREA Hotline (517-335-5355), Crime Stopper Tip Line (*767), and Sexual Abuse Support Services (RAINN), at 800-656-4673.

Auditor reviewed a February 3, 2017 MDOC Memorandum from the agency PREA Administrator to the Wardens and Facility PREA Coordinators notifying them that a booklet titled "An End To Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse" has been authorized for placement in each facility Library. The memo advises that 3 copies have been supplied for each library. The booklet includes general information pertaining to PREA such as the national PREA Standards, dynamics of sexual abuse in custody, reporting allegations, and contact information for resources in Michigan. Auditor has observed notices posted in the housing units advising the inmates of the availability of this booklet, and auditor has reviewed this 2014 National PREA Resource Center publication. Auditor has observed bilingual RAINN posters posted within each OCF housing unit, which includes a toll-free number (1-800-656-HOPE or 1-800-656-4673) for access to Emotional Support Services.

Random inmates interviewed, and other targeted inmates interviewed were asked of their knowledge of services available outside the facility for dealing with sexual abuse, if they needed it. 10 inmates advised the audit team that they were aware of such services, 10 advised the audit team that they were unaware, and 7 advised that they were uncertain. One inmate that was incorrectly categorized as a sexual abuse reporter advised the audit team that he was unaware of such outside services available.

Based upon auditor's documentation review and inmate interviews, auditor has concluded that OCF has taken steps to communicate the availability of outside support services, thru postings of the RAINN posters, and the availability of An End To Silence handbooks in the inmate Library.

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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Auditor has reviewed MDOC policy 03.03.140 PREA, Section Y, page 5; PREA Manual, Staff Reporting, page 22, Prisoner Reporting, page 23, and Prisoner Grievance Process, page 24;

During site review, auditor observed MDOC PREA posters posted in each housing unit. These posters contain toll free numbers for reporting and instructions for third parties to report sexual abuse or sexual harassment in MDOC correctional facilities. During audit documentation review, auditor reviewed two facility PREA investigations conducted during the last 12 months which were precipitated by third party calls to the MDOC PREA Hotline.

The Prisoner Guidebook and PREA trifolds inform the inmates of their ability to report sexual abuse or sexual harassment through a third party. The LCO Ombudsman agrees to accept "…reports made verbally, in writing anonymously and from third parties and shall promptly document any verbal reports."

Auditor visited the MDOC website at www.michigan.gov/corrections, and viewed the Online Reporting Form available for third party reporting. The agency website provides additional instructions for third parties to report allegations of sexual abuse by: Contacting the facility; calling the MDOC PREA Hotline at 517-335-5355 or toll free at 877-517-PREA (7732); or by writing to the MDOC PREA Office at MDOC, Prison Rape Elimination Office, P.O. Box 30003, Lansing, MI 48909.

During interview with random and targeted inmates 24 of 27 inmates were aware of acceptability of third party reporting. One inmate was not aware, one assumed someone could use a third party, and another was unsure of third party reporting.

Based upon auditor's noted review, auditor has determined that Ojibway has met the requirements of the standard. OCF has multiple methods to receive third party reports and has demonstrated that they have processed and thoroughly investigated two third party reports in the last 12 months.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed PD 03.03.140 PREA, Section X, Reporting Prohibited Conduct, pages 4-5, Sections W. Confidentiality of Reports and Investigations, page 4, Section CC-DD, page 2, Section RR, Investigation of Sexual Abuse/Sexual Harassment, page 7; OCF OP 03.03.140 PREA, Prohibited Sexual Conduct Involving Prisoners, pages 1-2; PREA Manual, Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, Staff Reporting, page 22-23, Section – Sexual Abuse/Sexual Harassment Investigations/MDOC Computerized Investigation Database, pages 28-29; MDOC Employee Handbook, 2014, Section 38, page 34, Sections 50-52, pages 36-41;

The auditor interviewed the Warden, who advised that the facility PREA Inspector (PCM) receives all reports of sexual abuse and sexual harassment. OCF does not house youthful offenders and there have been no cases involving a vulnerable adult. There have been no substantiated cases of sexual abuse or sexual harassment in the last 12 months.

During interview with auditor the PREA Coordinator advised that a PREA report received from a vulnerable adult would be investigated and reported to the Department of Health and Human Services (DHHS), and MSP. Caseworkers from DHHS would conduct their investigative review of facility investigations involving a vulnerable adult.

The audit team interviewed 4 health care staff and one mental health staff person. All staff interviewed advised of their awareness and obligation to disclose their limits of confidentiality and their duty to report. Several staff had no experience in receiving past reports of sexual abuse or sexual harassment, but they understood their duty to report such information received to their supervisor. Several staff had either second-hand knowledge of such reports or had received reports in the past, prior to the recent 12 -month period. They had reported this information to their supervisors.

Random staff interviewed provided responses indicating staff are well informed of the requirements of the PREA standards concerning their reporting responsibilities of any information, knowledge or suspicion of an incident of sexual abuse or sexual harassment that occurred in the facility or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff advised the audit team that they would notify the Shift Commander immediately, notify Supervisor/PREA Inspector/Health Care, keep inmates separated, secure the area/scene, preserve evidence, take victim to private setting, and refer to pocket guide First Responder book.

Auditor has reviewed all facility PREA investigations conducted during the last 12 months. Based upon this review, auditor has concluded that OCF personnel have responded to verbal and written reports received appropriately and in a timely manner, and reports received via the MDOC hotline.

Based upon auditor's review of MDOC and facility policy and operating procedures, facility investigations conducted during the last 12 months, the PREA Manual, and staff random and specialized interviews, auditor has determined that Ojibway is in compliance with the requirements of this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, auditor reviewed PD 05.01.140 Prisoner Placement and Transfer, Section EE, pages 5-6; PREA Manual, Protective Custody, Page 16.

The PREA Manual requires immediate action to protect prisoners by ensuring no contact between the alleged abuser and the alleged victim, when the facility learns that an inmate is subject to imminent sexual abuse. Action may include but is not limited to housing changes, temporary segregation, reassignment, stop orders and transfers. All actions must be documented, including the amount of time between the report and when action was taken, and available for the PREA audit.

The OCF PAQ reports that there were 0 cases in the last 12 months where the inmate was determined to be subjected to substantial risk of imminent sexual abuse. The Warden advised the auditor that if the facility would learn that an inmate was subject to imminent sexual abuse, they would be escorted to TSC, or 78-79 Rooms in A, B or C units, pending investigation. Transfer out of facility if necessary and if inmate cannot be protected at OCF.

Auditor reviewed an Emergency PREA Grievance CAJ-1038A – Step 1, alleging that an inmate was at risk of imminent sexual abuse. The immediate action taken was that the inmate was appropriately and timely moved to another unit and an investigation was conducted. Auditor reviewed the timely response by the OCF official (PREA Compliance Manager), and the MDOC PREA Administrator.

The Agency Head (designee) advised that all department heads take any allegation of imminent danger very seriously and act immediately within 48 hours, to investigate. Inmate could be relocated to another cell, area, or facility, or can be placed in temporary segregation as a last resort.

Random staff interviewed advised the audit team that they would take immediate action if they learned that an inmate was at risk of imminent sexual abuse. Staff provided responses to include: Notify Shift Commander/Supervisor, remove inmate from situation, keep inmates separated, get bed moved or unit moved for their safety, follow directions of supervisors, may use temporary segregations cell, pull aside, take the victim to control, and do paperwork.

Based upon auditor's aforementioned review, OCF is in compliance with the requirements of the standard.

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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Auditor reviewed PD 03.03.140 PREA, Reporting Prohibited Conduct, Section X, page 2, Section DD, page 2; OCF OP 03.03.140 PREA, pages 1-2; PREA Manual, Prisoner Reporting, page 23.

The MDOC PREA Manual states: If a prisoner alleges that s/he was sexually abused while confined at a different facility, including, but not limited to county jails, another state or federal prison, or substance abuse program facility, staff shall forward the allegation to the Warden or Administrator at the prisoner's current facility. Whether or not the prisoner indicates the allegation was investigated, the Warden or Administrator shall provide email notification immediately, but no later than 72 hours, to the Warden or Administrator of the other location where the incident was alleged to have occurred with a courtesy copy to the Department PREA Manager. For allegations of abuse within the Department, the receiving Warden or Administrator shall verify whether the allegation had been previously investigated. If not, ensures that the allegation is entered in the appropriate MDOC computerized database as outlined above and investigated.

The agency head (designee) when interviewed advised that where a facility receives an allegation that occurred at another facility, the investigation is done there. The PCM would do what they could at the

institution that received the information. The facility notifies the other facility, and the MDOC PREA Administrator. The Warden is always part of the communication chain.

The OCF PAQ reports 0 cases of OCF inmates reporting that they were sexually abused at another facility. The PAQ reports 3 cases in the last 12 months where inmates housed at other facilities alleged they were sexually abused while at OCF in the past. Auditor reviewed all 3 investigative cases completed resulting from 2 other MDOC facilities. None of the 3 were substantiated.

When interviewed by the auditor the Warden discussed one case where they received allegations in the last 12 months where an inmate at another facility alleged that he was sexually abused at OCF in the past (2016). OCF conducted the investigation. Auditor subsequently reviewed this investigation packet and confirmed that the requirements of the PREA standard were complied with. The investigation was completed by OCF investigators within 30 days, finding insufficient evidence. The reporting inmate, housed at another MDOC facility, was notified of the investigation's findings.

Based upon auditor's review of MDOC policy, OCF Operating Procedures, interviews of MDOC administrators, and review of investigative files, auditor has determined that OCF personnel are aware of the standard's requirements concerning receiving and processing such reports and have been compliant in their communications and investigations of such allegations.

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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Auditor reviewed OCF OP 03.04.125 Medical Emergencies, Section G. Sexual Assaults, pages 4- 6; PREA Manual, Response to Reported/Detected Sexual Abuse – First Responder Duties, Pages 25-26.

The OCF PAQ reports the facility receiving 6 allegations that an inmate was sexually abused in the last 12 months. Of these allegations, there were 0 instances where a staff person had to separate the alleged victim from an abuser, 0 instances where the time period allowed for the collection of evidence, and 0 instances where staff were required to preserve evidence. There were 0 instances of staff acting as a first responder to a scene of a sexual assault incident. There were instances during the last 12 months (2017-2018) where staff received information and acted as a first responder to report an inmate's allegation and subsequent facility actions were taken to ensure the inmates safety, pending further investigation, e.g. moved the inmate to another unit/returned the inmate tom his unit, notified the MSP, or transferred the inmate.

Auditor reviewed the MDOC first responder pocket guide issued to all Ojibway personnel – "Response to Reported/Detected Sexual Abuse/First Responder Duties." This pocket guide resource includes the essential first responder duties required of any staff person that observed an incident or when receiving such reports of sexual abuse or sexual harassment. The guide includes evidence preservation, notifications, ensuring safety of inmates, and investigative responsibilities.

The audit team interviewed an inmate that had reported a sexual abuse. The inmate advised that Ojibway staff responded immediately upon his report to the officer. The inmate did not know whether staff who first got to the scene responded quickly. The inmate stated he was not questioned by personnel and did not receive any mental health or medical services. Auditor reviewed the investigation conducted by a facility PREA investigator, which served to verify that a security staff supervisor, housing unit supervisor and mental health staff person had interviewed the inmate concerning his allegations.

Random staff interviewed advised the audit team that their first responder duties included getting the inmate away and securing the scene, don't let them out of sight, no shower or change of clothes, contact supervision/Shift Commander as soon as notified by an inmate, call for additional staff, escort to health care for collection of bodily fluids, don't share information with other inmates, and start to investigate.

Both security staff and non-security staff were interviewed by the audit team concerning their first responder duties. The non-security employee stated he would remove the inmate from the area, preserve clothing and not allow the inmate to eat or shower, contact the Shift Commander, notify medical and mental health. Two security first responders advised that they would separate prisoner and bring him to Control center, inform supervisor or PREA Inspector, find the alleged perp, preserve evidence, no shower or washing, escort aggressor to RSC, address and physical harm issue, victim seen by Health Care, as supervisor, mark off the room to ensure people are not going in and out, ensure chain of evidence, complete critical incident report, conduct initial interviews of victim and perp, notify mental health, take photos and videos and do reports.

Auditor has concluded that Ojibway meets the standard requirements following auditor review of OCF procedures, review of facility PREA investigations, and interviews with staff and inmates concerning staff first responder knowledge.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed OCF OP 03.03.140 PREA, Procedures, pages 4-6; OCF OP 03.04.125 Medical Emergencies, Procedures, pages 4-6; PREA Manual, Facility Plan, page 26.

The PREA Manual requires each correctional facility to include in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse.
The Ojibway PREA procedures (03.04.140) include such plans, which include the inmate's reporting responsibilities, the PCM's duties and the Assigned PREA Investigator's duties. The OCF procedures include instructions for allegations received that involve both prisoner on prisoner and staff sexual misconduct/harassment/staff overfamiliarity. The Health Care procedures (OP 03.04.125) provide instruction and notification requirements for all staff, nursing staff, Shift Commander, HUM (Health Unit Manager), and Warden.

When interviewed by auditor the Warden advised that the facility has a plan to coordinate staff actions in response to a sexual abuse incident. During review of PREA investigations conducted over the last 12 months, auditor has reviewed multiple instances of staff coordinating facility response to an alleged incident of sexual abuse. These actions involved security staff, medical staff, mental health staff unit staff, investigative personnel and the Michigan State Police. There were no substantiated cases of sexual abuse or sexual harassment at OCF during the last 12 months.

Based upon auditor review, auditor has determined that Ojibway has contingency plans in place to address allegations of sexual abuse. The facility has demonstrated their coordination of responses during the past 12 months in addressing allegations of sexual abuse and sexual harassment. Specialized staff interviews of the Warden, PCM, HUM, Health Unit Supervisor, mental health staff and investigators have confirmed the effectiveness of the facility response.

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

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.

Auditor reviewed the PREA Manual, Collective Bargaining, page 22, which mirrors the language of the PREA standard concerning management's rights, establishes the burden of proof, and addresses disciplinary sanctions and law enforcement referrals.

The Agency Head (designee) advised that the MDOC retains the right to assignment of agency personnel, even in bid positions. There is nothing in any contract with any bargaining unit that prohibits a facility from removing an employee for cause.

Auditor reviewed the contract language with the six bargaining units representing MDOC employees. The common language cited in the agreements provides for both parties recognizing the authority of the Employer to suspend, demote, discharge or take other appropriate disciplinary action against employees for just cause. The "Employer possesses the sole power, duty and right to operate and manage its departments, agencies and programs and carry out constitutional, statutory and administrative mandates and goals."

Based upon the current bargaining unit agreements, the facility maintains the authority and ability to remove alleged staff abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

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*)

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

Instructions for Overall Compliance Determination Narrative

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Auditor reviewed PD 03.03.140, PREA, Section V, pages 1-2; OCF PCM Memo, dated 3-14-18; PREA Manual, Protection from Retaliation, pages 17-18.

Auditor was advised by memorandum that OCF has designated either the Assistant Resident Unit Supervisor (ARUS) or the unit Prisoner Counselor (PC), as the staff responsible for retaliation monitoring. During the time of the June 2018 audit this consisted of 7 personnel, covering each OCF housing unit. Auditor has reviewed the OCF PAQ which reports 0 incidents of retaliation occurring during the last 12 months.

Auditor has reviewed three completed CAJ-1022s, PREA Sexual Abuse Retaliation Monitoring forms. The MDOC CAJ-1022 forms include the **Monitoring Reason** (Reported Sexual Abuse/Harassment; Victim/Alleged Victim; Fear of Retaliation is Expressed for Cooperating with Sexual Abuse/Harassment); and **Monitoring Week** entries, i.e. Reviewed disciplinary reports, Reviewed housing changes; Face-to-face contact; Reviewed program changes; Reviewed performance evaluations and Reviewed staff reassignments.

The Agency Head (designee) advised that MDOC provides information to staff and inmates concerning retaliatory actions not being tolerated. We have a monitoring piece used at the onset of an allegation that can be used for 90 days of monitoring, or more if needed. The most appropriate unit staff person would be

assigned by the PCM. They would conduct weekly contacts with the inmate, reviewing work assignments, misconducts, and transfers. All are included in the form used by staff. Any claim that an inmate who cooperated with an investigation was being retaliated against would result in an entire new investigation.

The Warden advised auditor that inmates are protected from retaliation by separating them from others, transferring them if necessary, refer to OCF Social Worker. If we suspect retaliation, we would separate them and look into the matter. Two staff were interviewed by the audit team that are assigned to retaliation monitoring. Both employees advised that monitoring is done at least weekly. They would check the inmate's PREA score to ensure it does not conflict with their housing or other assignments. Check on any misconducts or housing unit moves if the compliant was against staff. Would monitor for 90 days, but there is no max, could be longer period if it is necessary. There is open communication, ensure victim knows that counselor is there for any issues. I have an open-door policy for such cases. Staff can check the cameras to monitor if necessary or phone inmate's phone calls.

An inmate that reported sexual abuse at OCF during the last 12 months reported having no issues during retaliation monitoring. He was subsequently transferred and continued retaliation monitoring at the other facility. Monitoring staff continued to make appropriate entries into the Comments section of the CAJ-1022 forms concerning inmate's further protective custody requests and other behavioral issues.

Auditor has concluded, based upon policy and documentation review and staff and inmate interviews that OCF is in compliance with the requirements of this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed PD 04.05.120 Segregation Standards, Types of Segregation-Temporary Segregation, page 2, Property, Program and Activity Access, Personal Property, pages 4-8; OCF OP 04.05.120 Temporary Segregation, Conditions Under Which Prisoners Will Be Placed In Segregation Cells, pages 2-3, Operation Of Temporary Segregation cells – Property, Program and Activity Access, pages 3-5; PREA Manual, Protective Custody, pages 16-17.

The Ojibway PAQ reports 0 inmates placed in involuntary segregated housing during the last 12 months who had alleged to have suffered sexual abuse.

The Temporary Segregation cells (TSC) at OCF consist of two cells adjacent to the facility Control Center. OCF Operating Procedures limit such housing to a maximum of 7 business days. The facility Security Classification Committee is responsible to authorize inmate's privileges, property, programs and activity access while in TSC. The audit team visited the TSC on the first day of our onsite review. There was one inmate housed in TSC at that time.

Auditor interviewed the Warden who advised that the facility does not have a segregation housing unit, only a temporary unit of 2 cells adjacent to the Control Center. Staff would act promptly to investigate if an inmate was placed there for PREA reasons. The Security Classification Committee would review such cases. We would get him out of TSC ASAP and work with MDOC to transfer him to another facility if necessary.

A staff person who supervises inmates in TSC was interviewed. This employee advised the audit team that inmates in TSC could kite programs from his cell. Any program restrictions would be logged. Housing there is very temporary, if it were ever to happen for an involuntary placement of a sexual abuse reporter. Housing there is probably 1-2 days until other housing (General Population) is identified. The conditions of confinement are strictly monitored by the Security Classification Committee concerning privileges, property, program and activity access.

The audit team interviewed an inmate housed in TSC during the on-site PREA audit. This inmate was in TSC due to security reasons unrelated to PREA.

Ojibway is a Level 1 secure-minimum security facility with no actual segregation units used for housing disciplinary cases, long-term high-security inmates, major misconduct investigations, etc. Such inmates are transferred to other facilities based upon such serious conduct and security needs. The TSC appears to be functioning as intended, a temporary segregation housing unit of 2 cells to allow the facility to safely house inmates while further reviews are conducted. There were no inmates placed in the TSC during the last 12 months for any PREA reasons. Procedures are in place, and staff are aware of the TSC operating procedures, in the event the TSC would be utilized for the temporary involuntary housing of a sexual abuse victim or reporter. During the last 12 months, OCF has moved an inmate to another OCF housing unit that had reported sexual abuse by another inmate, pending investigation.

Based upon auditor's review, auditor has determined that OCF is in compliance with the PREA standard.

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.

Auditor reviewed PD 03.03.140 PREA, Section RR, Investigation of Sexual Abuse/Sexual Harassment page 2; PREA Manual, Sexual Abuse/Sexual Harassment Investigations, pages 28-30; OCF OP 03.03.140, PREA, Investigation of Sexual Abuse and Sexual Harassment, page 3; MDOC Basic Investigator Training Trainer's Manual– Interview and Investigation Techniques and Fundamentals (2014); and the National Institute of Corrections (NIC) Learning Center/Corrections Topics Computer Based Training (CBT), PREA – Investigating Sexual Abuse in a Confinement Setting, page 6.

The facility PAQ reports 0 substantiated allegations of conduct appearing to be criminal that were referred for prosecution since August 20, 2012.

Auditor reviewed an OCF 2018 memorandum from the PCM to the PREA auditor listing the 19 trained facility PREA Investigators. This cadre of personnel includes Security personnel (8 Sergeants, 5 Lieutenants, 1 Captain), 2 Inspectors, 1 Resident Unit Manager (RUM), 1 Assistant Resident Unit Manager (ARUS) and the Deputy Warden. Auditor has reviewed random individual training records to verify participant completion and reviewed the Course History Reports evidencing completion of both the MDOC and NIC noted investigative courses by facility investigative personnel. Auditor reviewed completed CAJ-1025 Sexual Abuse Incident Review forms from 2017 and 2018, documenting the administrative review of PREA investigations by the required committee, and reporting to facility Warden.

During onsite review, auditor interviewed two facility investigators (the Captain trained in 2015 and a Sergeant trained in 2018). During auditor interviews, both investigators confirmed having received both the specialized MDOC and NIC investigator trainings. Both provided an overview of the training topics and techniques included in the curriculums. Both personnel described the methodical and systematic manner in which investigations are conducted, the evidence collection to include mail, telephone J Pay and video footage, interviews of alleged victims, perps and witnesses, review of direct and circumstantial evidence, witness credibility, when cases would be referred for MSP investigation or prosecution, the burden of proof (preponderance of evidence), and handling of case when staff or inmates under investigation leave the facility. The reports include discussion of all physical and circumstantial evidence acquired and photocopies of emails, inmate grievances or misconducts, staff reports, J pay, video clips, photographs, and witness statements. If investigation reveals incident is of a criminal nature, the PCM/Inspector would handle the communications and coordination with the MSP.

The Warden advised auditor during interview that the county prosecutor's office and MSP work well with Ojibway staff. The PCM coordinates any communications or investigations (PREA or other criminal cases) with the MSP, and the PCM keeps on top of any cases going to court. During auditor interview with the PCM, he advised that any case that would constitute sexual abuse, OCF notifies the MSP in Wakefield, Michigan, ASAP. The PCM named the two primary MSP Sergeants he communicates with, primarily by email or phone. The agency PREA Coordinator advised that the facility PCMs are in regular contact with the MSP. If a facility case leads to prosecution, the PCM continues these contacts. The MDOC is aware of the facility PREA cases, as the PREA cases are assigned AIM numbers by MDOC Internal Affairs. Completed criminal investigations are reviewed by MDOC and they are sent back to the respective facilities for their info and retention. Auditor has reviewed a memorandum from

the MDOC PREA Administrator, dated July 21, 2016, advising PREA Auditors that prosecutorial responsibility lies solely with the law enforcement agency investigating criminal aspects of a particular allegation. The MDOC can only provide documentation indicating a substantiated allegation has been referred to a law enforcement agency who then bares the responsibility to refer criminal behavior for prosecution.

Auditor has reviewed every PREA investigation conducted during the last 12 months. There were no cases referred to the MSP for criminal investigation or prosecution. The OCF PCM does have a practice of forwarding all sexual abuse allegations/investigations to the MSP, however, for their review and information, submitting MDOC CSH-107 Form, Request for Michigan State Police Investigation. At Ojibway, the Warden assigns the specific investigator to each investigation, which is coordinated through the PCM/Inspector. Auditor discussed the specific investigations conducted by the two investigators interviewed during the on-site portion of the PREA Audit. Auditor also discussed the other cases with the PCM and reviewed video footage clips of several investigations conducted during the last 12 months. Auditor requested and was provided two additional DVDs containing video evidence as pulled and reviewed by facility investigators concerning two additional PREA cases. In all cases, auditor found the investigations initiated promptly, with a through and objective investigation conducted resulting in comprehensive investigative reports submitted.

Based upon auditors review of MDOC and OCF extensive policies and procedures, training curriculums and training records, investigative files, and staff interviews, auditor has concluded that Ojibway exceeds the requirements of the standard.

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

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

Auditor reviewed MDOC PREA Manual, Collective Bargaining, No. 2, page 22. The PREA Manual establishes, in accordance with this standard and in compliance with MDOC Policy, that the standard of evidence used in MDOC in determining whether allegations of sexual abuse or sexual harassment are substantiated in a preponderance of evidence. This standard is included in the specialized training curriculum for investigators in MDOC, i.e. Basic Investigator Training – Interview and Investigation Techniques and Fundamentals, 2014.

Two investigators interviewed by auditor advised that the burden of proof used in any sexual abuse or sexual harassment investigation is a preponderance of evidence, or 51%, of evidence.

During the PREA audit, auditor reviewed all 14 PREA investigations conducted. Auditor's review has confirmed that OCF investigators have conducted thorough investigations, collecting and reviewing evidence and conducting staff and inmate interviews. The organization of the investigative reports is excellent, reflecting he coordinated efforts of staff involved. Based upon auditor's review of MDOC policy, PREA Manual, investigative files and interviews of facility investigators, auditor has concluded that Ojibway meets the requirements of this standard.

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.

Auditor reviewed PD 03.03.140 PREA, Sections UU, VV, page 7; OCF OP 03.03.140, PREA, Investigation of Sexual Abuse/Sexual Harassment, page 3; PREA Manual, Prisoner Notification Following an Investigation, page 3.
The PAQ reports 5 administrative investigations of alleged inmate sexual abuse that were completed by OCF in the last 12 months. The PAQ reports 5 inmates were provided verbal or written notification of the results of the investigation conducted. There were 0 investigations completed by an outside agency during the last 12 months at Ojibway. Auditor reviewed a memorandum from the OCF PCM to auditor, dated March 28, 2018, reporting that Ojibway did not have any substantiated evidence or investigations in the last 12 months that were substantiated. The PAQ reports that 12 inmates received notifications in the last 12 months that were documented.

Auditor reviewed the CAJ-1021 form, PREA, Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action. Auditor reviewed 4 completed CAJ-1021's delivered to inmates in 2017, with 3 signing for their notification and 1 refusing to sign.

When interviewed by auditor the Warden advised that Ojibway notifies an inmate of the results of the investigation conducted and a clerical staff person enters this information into the AIM electronic file. Two investigators interviewed by auditor advised that the inmates receive written notification of investigation results. An inmate who was the subject of a sexual abuse investigation informed the audit team that he was aware that the facility is required to notify the inmates of the results of the investigations conducted. He stated that he was provide a written notification by personnel.

Based upon auditor's review, auditor has determined that Ojibway is in compliance with the requirements of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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.

Auditor reviewed PD 03.03.140 PREA, Sections T and U, Prohibited Conduct, page 4; PD 02.03 100 Employee Discipline, Section E, page 1, and Attachment A (Work Rules), pages 1-3; PREA Manual, Disciplinary Sanctions/Corrective Action, pages 31-32; OCF OP 03.03.140 PREA, If Allegations of Staff Sexual Misconduct/Harassment/Staff Overfamiliarity, pages 5-6.

Auditor reviewed the PAQ, which reports 0 staff violations of agency sexual abuse or sexual harassment policies in the past 12 months. The MDOC Employee Handbook includes rules violations (pages 36-41), for: No. 50, Overly-Familiar or Unauthorized Contact; No 51, Sexual Conduct with Offender; and 52, Sexual Harassment of Offender.

MDOC and Ojibway have policy and procedure in place that includes all the requirements of this PREA standard. In addition to policy and procedures, auditor has reviewed the MDOC Employee Handbook/Work Rules and all the facility PREA investigations conducted in the last 12 months. Auditor has determined based upon this review that Ojibway is in compliance with the standard.

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.

Auditor reviewed PD 03.03.140 PREA, Section U, Prohibited Conduct, page 2; OCF OP 03.03.140 PREA, pages 5-6; PREA Manual, Disciplinary Sanctions/Corrective Action/Volunteer and Contractor, page 31.

The OCF PAQ reports in the last 12 months that 0 contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates.

Auditor interviewed the Warden, who advised that should the facility become aware of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would issue

a separation order prohibiting that person from further Ojibway access. The facility would report to MDOC PREA office and Internal Affairs, obtain an AIM investigative number and proceed to investigate further.

Ojibway has in place MDOC policy, the PREA Manual and local OCF Operating Procedures to address contractor and volunteer violations of sexual abuse or sexual harassment policies. Ojibway utilizes both contracted personnel and volunteers on a regular basis. Auditor has confirmed that such staff have received the required PREA orientations. Based upon this review, and the interview with the OCF Warden, auditor has determined that OCF is in compliance with this standard.

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

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Auditor reviewed PD 03.03.105 Prisoner Discipline, Sections A, B, DDD-KKK, pages 1, 10 and 12, and Attachments A. (Class 1 Misconducts), B. (Class II Misconducts), and D. (Disciplinary Sanctions); PD 03.03.140 PREA, Section S., Prohibited Conduct, page 2; OCF OP 03.03.140 PREA, pages 5-6; and MDOC PREA Manual, Prisoner Discipline, page 32.

The PAQ reports 0 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility in the last 12 months. The PAQ reports 1 criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility in the last 12 months.

MDOC Policy prohibits all sexual activity between inmates. There were 2 inmates disciplined for submission of bad faith allegations of sexual abuse at OCF in the last 12 months. Auditor reviewed the MDOC Prisoner Guidebook – Prisoner Discipline, page 7, Class I Misconducts, which includes charges for sexual misconduct, pages 10-11.

Auditor interviewed the Warden, who advised that disciplinary sanctions imposed on an inmate would be proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories. The audit team interviewed 3 health care and one mental health staff person. The health care employees stated that the victim always is offered therapy, counseling or other intervention services, but one medical employee was unsure whether the offending inmate was offered such services. An inmate's participation is not required as a condition of access to programming or other benefits.

The mental health staff person (Social Worker) advised the audit team that OCF could make referrals to the inmate for available outside therapy, counseling or other intervention services. Such participation would be voluntary on the inmate's part, and his access to such programs is not conditional upon his participation. Auditor reviewed the memorandum from the mental health social worker, dated March 30, 2018, advising auditor that: Ojibway Correctional Facility does not offer MSOP treatment. Prisoners at OCF do have access to voluntary counseling services (counseling services interventions (CSI)) through the Psychological Services Unit (PSU) here at OCF. CSI is a voluntary, brief supportive counseling service that is available to prisoners at their request.

Auditor has reviewed all PREA investigations conducted in the last 12 months. There were no inmates disciplined for making a report of sexual abuse in good faith. Agency policy and MDOC PREA Manual provide for all elements of the this PREA standard. Auditor concludes that Ojibway is in compliance with this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Auditor reviewed PD 03.04.100 Health Services, Section T, pages 3-4; PD 04.06.180 Mental health Services, Sections F, H, pages 1-2; PD 04.01.105 Reception facility Services, Section KK, page 7; RGC OP 03.03.140 PREA, page 3; OCF OP 03.03.140 PREA, Screening of Incoming Prisoners to Assess Risk for Sexually Aggressive Behavior or Sexual Victimization - Security Classification Committee/Psychological Services Staff, page 6; PD 03.04.108 Confidentiality of Health Information, P-R, pages 3-4; PD 03.03.140 PREA, Section BB (Informed Consent) page 2; PREA Manual, Medical/Mental health Screening, page 14.

The OCF PAQ reports 0 inmates who disclosed prior victimization during risk screening that were offered a follow-up meeting with a medical or mental health practitioner in the last 12 months. The MDOC and Ojibway facility maintain extensive policies and procedures addressing all of the elements of the risk screenings and mental health referrals, to include informed consent.

The audit team interviewed 3 facility staff responsible for conducting risk screenings. The 3 risk screeners advised the audit team that they have not experienced inmates disclosing prior sexual victimization, but if they did they would offer a follow-up meeting with a mental health practitioner. This is required within 14 days but would be done immediately. All staff interviewed were aware of the 14-day requirement for mental health follow-up and stated the meeting would be conducted much sooner than that.

The 3 medical/mental health staff interviewed advised the audit team that they would not obtain informed consent from inmates concerning prior sexual victimizations that occurred outside an institutional setting. A medical department supervisor interviewed informed auditor that MDOC obtains informed consent from the inmate population upon commitment to MDOC, so staff do not obtain informed consent/have inmates sign each time concerning information reported. The mental health practitioner advised the audit team that he does obtain informed consent from inmates before reporting about prior victimization that did not occur in an institutional setting.

Section KK, of MDOC Reception Facility Services policy states: A prisoner identified as having a history of physical or sexual abuse, or who poses a reasonable concern that s/he may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities shall be referred to BHCS psychological services staff; the Intake Screening for History of Sexual or Physical Abuse form (CHJ-464) shall be completed by BHCS staff as part of this screening process. When necessary, prisoners shall be referred for mental health services in accordance with PD 04.06.180 "Mental Health Services".

Section BB. of MDOC PD 03.03.140 PREA, requires that: Medical and mental health staff shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting. A PREA Authorization for Release of Information Form (CAJ-1028) shall be used for this purpose. A copy of the CAJ-1028 shall be retained for auditing purposes.

Auditor reviewed a completed and signed MDOC PREA CAJ1026 Authorization for Release of Information form (2017) concerning an allegation of prior facility sexual abuse (2013). This alleged incident was not a result of risk screening but a report from a former prisoner alleging sexual abuse by other inmates in the past.

Based upon auditor's review, auditor has determined that OCF is in compliance with the standard. Auditor has confirmed that Ojibway did not have any inmates disclose prior victimization in the last 12 months upon risk screening. It is apparent that not all staff are familiar with the informed consent requirement of the MDOC policy and the PREA standards, due to their lack of experience in this regard. Auditor has reviewed a 2017 completed and signed CAJ-1026 form, Authorization for Release of Information, establishing that the required form is being utilized accordingly. Auditor has discussed this issue with the Regional PREA Analyst and advised of a need for additional training/orientation of appropriate facility personnel concerning this requirement.

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

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Auditor reviewed PD 03.03.125 Medical Emergencies, Section F, page 2; PD 04.06.180 Mental Health Services, Section F and H, pages 1-2; PD 03.03.140, PREA, Section Z, page 5, VV, page 10; MDOC OP 03.04.100H Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities, pages 1-4; PD 03.04.100 Health Services, Sections UU and VV, page 10; PD 03.04.120 Control of Communicable Bloodborne Diseases, pages 2-3; PREA Manual- Medical/Mental Health Services Following an Allegation of Sexual Abuse/Inmate Victim Services, page 26; OCF OP 03.04.125 Medical Emergencies, Sexual Assaults, pages 4-6.

The audit team interviewed 4 combined medical/mental health staff. The medical personnel advised that emergency medical treatment is offered within minutes/immediately and that the nature and scope of services provided is determined by their professional judgment and policy. Evidence can be collected if it is within 96 hours of an assault. Victims are offered timely information and access to sexually

transmitted infection prophylaxis. An inmate victim receives treatment services without financial cost. The mental health staff person was not familiar with the medical departments delivery of emergency services but was aware that inmates were offered information and access to sexually transmitted infection prophylaxis. Auditor was advised that there were 0 cases of sexual abuse at Ojibway in the last 12 months.

The audit team interviewed 2 uniformed and 1 non-uniformed staff who act as first responders. The security staff advised that they would ensure the scene is safe, separate inmates, call for additional staff, notify supervisor or PREA Inspector, handcuff and address any physical harm issues, and escort to health care, notify mental health. Once inmate is safe, start to interview to determine whether was consensual or non-consensual, ensure scene is secure and any evidence is preserved, take photos and videos. Don't allow evidence to be destroyed, do chain of evidence, no washing, showers, etc. Take aggressor to TSC, complete Critical Incident Report. The non-uniformed staff stated he would remove the inmate from the area, contact Shift Commander, preserve clothing, don't allow inmates to shower or eat, and notify medical and mental health.

Auditor interviewed the Patient Care Manager at Aspirus Ironwood Hospital. She advised that Ironwood is the primary hospital for the Ojibway facility. She was unaware of any inmates transported to Ironwood in the last 12 months due to a sexual assault or allegation. Auditor spoke with the Group Coordinator for Gogebic County Sheriff's Office Victim Services Unit. She advised auditor that she was unaware of any services provided by their county Victim Services Unit to the Ojibway correctional facility. Their unit would be notified by the ER staff at ironwood.

Based upon auditor's review of agency and facility policies and procedures, review of OCF PAQ, and interviews conducted with facility and community medical and mental health personnel, civilian service providers, and county volunteers, auditor has determined that Ojibway meets the requirements of this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Auditor reviewed OCF OP 03.04.125 Medical Emergencies, Sexual Assaults, pages 3-4, 6; PD 03.04.100 Health Services, Sections UU, VV and WW, pages 1,10; PD 04.06.180 Mental Health Services, Section F and H, pages 1-2; PREA Manual, page 27 Ongoing Victim Services, page 27; PD 03.04.125 Medical Emergency Health Care, Section F, page 2.

Auditor reviewed MDOC forms completed in the last 12 months concerning inmate PREA Investigations, Retaliation Monitoring, and Mental Health Referrals, i.e. CAJ-1024, CAJ-1022 and CAJ-1021, respectively. Excerpts from the OCF Operating Procedures include specific language/requirements in response to the PREA standards:

Prisoners with a history of sexually aggressive behavior, or who are found guilty of sexually aggressive behavior while incarcerated, shall be referred to BHCS mental health services staff for assessment, counseling, and other necessary mental health services, as appropriate, consistent with the requirements set forth in PD 04.06.180 “Mental Health Services.” Prisoners who are reasonably believed to be at risk of sexual victimization while incarcerated, or who have been sexually assaulted while incarcerated, shall similarly be referred. (page 4)

All prisoners returning from an emergency offsite appointment or specialty services appointment shall be evaluated by an RN at the time they return to the facility. The nurse contacts the on-call onsite MP as needed for medical orders. Prisoners are referred to the MP for chart review or an appointment as determined by the nurse.

Prisoners who require ongoing medical care that is beyond what can be provided at the facility, will be transferred to another facility, where the appropriate care is available. Transfer to another facility is a joint responsibility of the Warden and the HUM. (page 3)

G. Sexual Assaults. Victims of sexual assault are referred under appropriate security provisions to a local emergency room for treatment and gathering of evidence. The local emergency room staff and/or correctional staff contact law enforcement agencies as determined appropriate. Local emergency department physicians use hospital procedures to evaluate, treat, and collect evidence, which meet community standards. (page 4)

The audit team interviewed medical and mental health staff, who evidenced a strong knowledge of both medical and psychological treatment service procedures. The staff provided information concerning the evaluation and treatment services provided, the preservation of evidence/avoiding contamination/96-hour maximum, and mental health referrals. Once evaluated/treated by health care, victim would be sent to hospital for SANE examination if appropriate. The inmate is seen upon return to facility and referred to mental health. The facility social worker would then either provide a mental health evaluation within 2 weeks (but is considered the top priority so would be seen much sooner) or utilize telemedicine (using a psychologist or psychiatrist assigned at another facility) or the facility would transfer the inmate to another facility. The medical and mental health services provided are as good or better than those provided in the community.

Based upon auditor’s review, auditor has determined that Ojibway is in compliance with all of the elements of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the MDOC PREA Manual, Sexual Abuse Incident Reviews, pages 32-32:

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. Such review shall generally occur within 30 calendar days after the conclusion of the investigation. 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.

The OCF PAQ reports 5 administrative investigations conducted in the past 12 months, excluding only "unfounded" incidents, which alleged sexual abuse. There were no criminal investigations conducted in the past 12 months. The auditor has reviewed all investigations conducted and 4 CAJ-1025 forms, Sexual Abuse Incident Reviews, from 2017 (2) and 2018 (2). Auditor notes facility staff further utilize a CAJ-1026 form: PREA – Sexual Harassment Investigation Worksheet in tracking and reporting of sexual harassment allegations.

The Warden advised auditor during interview that the facility Incident Review Team normally consists of 3 upper-level management officials, i.e. the PCM/Inspector, a RUM, and the Health Care Supervisor. The review team considers all possible individual and group motivations of a sexual abuse allegation, the area of the facility where the incident allegedly occurred, staffing levels present, and whether monitoring technology should be deployed or augmented to supplement the supervision provided by staff.

The PREA Compliance Manager (PCM) advised auditor that the Incident Review Team meets within 30 days after an investigative report is submitted. The committee consists of the PCM, a RUM and the Health Care Manager. All factors as required are considered, and the CAJ-1025 form, Sexual Abuse Incident Review is completed and submitted for the facility administrations review. If there are changes recommended, the PCM would follow-up with the Warden for direction. The CAJ-1025 form

also gets forwarded to the MDOC PREA Manager. Auditor interviewed two members of the Incident Review Team. Both upper-level management officials responses indicated that the review team conducts thorough and complete reviews, as required. Auditor was advised that the newer camera system was designed to address many of the previous bling spots identified by facility personnel.

Based upon auditor's review of the PREA Manual, multiple completed Incident Review Team forms, and facility interviews, auditor has determined that Ojibway meets the requirements of this standard.

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.

Auditor has reviewed PD 03.03.140 PREA, Section XX, Investigation of Sexual Abuse/Sexual Harassment, page 7.

The MDOC PREA Manual, Data Collection, review and Storage – Data Collection, page 33, states as follows:

> Data Collection: Each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database.
>
> The Department PREA Manager 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.
>
> The department PREA Manager also shall request data on each reported incident from every private facility contracted for the confinement of offenders when applicable.

Auditor has reviewed the 2014, 2015 and 2016 Survey of Sexual Victimization reports, (SSV) as are posted and provided for public review on the MDOC website (www.michigan.gov/corrections. The Annual Statistics Reports for 2015 and 2016 are also posted on the agency website as required. The statistical reports include a comparison of the last two years allegations and findings (Sufficient Evidence, Insufficient Evidence, No Evidence and Pending Investigation) in the following categories: Sexual Violence/Non-consensual Sexual Acts, Sexual Violence/Abusive Sexual Contacts, Sexual Harassment (prisoner/prisoner), Sexual Conduct with Offender, and Sexual Harassment of Offender. Both the SSVs and Annual Statistical Reports represent incident-based and aggregated data from every MDOC facility. Auditor notes that MDOC does not contract with private entities for the confinement of MDOC inmates.

Based upon auditors review of MDOC policy, PREA Manual and MDOC website, auditor has determined that Ojibway meets the standard requirements.

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.

Auditor has reviewed the MDOC PREA Manual, Data Collection, Review and Storage, page 33.

Auditor visited the agency website, www.michigan.gov/corrections, and confirmed the posting of the 2014, 2015 and 2016 Annual Reports/Statistical Reports, and the SSV reports (2013-2016). The agency website has posted all of the individual facility PREA audit reports conducted during the period 2014-2017.

The 2016 Annual Report is a comprehensive 9-page document which includes a Background to PREA, a map of Michigan with the 32 MDOC facilities denoted, and the comparison of 2015 and 2016's PREA Data (Allegations by Type and Findings by Type). MDOC's progress concerning the implementation of PREA, and the Corrective Action Periods (CAP) areas cited previously which were enhanced through agency action are discussed. The Annual Report includes colorized pie charts and bar graphs to reflect the data and yearly comparisons, and a description of the MOUs with California and Indiana (First cycle of audits-2015) and Pennsylvania, Wisconsin and Maryland (Second cycle of audits-2016-2018). The Annual Report is compiled by the agency PREA Manager and is reviewed/signed by the MDOC Director of Corrections.

The Agency Head (designee) advised that facility PREA investigations are forwarded to MDOC Central Office. We review the investigations and keep track of any trends. Staff training has increased as PREA was implemented and based upon investigative findings/trends. Conspicuous additional security cameras have been placed into specific areas, kitchen coolers and inmate commissaries due to reported activities occurring there. The annual reports are compiled by the agency PREA Manager and provided to the Director for her review and approval before it is posted on the agency website.

The MDOC PREA Manager advised that the agency PREA Manager receives data monthly, it is aggregated and provided to the Director for her review and approval for posting. The data is reviewed in order to improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies and training. The 2016 annual report was recently posted. Year-to-year, the reports are compiled, signed and posted. The facilities are contacted by MDOC concerning any issues or concerns Identified. The PREA Manager provided an example of a MDOC Hotline abuse which had occurred at one facility which was discussed with the local facility administration. Any raw data is not included in the annual reports.

The OCF PCM advised auditor that the facility's role in assisting the agency in assessing and improving the effectiveness of its sexual abuse prevention, detection and response policies and training, is to provide the raw data/investigative reports thru the Regional PREA Analyst to MDOC Central Office. Any PREA Grievances are provided monthly to the Regional PREA Analyst.

Auditor has determined that OCF/MDOC Exceeds Standards for this standard, due to the compilation of 2015 and 2016 data into the comprehensive and readily understandable format for public information of the 2016 Annual Report. Interviews with multiple facility/agency PREA officials has confirmed that the facility is in compliance with the all of the elements of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed MDOC PREA Manual Data Collection, Review and Storage, page 33; and MDOC website, www.michigan.gov/corrections.

The PREA Manual, page 33, Storage, Publication and Retention, requires that "The Department shall ensure that all sexual abuse and sexual harassment data collected is securely retained.

During interview, the PREA Coordinator advised that the facilities securely retain the data collected through database password user rights and access. Employee profiles authorize identified personnel access to such collected data.

Auditor has reviewed all sexual abuse and sexual harassment investigations conducted during the last 12 months. All facility investigative reports completed are provided to the Regional PREA Analyst and the MDOC PREA Manager. These facility reports contain raw data/personal identifiers. Auditor has confirmed that MDOC does not include any personal identifiers in any official reports (SSV or Annual Reports) made publicly available. The agency is aware and has indicated PAQ compliance that such sexual abuse data is to be retained for at least 10 years after the date of the initial collection.

Based upon auditor's review, auditor has determined that Ojibway is compliant with the requirements of this standard.

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.

Auditor worked closely with the Regional PREA Analyst during the pre-audit, site review and post audit evidence review and report compilation phases. Ojibway PREA officials, administration and staff facilitated auditor's site review June 25-27th in an outstanding manner, enabling auditor to accomplish all on-site objectives, assisted by a secondary auditor and a PREA staff assistant. MDOC and facility personnel were responsive to input while on-site and subsequently in addressing noted deficiencies concerning the physical plant, electronic monitoring, staff supervision and implementation of proper PREA procedures. Auditor has included the remedial actions taken in order to attain full compliance within the discussions of the individual standards. Based upon this thorough and objective review conducted by myself and the audit team, auditor has determined that Ojibway is compliant with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The agency has posted on its website, www.michigan.gov.corrections 16 completed Final Audit Reports, from period 2015-2017. Audits conducted during calendar year 2018 are not yet posted to website. Facility/agency is in compliance with the standard.

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.

Louis S. Folino August 11, 2018

Auditor Signature **Date**

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

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