

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 6, 2017

Auditor Information			
Auditor name: Traci Jacobson			
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Telephone number: 570-773-2158 ext 8745			
Date of facility visit: April 24 and 25, 2017			
Facility Information			
Facility name: Parnall Correctional SMT Facility			
Facility physical address: 1780 E. Parnall, Jackson, MI 49201			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 517-780-6004			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Melinda Braman			
Number of staff assigned to the facility in the last 12 months: 264			
Designed facility capacity: 1695			
Current population of facility: 1674			
Facility security levels/inmate custody levels: level 1			
Age range of the population: 18 and above			
Name of PREA Compliance Manager: Kimberly Napier		Title: PREA Coordinator/Administrative Assistant	
Email address: NapierK@michigan.gov		Telephone number: 517-780-5121	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 206 East Lansing MI, 48933			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 517-373-3966			
Agency Chief Executive Officer			
Name: Heidi Washington		Title: Director	
Email address: WashingtonH@michigan.gov		Telephone number: 517-373-0720	
Agency-Wide PREA Coordinator			
Name: Charles Carlson		Title: PREA Administrator	
Email address: CarlsonC2@michigan.gov		Telephone number: 517-373-3966	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act audit of the Parnall Correctional Facility was conducted from April 24, 2017 to April 25, 2017, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, Traci Jacobson, was assisted during this audit by DOJ Certified Auditors Erin Ireland and David Radziewicz.

The auditor wishes to extend its appreciation to Warden Braman and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the site visit and post audit. The auditor would also like to recognize PREA Coordinator Kimberly Napier for her hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor notes that the audit of the G. Robert Cotton (JCF) Correctional facility, followed the audit of the Parnall Correctional Facility on April 26, 2017 and April 27, 2017. This auditor was an assistant in that audit; however, it is noted that the facilities share several key administrative staff, including, but not limited to, the PREA Coordinator and the Human Resource Director. These facilities are located across the street from each other. The auditor notes this fact to clarify that, in the interest of maximizing administrator's time, interviews were conducted with the Human Resource Director while onsite at G. Robert Cotton Correctional Facility on April 27, 2017. It was on April 27, 2017 that personnel and training files were reviewed. The auditor had the opportunity to review 3 current employee files (files were selected from individuals who were interviewed), 1 new hire and 1 personnel file of an individual who was promoted with in the last year. The last two files were provided by the HR director. Criminal background checks are completed, training was up to date and completed by the staff who files were reviewed. It was confirmed through the file review and random staff interviews that annual training is completed and the specialized training needed by investigators is completed prior to being assigned investigations.

Prior to the audit, the auditor was provided a DVD and a flash drive that contained pre-audit documentation. This DVD and flash drive contained applicable policies and ample sample documentation in support of compliance with the standards and their provisions. After the on site visit, an additional flash drive was received which included additional requested documentation. The auditor also provided the audit notices to the facility and they were posted on March 13, 2017, throughout the facility as verified by the PREA Coordinator Ms Napier's email dated March 13, 2017 demonstrating the notices in the housing units and general areas of the facility. It was also verified during the onsite tour that the notices were posted and inmates were aware of the audit and in fact the auditor received correspondence dated March 21, 2017 from an inmate at the facility.

The auditors arrived onsite at approximately 0800 hours on April 24, 2017. An entrance meeting was held with key administrative staff beginning shortly after 0830 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Warden Melinda Braman, Deputy Warden Lee McRoberts, PREA Coordinator/Administrative Assistant Kimberly Napier, Inspector Violet Stone, agency PREA Analysts, Mary Mitchell and Wendy Hart, as well as other senior managers within the facility. Introductions were made and logistics for the audit were planned during this approximately 20-minute meeting. A tour of the facility commenced immediately thereafter with auditors Traci Jacobson and David Radziewicz touring the facility together, while auditor Erin Ireland began conducting random inmate interviews. Random interviews followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates.

After the entrance meeting the auditor was given a tour of all areas of the facility that were operational and inmates and staff had access to, including; all five general population housing units. It is noted that Parnall Correctional Facility houses all Level 1 inmates and they do not have a Segregation Unit. A and B housing Units were pole barn type buildings consisting of a North and South side with each side housing a maximum population of 160 inmates in a dorm type setting. 9 and 10 Blocks were brick construction and were single man cells on 4 tiers with a population of 353. 16 Unit was similar to A and B Units however was a brick construction and housed a maximum population of 192 on each side. The tour also included Vocational Village, Education/Programming Building, Administrative Buildings, the Chapel, control rooms, visitation areas, intake, medical (including exam rooms) recreation, kitchen/dining hall and the outside warehouse/maintenance area. This facility is an old facility and some of the buildings are no longer in use. All buildings that are occupied or utilized by staff or inmates were toured which are listed above. It is important to mention that this facility was once part of a much larger facility, which is now a museum/tourist attraction, and is still considered part of the facility but is not operated by the facility staff or inmates.

During the tour, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. During the tour, the auditor also informally interviewed the facility PREA Coordinator, the Deputy Warden, PREA Analyst and Resident Unit Manager to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in determining compliance with the standards. Additionally, during the audit tour, the auditor sampled a minimum of 2 random inmate files on all of the housing units to verify inmate PREA education and PREA risk screening. While on the housing unit, staff who fulfilled the

role of Prison Counselor, ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to access the MDOC's (Michigan Department of Corrections) computer database to show movement dates of the inmates that were then compared against educational records and risk screening dates as a means of verifying the practice of assessment and education and they were then compared to the files selected from the counselor's filing cabinets.

During the tour, the auditor observed the facility's camera monitoring system within the Inspector's office to verify that cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afforded privacy in bathroom/shower areas of the facility. The facility was found to be expanding their camera system from 45 cameras to a total of 302 when the project is complete. During the audit, they had a total of 208 in operation. The new system was a modern and robust camera system that provided great coverage of all common areas of the facility and with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. A privacy notice was posted in each of the housing units, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. On the tour, the auditor took notice to the "Knock and Announce" notices posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit.

During the tour, it was observed that opposite gender announcements were consistently made. Following the knock and announce, opposite gender staff waited 10 seconds prior to entering the housing unit. On each housing unit a memo was found to be posted on the bulletin boards notifying the inmates that the facility's PREA "An End to Silence" handbook was located in the Library. The onsite tour did not reveal any areas to be a concern and it was obvious that the staff and administration put extensive thought and consideration into the sexual safety of the population in the placement of the additional cameras. The tour included an area in the facility called the Vocational Village which is not set to be operational until July 2017. In touring this area it was evident that the administration and staff again took into consideration the sexual safety of the inmates in the remodeling plans of this area, by adding doors to bathroom stalls, camera placement, line of sight, and staffing considerations. The tour of the facility lasted the entire day and the auditors exited the facility after an exit briefing at 1800hrs.

On the first day of the audit, the auditor was given a copy of the institution's inmate rosters and shift rosters in order to select inmates and staff for random interviews. The random inmate interviews were selected from the population list provided to the auditor, which listed the inmates by housing unit and included their age and their PREA risk designation. The auditor selected two inmates from each side of each housing unit focusing on assuring that the ages varied as well as assuring that those selected represented inmates designated as potential aggressors, potential victims and those with no scores. Overall, a total of 20 inmates were selected with 17 agreeing to be interviewed. The auditors also interviewed inmates who were identified as LGBTI, disabled (hearing impaired), and inmate who disclosed sexual victimization during risk screening, an inmate who reported sexual abuse, and an inmate who wrote a letter to the auditor who had filed a complaint about sexual harassment. The following interviews were not conducted as they were not available at this facility, youthful inmate, and an inmate in segregation. As previously mentioned, while the tour was in progress on day one, auditor Erin Ireland began conducting random inmate interviews in a private room within the facility's deputy's complex.

The auditor then selected a minimum of two officers from each housing area, covering all three shifts, and then 3 additional staff that were assigned to various posts within the facility, with a total sample size of 13 random staff interviews. The specialized staff interviewed were an Intermediate or Higher level facility staff member, medical and mental health staff, Administrative (HR) staff, SANE nurse (via telephone), Volunteers and contractors, investigative staff, staff who perform screening for risk of victimization and abusiveness, staff on the incident review team, designated staff member charged with monitoring retaliation, first responders and intake staff.

The auditors arrived onsite at approximately 0430 hours on April 25, 2017 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the auditor provided the facility with the names of the random staff selected for interviews. The auditors were led to their respective offices after the entrance meeting and all three commenced with simultaneous interviews of third-shift staff. At the conclusion of these interviews, the auditors began interviewing first shift staff. Due to reduced staffing coverage at the facility on third shift, three third shift staff were interviewed and five each on first and second shift were interviewed. When interviews were completed with first shift staff, the auditors turned their attention to the specialized staff interviews. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff.

The auditor was unable to complete the following specialized interviews staff due to the matters not being applicable, line staff who supervise youthful inmates, education and program staff who work with youthful inmates (youthful inmates are not housed at the facility), Non- Medical Staff involved in cross gender searches (no such searches performed) and the agency contract administrator (the agency does not contract for the confinement of its inmates).

The agency head's designee and agency PREA Administrator were interviewed in person during a previous audit as part of the Agency audit. A telephone interview was conducted with a representative of Allegiance Henry Ford Hospital (who provides SAFE/SANE and forensic examination advocacy services to the facility).

The auditors were afforded with the opportunity to review the 28 facility investigations while waiting for second shift staff to arrive. During this time, all three auditors reviewed the facility's investigations. Of the 28 investigations, one included 2 allegations, there were 14 Staff Sexual Harassment (2 Unfounded, 12 Unsubstantiated), 9 Prisoner/Prisoner Sexual Harassment (9 Unsubstantiated); 1 Abusive sexual Contact (unsubstantiated), 2 Nonconsensual Sexual Act (2 unsubstantiated) and 3 Staff Sexual Misconduct (3 unsubstantiated). A total of 11 representative investigations were selected by the auditor for further review and the facility provided those investigations to the auditor on a flash drive 3 weeks after the audit to analyze further post audit. These investigations were selected randomly to assure we had a sample of various types of investigations to include how they were reported, the type of report, were the allegations against staff or inmate, and During this time, a discussion took place between the auditor and key facility and agency staff on matters that were discovered during both the review of pre-audit documentation and issues raised onsite. The auditors then returned inside the institution to complete second shift interviews. At the conclusion of second shift interviews, the auditors conducted an exit briefing with facility staff and departed the facility at approximately 1745 hours. The auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Administrator.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Parnall Correctional Facility (SMT) is a minimum-security prison that can house 1695 prisoners. Initially it was part of the former State Prison of Southern Michigan until its break up. SMT maintains 47 buildings, including 5 housing units setting on 45 acres.

SMT is comprised of five housing units all housing custody level 1 inmates. Three of the housing units are single level, dormitory style living while the other two are cells with 4 tiers.

The perimeter consists of two 16-foot chain link fences with razor-ribbon wires and electron. Unique to the facility is that the outside patrol can not drive completely around the facility and drives from one end, turns around and drives back to the other side.

The facility offers academic and vocational programming as well as religious and self-improvement programs. SMT is an in-reach for the Michigan Prisoner Re-Entry Initiative (MPRI) for the Jackson region. Other programs include Thinking for a Change, sex offender treatment, group counseling, substance-abuse treatment, special activity groups and a library. Prisoners are provided on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Health Center in Jackson. Emergencies can be referred to a local hospital.

The facility is designed to operate a maximum capacity of 1695 inmates. On day one of the audit, there were 1674 inmates present. The auditor observed that the inmate population consisted predominately of Caucasian and African- American inmates. Other ethnic groups were not widely observed throughout the tour.

There are a total of 264 staff at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, Inspectors, Deputy Warden and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work station, with supplemental rounds taking place throughout the unit with random roving movement.

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

SUMMARY OF AUDIT FINDINGS

This is an interim report the Parnall Correctional Facility and the Michigan Department of Corrections have made marked improvements and changes to their PREA policy, however, they only became effective April 24, 2017 with only some of the staff initiating the practices prior to the effective date.

This Auditor feels that in order to demonstrate compliance with Standards 115.41 and 115.42 the facility must demonstrate that they consistently complete required 72 hour screenings and reviews upon initial reception into their facility and then follow up with a review of the victim and aggressor screening tools. This compliance will be measured by the facility providing the auditor with a copy of the facility's incoming receptions on a minimum of 3 randomly selected dates each month during the course of the first 90 days. The auditor will then select a representative sample fo those inmates. After 30 days have elapsed, the auditor will request that the facility submit inmate movement reports and corresponding 72-hour and 30 day assessments to ensure that each inmate transferred into the facility has been assessed in accordance with provisions (a) (b) and (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the new policy is being implemented effectively at the facility.

Parnall Correctional investigative staff have received training to address standard 115.71 requiring them to implement procedures to physically interview pertinent parties to each allegation to augment any written questionnaire responses. They have started to implement this procedure however due to the low number of investigations conducted at this facility, this auditor will request random investigations that are conducted from the interim report to the final report to be scanned to assure physical interviews were conducted with pertinent parties. This will satisfy compliance with this standard.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Agency policy 03.03.140 and the PREA Manual outline the agency approach to implementing the zero-tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision (a-1)

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by Department policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in September 2015 and its updated version of April 24, 2017. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.(a-2)

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

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. This auditor was informed during an interview with the agency PREA Administrator that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the Parnall Correctional Facility is the Administrative Assistant. The position of Administrative Assistant at Parnall Correctional Facility reports directly to the Warden. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards. Specifically, the PREA Coordinator shared that she coordinates her efforts to implement PREA through communication with line staff as part of her weekly facility tours and addresses matters related to compliance as she becomes aware of them.

Based on a review of the PREA Manual and interviews with the PREA Administrator and facility PREA Coordinator, the auditor determined compliance with provision (c). It is important to mention that the PREA Coordinator was responsible for 2 facilities that were across the street from one another, but during the onsite audit, she was in the process of training her predecessor who would be taking over for the Parnall Correctional Facility as the PREA Coordinator. The PREA Coordinator reports that she was given the opportunity to prioritize and that both Wardens worked closely with her and welcomed her ideas and information. She reports that she was challenged overseeing both facilities, but was able to manage all of her responsibilities and that it was a temporary assignment until a replacement was hired which the auditor did meet during the onsite visit.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Through a review of the PREA Manual and interviews with the PREA Administrator and PREA Coordinator, and reviewing the audit notes from the Statewide audit that interviewed the Department’s Contract Administrator, this auditor determined that neither the agency nor the Parnall Correctional Facility contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a Request For Proposal (RFP) for reentry services that the agency was considering however has yet to initiate. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual, which states that “The Department shall include in any new contract or contract extension, pertaining to the confinement of offenders, the obligation for the contractor to adopt and comply with the PREA standards. The Department shall provide contract monitoring for any new contract or contract extension listed above to ensure the contractor is complying with the PREA Standards,” and the language within its RFP sample, demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

Standard 115.13 Supervision and monitoring

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

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

Interviews with the Warden and PREA Coordinator reveal that no significant changes were made with respect to the number of personnel at the facility; however, recent modifications were made to the video surveillance plan. The facility upgraded its camera coverage capabilities, expanding from 45 to 208 currently and a total of 302 when the expansion is completed. During the audit tour, the auditors received a demonstration of the camera system’s capabilities and were impressed with how the system serves to augment staff supervision in all areas of the facility. The auditors also made note that housing areas and common areas were designed in such a fashion as to provide straight lines of sight and windows are placed in pertinent locations to eliminate hidden areas that would otherwise require manpower to monitor. A review of the facility’s staffing plan and interviews with the PREA Coordinator and Warden revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the state’s Auditor General. The operational staffing plan was originally predicated on 1695 inmates and the facility's average daily population has averaged 1674 and after review and discussion the auditor found the facility to meet subsection(a-1)

The Parnall Correctional Facility does not have any judicial or federal findings of inadequacy (a-2&3). No documentation could be found and the Warden confirmed that there are no findings. The Warden and PREA Coordinator both confirmed that their internal audits and Auditor General Audits tend to be a higher standard and they must immediately correct any deficiencies that are noted. The Warden had the last Audit for our review and staffing violations or deficiencies were noted and she assured that after any audit, the outcomes are considered in the staffing plan if necessary.(a-9) The auditor felt the facility demonstrates that it takes these 4 subsections into consideration when reviewing their staffing plan. (a-4).

The Warden reports, Daily the Inspectors have a Camera operations meeting to address camera placement and blind spots where staffing may be required or cameras may need to be placed. It was previously mentioned that the camera upgrades have aided tremendously and the staff are more aware and alert of this specific area due to the upgrades still occurring. This was also evident in the facility tour that camera installation and blind spots were still being considered and talked about amongst the administrative staff, assuring the auditor that they are

addressing this in their staffing plans. (a-5).

The administrative staff also takes into consideration the inmate composition, both the Warden and the PREA Coordinator were versed in the type of inmates they were housing. Parnall Correctional Facility houses level 1 inmates and Parole about 200 inmates a month. Both administrators mention that the majority of the inmates are focused on their reentry and programming. This requires them to consider the need for staffing in the program buildings as well as camera placement. They report that when new programs are introduced that they may have to adjust staff or even programming times as not to conflict with the staffing plan, to assure to protect against sexual abuse. (a-6&8)

The auditor was able to review the daily rosters along with the staffing plan to collaborate the Warden's account of having 1 Captain and 2 Lt's, on each shift. On first shift there are 4 Sgts. with one being designated as an Activity Sgt. due to the high volume in the Program Building. On second shift there are 3 Sgts. and on third shift there are 2 Sgts. During the day they also have 2 RUM's (Resident Unit Managers) assigned to the housing Units. During the onsite tour the auditor was also able to meet and speak to these supervisory staff proving their placement is considered in the staffing plan. (a-7).

During the Incident Review Team meetings staffing is always addressed if it is a concern. Both the Warden and PREA Coordinator confirmed that if staffing is an issue the staffing plan is discussed and if it would need to be changed they would recommend a change. This was also collaborated through the interview with the staff member sitting on the Incident Review Teams. It is evident to this auditor that the facility is taking this and any other relevant factors into consideration when addressing adequate staffing levels and plans. (a-10&11)

According to interviews with the PREA Coordinator and Warden, the agency does not ordinarily deviate from its staffing plan. The Warden reported that all posts are filled either through voluntary overtime or mandated overtime; however, there could be situations that warrant them to deviate from the staffing plan based on the following five factors, 1) Sick Leave, 2) FMLA, 3) Staff Vacancies, 4) Emergency Weather and 5) Lack of Staff to Mandate. According to the Warden the facility would document any deviations from the staffing plan however the facility has not had any issues that they were not able to address as they staff for a number of treatment programs that they can cancel and utilize the staff assigned to those positions for mandatory areas, therefore the auditor found them in compliance with subsection (b)

The PREA Manual states that the Warden and PREA Coordinator are involved in "at least" annual reviews of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator for review. The Warden and PREA Coordinator report being involved in the staffing plan for the facility and the review of agency policy dictates that it is reviewed annually. The Warden reports that she covers this in her regular administrative staff meetings and discuss staffing coverage, video coverage and any necessary or new resources that may be needed. Staffing Plan reviews are conducted more frequently than annually, the facility is compliant with subsection (c)

PD 04.04.100 Custody, Security and Safety Systems and the PREA Manual establish policy for unannounced supervisory rounds. Facility Supervisory staff document unannounced rounds in the unit log book in green ink. During the on-site portion of the audit, this auditor observed log book entries on the housing units to demonstrate compliance with provision (d) of the standard with sufficient rounds in each unit to cover each shift.

Through interviews with the PREA Coordinator and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Warden completes weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. A facility Deputy Warden was interviewed regarding unannounced rounds and reported that he typically makes rounds in the housing unit areas 3 to 5 times per week. Radio traffic is prohibited, to ensure rounds are not announced. Rounds are documented in the unit log books in green ink and facility administrators are assigned a round reader to electronically scan and log their presence within the area being toured. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants and at least weekly presence of Captains, Deputy Wardens and other key administration staff on the housing units. The Warden and PREA Coordinator are able to print out tour reports to demonstrate that tours are being completed and on all shifts. On 4/25/2017 the auditor reviewed the book that had all of the tour reports and it was evident that the tours are being completed and randomly. When speaking with line staff on the walk through they report that the Administrative staff, from the LT.'s to the Warden, are visible and that they are not notified of when they will be touring. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with provision (d).

Standard 115.14 Youthful inmates

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

- Does Not Meet Standard (requires corrective action)

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

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

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

Standard 115.15 Limits to cross-gender viewing and searches

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

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

04.01.140 SEARCH AND ARREST IN CORRECTIONAL FACILITIES and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. The facility stated no cross-gender strip searches or visual body cavity searches were conducted during this audit period.

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

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff receive regular training on search procedures. A random female staff member reported during a formal interview that, as a female staff member, she is quite knowledgeable that she is not permitted to conduct strip searches at the facility. and the auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

03.03.140 PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS, the PREA Manual, Privacy Notice Signs, Knock and Announce and photographs of toileting/showering facilities signs were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit tour, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

With a few exceptions, inmates who were informally interviewed during the audit tour consistently reported that female staff announce themselves when entering the housing units. While some of those stated that it is sometimes difficult to hear the announcement, the practice is in place. Formal random inmate interviews also produced a consistent acknowledgement of opposite gender announcements.

The practice of opposite gender announcements was routinely observed during the audit tour and robust signage was observed throughout the facility to advise inmates of their privacy expectations. During formal interviews with random staff, most reported opposite gender announcements were made for female staff. Informal interviews with line staff during the audit tour confirm that opposite gender announcements were being made routinely and that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. The transgender inmate housed at the facility was interviewed and denied being examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). All randomly interviewed staff were able to articulate training on proper cross gender search techniques during interviews and most staff demonstrated the "butterfly technique" for searching the breast area of a female or transgender inmate while responding to the question. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of pre-audit sample training records relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of 5 of the random staff interviewed training records demonstrates compliance with provision (f) of the standard.

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

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

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

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

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

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

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

Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. The auditor was able to interview a deaf inmate with the assistance of a sign language interpreter and their schedule was reviewed by the auditor in determining compliance with provisions (a) and (b) of the standard.

Agency policy 03.03.140 and PREA Manual prohibit the use of inmate interpreters and were reviewed in determining compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, staff appeared to understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response.

Standard 115.17 Hiring and promotion decisions

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

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

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

Corrections Officer job postings, application questions and a promotional application for Sergeant were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-correctional officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility. Through an interview with the Human Resource director, criminal background checks are run locally at the facility by staff in the Deputy's office, security office and the records department. Human resource staff are required to review the criminal background (LEIN Check) verification form within files prior to issuing staff their identification to enter the facility.

A review of facility hiring records, agency application materials, interviews with the agency PREA Coordinator and Human Resource staff confirm that the Parnall Correctional Facility is in compliance with provision (a) of the standard.

Policy 02.06.111 and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.

A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff. However, every applicant to the Michigan Department of Corrections must complete an electronic application process where sexual harassment screening takes place. Human Resource staff at the facility monitor responses in those application materials to consider the sexual harassment history of candidates for hire and promotion. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with provision (b).

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (c). A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff.

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided adequate pre-audit sample documentation of background checks for contractors as proof of this provision of the standard. An interview with HR staff revealed that background checks for contractors are conducted out of the Deputy Warden's office at the facility. Additional documentation of background checks for contractors were requested and provided onsite in support of finding compliance for provision (d).

According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, LEIN checks are completed by the records supervisor during designated years for agency employees. €

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

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

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of the standard to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees and were reviewed by this auditor.

Standard 115.18 Upgrades to facilities and technologies

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

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

The PREA Manual, which was reviewed in determining compliance with provision (a), states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. Interviews with the PREA Coordinator, Inspector and the Warden confirm that with the renovation to an older part of the facility that they call Vocational Villiage they took into consideration video and other monitoring technology into consideration and the sexual safety of the population that will be utilizing the building. During the tour it was obvious that the camera placement, windows, line of sight and safety were at the forefront of the project. Additional cameras with audio capabilities were added to that facility to ensure inmate safety and PREA compliance.

The facility Warden stated in an interview that the facility's recently upgraded camera system expanded coverage from 45 to 208 current cameras however when finished will be 302 total cameras. The facility carefully considered the placement of its cameras to cover virtually all common areas within its housing units where viewing is permissible. The auditor observed the view from all cameras and was particularly impressed with the "fish-eye" style cameras that allowed for a 360-degree view of the area under monitoring with excellent zoom capabilities. During the demonstration of the camera system, staff articulated that the cameras have significantly deterred physical assaults and other forbidden activity. The facility also installed an electronic tour scan verification system that was observed during the tour. This system is in operation. Not only does this system ensure that rounds are being made, it also ensures that such rounds are done irregularly and by whom. The camera upgrade and tour verification system demonstrates the agency and facility are dedicated to compliance with provision (b) of the standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

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

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

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

Policy 03.04.100 and the PREA Manual, reviewed by this auditor in determining compliance with provision (c) of the standard, specify that forensic examinations are provided without cost to victims of sexual abuse. The established protocol between the facility and the Hospital require that the facility notify the hospital that an inmate is being transported to the facility for an examination. Allegiance Henry Ford will make arrangements for victim advocacy services while the inmate is in transport to the facility for accompaniment through the examination process if requested. The auditor notes that the facility had no forensic exams conducted.

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

The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator and the Agency PREA Analyst for the facility confirmed during onsite discussions that efforts have been made to secure rape crisis services and that qualified facility staff members have been identified and were provided training to deliver victim advocacy services in the absence of a formal rape crisis service agreement. During an interview with inmates at the facility who reported sexual abuse, they claim that they were not provided information about outside support services; however, this would be consistent with the fact that the facility has yet to establish a formal agreement with an outside provider. It is noted that the interviewed inmates did not report

abuse that required a forensic examination. Interviews with the PREA Coordinator, PREA Administrator and a review of facility correspondence with multiple outside advocacy agencies demonstrates that the facility is in compliance with provision (d).

The PREA Manual and Memo with Michigan State Police, confirms that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews.

The facility has identified mental health and medical staff to serve as qualified staff members to provide advocacy services during any investigatory interviews in the current absence of a rape crisis advocacy agreement. During the onsite portion of the audit, the agency PREA Analyst for the facility confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of providing advocacy services. The MSP memorandum confirms that the investigative agency has agreed to allow this individual access during forensic medical examinations and interviews consistent with standard 115.21. Absent a formal agreement with a rape crisis center, the facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with provision (e) of the standard; however, has not had to exercise these plans.

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

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

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. The auditor called Allegiance Henry Ford and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Parnall facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate during said examinations. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. In the event, such services are necessary, the facility uses qualified mental health and medical staff. During the onsite portion of the audit, the agency PREA Analyst for the facility confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of providing advocacy services. Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training provides an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (h) of the standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

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

Michigan State Police investigate criminal allegations involving staff as specified under the reviewed policy, 01.01.140. The investigation is
PREA Audit Report

monitored and coordinated by the Internal Affairs Division. Policy 03.03.140, which was reviewed by this auditor addresses referrals of prisoner on prisoner sexual abuse to MSP. And is in compliance with provision (b) of the standard. This auditor reviewed and verified that policies 01.01.014 and 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.

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

Standard 115.31 Employee training

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

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

The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 10 points required by the standards. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules. Informal interviews with staff during the audit tour confirm that individuals are informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).

Parnall Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).

Parnall Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual. however, the training is available annually to aid in fulfillment of annual training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.

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

Standard 115.32 Volunteer and contractor training

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

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

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

Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility contractor demonstrated knowledge of facility reporting and first responder procedures. During the audit tour, several informal interviews with contracted food service providers demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to respond if an inmate were to report an incident of sexual abuse or sexual harassment. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with provision (b) of the standard.

The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. In addition to the ample pre-audit samples, the facility provided additional contractor training documentation during the onsite portion of the audit, to confirm training of randomly selected volunteers from the background check logs to demonstrate compliance with provision (c) of the standard.

Standard 115.33 Inmate education

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

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

Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. The training program consists of a PREA specific brochure and a PREA video presentation that is facilitated by a live person to allow for questions and answers. A review of these materials by the auditor, satisfies compliance with this element of provision (a).

Through interviews with the PREA Coordinator, and the Intake staff, it was reported that the agency provides comprehensive inmate education at the RGC (Reception and Guidance Center) and then again during orientation at Parnall Correctional Facility. The education process is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Inmates received at Parnall will receive information about the zero-tolerance policy at the facilities orientation that is within 7 days of reception and they will go over the PREA pamphlet with the inmate. During the onsite portion of the audit, Intake Staff explained that upon reception at Parnall Correctional Facility, an inmate will receive a packet of information relative to orienting the individual to the facility. This packet of information contains the Department's PREA

brochure. During facility orientation, intake staff will read over the brochure, play the PREA video and discuss reporting procedures. Intake staff reported that facility training is completed within a week of reception to the facility.

During the audit tour, the auditor observed that PREA posters were adequately displayed in those areas where inmates would go for other pertinent facility operational information and in other high traffic areas to also demonstrate compliance with provision (a) of the standard.

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

Random inmate interviews confirm that education materials and the PREA video (Taking Action) were received and viewed. These inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. During the audit tour, random inmates were informally interviewed to determine if they received PREA education at any time. Inmate training receipts provided by the facility and reviewed by the auditor demonstrates sufficient compliance with this standard.

During the audit tour, the auditor randomly selected at least two random inmate files on all housing units. While reviewing inmate education training records, the auditor requested that staff display the electronic movement history of the inmate to verify that comprehensive education was provided within 30 days of reception to the facility to demonstrate compliance with provision (b) of the standard.

Through interviews with the PREA coordinator and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, not only to the inmates now receive comprehensive education at RGC they also receive it upon transfer to the facility. The Inmates receive the PREA pamphlet at the facility orientation and education about the facility's zero-tolerance policy within 7 days of arrival. A sampling of inmate training records, both pre-audit and onsite, confirms that inmates within the facility have been trained and satisfies the auditor's concerns that the facility has procedures in place to ensure that all inmates at the Parnall Correctional Facility have been provided training at the facility, consistent with provision (c) of the standard.

The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. The Parnall Correctional Facility also maintains copies of PREA training materials, The PREA Resource Center's "An End to Silence", agency PREA publications and the PREA standards in the law library that are available for check-out to the inmate population. The auditor reviewed these training materials, the library inventory and interpretation schedules to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education via form CAJ-1036. Sample records were provided and random inmate files were reviewed during the audit tour to confirm that inmate education records existed to the satisfaction of the auditor and consistent with provision (e) of the standard.

The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During a tour of the Parnall Correctional Facility, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit tour. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and prisoner guidebooks that are available for the inmate population to check out. 13 of the 17 random inmates interviewed and the majority of the inmates spontaneously interviewed during the audit tour, reported receiving written materials for their retention and education upon their reception to Parnall Correctional Facility to allow this auditor to determine compliance with provision (f) of the standard.

Standard 115.34 Specialized training: Investigations

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

- Does Not Meet Standard (requires corrective action)

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

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

The agency's investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of the standard.

The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that twenty active employees have completed the Basic Investigator Training. Showing satisfaction of provision (c) of the standard.

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

Standard 115.35 Specialized training: Medical and mental health care

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

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

Agency policies 02.05.100 and 02.05.101 establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curricula specific to medical and mental health staff that were reviewed by the auditor. These materials expand upon the basic training module 2 to cover the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment.

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

Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are

not required.

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

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

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at intake screening and upon transfer to another facility within 72 hours and a review assessment within 30 calendar days of the prisoner's arrival at a correctional facility, including intake. However, this policy change was just implemented April 24, 2017 (the day of the Audit). The auditor is satisfied with compliance for provision (a) of the standard.

Pre-audit documentation in support of the standard demonstrates that 72-hour complete intake assessments were completed at the Charles Edgar Reception and Guidance Center (RGC). During the course of the onsite portion of the audit, through formal and informal interviews with the PREA Coordinator, PREA Analyst, facility intake and facility case management staff, it was determined that the Parnall Correctional Facility has just started to complete 72-hour intake assessments for inmates transferred into the facility. The agency policy only came into effect April 24, 2017.

Out of the 17 Random interviews conduct with inmates 9 of them arrived in the last 12 months and not one of them could remember being asked any screening questions when arriving at Parnall Correctional Facility which confirms that the facility has not fully implemented a 72-hour initial risk screening process for all incoming receptions, demonstrating the need for corrective action to meet the requirements of provision (a) of the standard. During the corrective action period this auditor reviewed an additional 24 inmate files and determined that 18 out of 24 offenders were screened within 72 hours of intake. This sample was taken from 14 different reception days and it was noted that the files showing a deficiency were inmates received on different days however the assessments were conducted within 84-168 hours after intake. It is also important to mention that four of the 6 non-compliant 72-hour assessments occurred within the first 30 days of the corrective action period.

Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at intake screening and upon transfer to another facility within 72 hours and within 30 calendar days of the prisoner's arrival at a correctional facility, including intake. However, this policy change was just implemented April 24, 2017 (the day of the Audit). A staff person responsible for risk screening states in an interview that they were verbally instructed to change to the new policy, however it is only officially in effect April 24, 2017. The random inmate interviews again will confirm that 9 of the 17 inmates interviewed arrived during the last 12 months and none of them recalled having been asked any screening questions. During the onsite tour the auditor was able to see a few instances of the new policy being practiced it was not the norm. While the Parnall Correctional Facility follows agency policy, its compliance with this standard is a casualty of the overall agency policy just being changed and the prior version not meeting the requirements of provision (b), however during the corrective action period, the facility was able to demonstrate an understanding and compliance with the new policy and practice, therefore bringing them into compliance with provision (b).

The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by provision (c) of the standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory

behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.

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

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

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. These reassessment procedures may cause those inmates being reassessed not to recall the assessment process during the random interviews.

During the tour, a minimum of 2 inmate files were randomly sampled on the housing units. During this sampling, staff at the facility were asked to pull up computerized movement records of the selected files to verify that reassessment of risk was taking place within 30 days. All files were found to be compliant. Although the facility is technically completing a reassessment within 30 days consistent with provision (f) of the standard; its absence of the initial risk screening that it should be coupled with the review and the fact that during the random inmate interviews out of the 17 conducted the 9 that arrived in the last 12 months could not remember having a reassessment completed, does not allow for the auditor to find compliance with this provision of the standard without further follow up. During the corrective action period the facility was asked to provide reassessments for 24 random inmates and demonstrated 22 out of 24 of those inmates had reassessments completed with in the 30 day timeframe. The two files showing non compliance had the reassessments completed but were past the 30 day time frame. This auditor feels that the facility has demonstrated an understanding and compliance of provision (f) of this standard.

Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. A staff member responsible for risk screening reported conducting a reassessment of an inmate after a referral from mental health staff to demonstrate compliance with provision (g) of the standard. This was able to be confirmed as the inmate file was provided along with the correspondence between staff members.

The PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." The PREA Coordinator and staff responsible for conduct assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard. The intake staff interviewed did mention that they have never had anyone refuse to answer any questions, but assured that they would not be punished.

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

Standard 115.42 Use of screening information

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

- Does Not Meet Standard (requires corrective action)

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

The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk which the auditor believed was a great tool to demonstrate use of the screening information for housing decisions. The use of the 72 hour intake screening process and 30 day review assessment demonstrated during the corrective action period has verified compliance with provision (a). The auditor selected random intake dates and then 24 random inmates and examined their assessment dates and was satisfied that the facility was using them effectively and in turn the information was being used as a tool to assist in housing assignments.

The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims, as well as to inform programming and employment opportunities. The auditor is satisfied with the high level of supervision and minimal number of blind spots within the facility to ensure that any risk identified by the screening tool is outweighed by the staff to inmate ratio and direct observation.

05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and a formal interview with a transgender inmate demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. Through informal interviews during the audit tour, staff charged with making housing decisions were well aware of the proper use of screening information for bed assignments. While the agency demonstrates that it meets the requirements of provision (b) within its practices, there is concern about the reliability of the information that it is basing its decisions upon due to the lack of a 72-hour intake screening process for all receptions and transfers into the facility. The concerns that were present when the 72 hour intake assessment was not the standard have been resolved as the facility has demonstrated that they are conducting the assessments as well as the 30 day reviews. This auditor has determined that the facility as well as the agency have demonstrated that they meet the requirements of provision (b) with their practices.

The PREA Manual and policy 04.06.184 (Gender Identity Disorder), reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The PREA Coordinator at the facility states that transgender inmates are reviewed twice per year; however, any decision to place a transgender inmate at a facility that is consistent with gender identification is not made locally at Parnall and would have to be approved at the agency level, with ongoing assessment of the individual's needs consistent with provision (c).

Policy 04.06.184, the PREA Manual and a Facility Memorandum were reviewed by the auditor. While policy indicates that placement and programming assignments for transgender, intersex and GID (gender identity disorder) inmates will be reassessed twice yearly by facility medical or mental health staff. An interview with a transgender inmate who has been at the facility for approximately 6 months revealed that there are separate assessments conducted by medical staff and psychological staff to satisfy the requirements of provision (d) of the standard.

The PREA Manual, reviewed by the auditor, provides for a transgender or intersex inmate's own views to be considered in the placement process. The transgender inmate that was interviewed reporting being receiving a formal review after being identified and being re-reviewed. She reported that her needs for safety were considered, specifically stating that the facility offered her a separate shower time.

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

Policy 04.06.184 and the PREA Manual, reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. During the onsite tour, the inmates were afforded a separate time to shower demonstrating the facility's compliance with provision (f).

Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard. An interview with the PREA Coordinator at the Parnall Correctional Facility confirmed, that, the facility takes no steps to house LGBT inmates in dedicated units or facilities. An interview with a transgender inmate revealed that she has never been placed in a dedicated unit.

Standard 115.43 Protective custody

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

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

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

The facility is unable to place inmates into involuntary segregation for the purpose of risk of victimization as they do not have a segregation unit. The Warden stated in an interview that an inmate can be transferred to another facility as there are other MDOC sites in close proximity if victimization is a concern. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.

Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. Parnall Correctional Facility does not have a segregation unit and would transfer inmates if necessary for PREA purposes, the facility will be considered compliant with provision (b) of standard.

The facility reports to the auditor through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization as they do not have a segregation unit. In an interview with the Warden, she stated that if an inmate needed placement due to risk of victimization, alternative housing unit placements would be made immediately. This could include movement within the facility or movement to another MDOC facility. Due to the two additional prisons being located within the sight of Parnall, the auditor finds no reason to doubt the facility has immediate housing alternatives at its disposal for such situations. The facility will be considered compliant with provision (c) of the standard.

The facility reports through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, as there is no segregation unit on site, therefore, they are in compliance with provision (d) of the standard.

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

Standard 115.51 Inmate reporting

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

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

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

During formal and informal interviews during the audit tour, staff were able to identify the hot-line, the kite and grievance systems and third party reporting options if an inmate were unwilling to report such allegations directly to staff at the facility. All random inmates were well aware of their abilities to report within the facility. During informal interviews with inmates during the audit tour, inmates were able to identify the hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf; however, required prompting to identify the Legislative Ombudsman.

During the tour, adequate reporting hot-line posters were prominently displayed on the bulletin boards within the facility where inmates would go for other pertinent facility information. During audit tour, informal interviews demonstrated staff were aware of their obligations to accept reports from inmates and immediately act on those reports. Most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hot-line. This adequately demonstrates compliance with provision (a) of the standard.

Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard.

During an interview with the facility PREA Coordinator, she identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism. Random inmates interviewed were affirmatively able to identify this option of reporting through the mail without prompting when asked; however, it is noted within the prisoner guidebook that this resource is available. Inmates were aware of their ability to make anonymous reports and reports through third parties, such as their family members. During the tour, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. Again, the Legislative Ombudsman was not regularly identified during informal interviews; however, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

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

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

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

The facility provided ample documentation to confirm that staff did act upon reports received from inmates and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the Inspector/PREA Coordinator at the facility or a private meeting with facility Administrators as their methods to privately report sexual abuse and harassment of inmates consistent with provision (d) of the standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

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

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

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

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

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

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

nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (f) of the standard.

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

Standard 115.53 Inmate access to outside confidential support services

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

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

Through informal interviews with PREA Analyst and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services in determining compliance with provision (a). Additionally, the auditor reviewed a facility memorandum that describes advocacy services that are available through the facility's outside medical provider, Allegiance Henry Ford. According to the memorandum, with proper notification, the hospital can provide a victim advocate to accompany the victim through the forensic examination process. The auditor called Allegiance Henry Ford and confirmed with the Emergency Room charge nurse that the hospital receives inmates from the Parnall facility for the purposes of conducting forensic examinations and the hospital provides a social worker to act as an advocate. The social worker will make applicable referrals for follow-up care; however, does not provide ongoing services once the inmate victim departs from the hospital. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented it attempts to do so, consistent with provision (a) of the standard. While no formal agreement has been reached nor is in place, the facility and agency maintain a copy of the "An End to Silence" handbook published by American University Washington College of Law's Project on Addressing Prison Rape and can also be found on the PREA Resource Center Website. This book is maintained in the facility library and is accessible to inmates. The facility does not house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring procedures when contacting any agency listed within the "An End to Silence" publication.

Randomly sampled inmates struggled to affirmatively identify the "An End to Silence" resource guide within the facility library. Out of the 17 randomly selected inmates only 4 were able to identify the resource, however the inmates who reported sexual abuse and the inmate who disclosed sexual victimization during risk screening both were able to identify the resource. The intake staff interviewed reports going over with the receptions that the resource is available and the auditor did observe memos on every housing unit advising the inmates that the resource is available.

Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook which were reviewed by the auditor in determining compliance with provision (b) of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes. Of the 4 random inmates interviewed who identifying that they were aware of outside resources and advocacy being available only one could articulate the extent of confidentiality that was available to him.

Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. The agency has made attempts to establish formal relationships with the local sexual assault agency and coordinate meetings in which the email documentation was provided to the auditor for review to determine compliance with provision (c) of the standard. The facility provides the Michigan Coalition to End Domestic Violence and Sexual Violence information and also has trained staff locally to be advocates and provides the RAINN (Rape, Abuse and Incest National Network) information for inmates.

Standard 115.54 Third-party reporting

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

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

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

Standard 115.61 Staff and agency reporting duties

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

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

Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. A review of investigations support that facility staff promptly take action based on any PREA related reports made to them. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with provision (a) of the standard.

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

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

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

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility. Investigative reviews provided adequate examples of written and verbal allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

Standard 115.62 Agency protection duties

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

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

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

The agency confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization.

The auditor determines compliance with provision (a) of the standard based on the facility's immediate action in response to perceived threats of sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution and demonstrates compliance with provision (a) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours, demonstrating compliance with the provision (b) of the standard.

The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. Both the Warden and PREA Coordinator confirmed that notifications are made immediately to demonstrate compliance with provision (c) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the Warden and the PREA Coordinator confirm that allegations received from other confinement facilities are properly investigated, demonstrating compliance with provision (d).

Standard 115.64 Staff first responder duties

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

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

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

An interview with a first responder indicated that as soon as an allegation is known, immediate action is taken to separate the alleged victim and abuser, as well as to inform them not to take any actions that could destroy evidence, such as washing or changing clothes. Any clothing that is collected should be placed into a paper bag. A medical examination follows, where it is determined if a forensic examination is necessary. If there is an allegation that is reported to have taken place in a cell, that area would be sealed off.

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

The PREA Manual, which was reviewed by the auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. During the audit tour, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with provision (b) of the standard.

Standard 115.65 Coordinated response

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

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

The facility has developed its own operating procedures for agency policy 03.03.140. The document titled Facility OP 03.03.140, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interview with the Warden outlined the facility's coordination among first responders, medical staff, investigators and the review team to process an allegation from start to finish, allowing the auditor to find compliance with provision (a) of the standard.

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

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

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

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

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

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

Standard 115.67 Agency protection against retaliation

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

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

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

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

An interview with the Warden confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at the facility. In an interview with the Warden, she expressed a commitment to employing housing unit changes and other protective measures such as transfers. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings through subordinate staff. The PREA Coordinator noted that suspicions of retaliation result in an investigation and a transfer of either the inmate or staff member to another housing unit.

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

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

The facility reported no instances of retaliation during the audit period. Investigatory files were reviewed and were found compliant with provision (c) of the standard.

Staff responsible for retaliation monitoring stated in an interview that retaliation monitoring typically takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with provision (d) of the standard. This staff member stated that, status checks are typically completed on a weekly basis; however, can take place more frequently if he feels the need to do so.

The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The Warden confirmed in interviews that allegations of retaliation are taken seriously and

investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (f), Through staff interviews and review of investigations it is evident that there is 90 days of retaliation monitoring following an inmate's allegation of sexual abuse or sexual harassment unless the allegation is unfounded.

Standard 115.68 Post-allegation protective custody

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

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

The auditor reviewed the PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. The facility indicates that no inmate victims of sexual abuse have been placed into segregated housing as they do not have a segregation unit. Through a review of investigations, onsite tour and interviews, the auditor verified that no inmates were placed in segregated housing and are in compliance with provision (a) of the standard

Standard 115.71 Criminal and administrative agency investigations

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

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

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

An interview with a facility investigator stated that investigations are assigned immediately upon receipt of the report. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made. In several sampled examples, the facility conducted its first subject and perpetrator

interviews within a day of receiving the allegations.

During the initial onsite audit, the auditor did not believe that the facility met the thoroughness element of provision (a). There was concern over the past practice of using the investigatory questionnaire and the taking of written statements without interview. This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigatory interview. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. Furthermore, it is written into the language of the Corrections Officer's collective bargaining agreement that employees have not only 24 hours to respond to the questionnaire, they have an additional 24 hours after submitting the questionnaire to amend their responses. Inmates may also be "interviewed" by questionnaire. This has been addressed however there were several investigations that still only had the questionnaire as opposed to an actual face to face interview. As part of the corrective action, this auditor reviewed the nine additional investigations that were assigned and conducted since the on-site visit and verified that the practice of only using questionnaires has ceased. The investigators continue to utilize questionnaires however they are now consistently utilized with the face to face interviews of both the victim and the perpetrator.

An interview with a facility investigator confirmed that in the past it was possible for an investigation to be conducted entirely by questionnaire or written statement. This could include a questionnaire or written statement from the alleged victim, alleged abuser and all witnesses. While the auditor does note that the facility generally makes an attempt to interview pertinent parties in most of its investigations and generally does not conduct investigations solely by written statement or questionnaire, a review of facility investigations reveals the practice of statements being taken solely by questionnaire or via some other form of written statement without an in-person interview. They have since been instructed that they must have a face to face interview with all parties and this auditor reviewed all investigations since the on site audit and verified that interviews and questionnaires were utilized as a means to complete the investigations.

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

Parnall Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has 20 current investigators on staff who completed the MDOC's Basic Investigator's Training course and all of their training records were available. It was also evident from review of the investigations that trained staff are conducting the investigations as those staff listed as trained were the names of the staff on the completed investigations.

An interview with a facility investigator demonstrated a great degree of professionalism and knowledge of investigatory procedures consistent with the training provided by the agency and provision (b) of the standard. The interviewee demonstrated knowledge of the importance of interviews and interviewing techniques; however, not all facility investigations were conducted to the standard by which the interviewed investigator described as his personal procedures for PREA investigations. During the corrective action period, this auditor was able to verify that the investigations are now being conducted in a manner to include face to face interviews as well as questionnaires.

The MDOC's basic investigator's training, which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. Agency policy 03.03.140 and the PREA Manual outline the agency's goal to comply with the all elements noted in provision (c).

The facility demonstrates that it makes its best efforts to preserve other potential evidence, whether that be in the form of video, shift rosters, log books, etc. The element that is of concern to this auditor is the use of the investigatory questionnaire or stand-alone written statements, which is determined not to meet the interview requirements as specified in provision (c) of the standard and was addressed in the corrective action period and the facility investigators have rectified this and in the nine subsequent investigations since the onsite audit have ceased using only the investigatory questionnaires or stand-alone written statements and this auditor feels the facility is meeting the level of requirement of this provision (c).

As reflected under provision (a) of the standard, the thoroughness of this questionnaire is more consistent with a basic information gathering tool that should subsequently be supplemented with an interview as required by provision (c) of the standard.

Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. The auditor finds compliance with provision (d).

The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he would judge each person interviewed individually and their status would not affect credibility. He also confirmed that truth-telling devices are not used

in the investigatory process. An inmate who reported sexual abuse confirmed that he was not subjected to any truth-telling device to allow this auditor to find compliance with provision (e).

As addressed in provision (a) and provision (c), the facility's use of the investigatory questionnaire limits the thoroughness of the investigation and its ability to consider staff actions that could have contributed to abuse. However, the auditor finds compliance with provision (f) based on the investigations the facility conducted in which all applicable parties participated. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion. The facility has addressed the use of only using the investigatory questionnaire during the corrective action period and is now utilizing both the face to face interview as well as the questionnaire to conduct more sound investigations.

The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome. A review of facility investigations by the auditor confirms these reports are written in a format that is consistent with provision (g) of the standard allowing the auditor to find compliance with provision (g).

The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that Parnall Correctional Facility has sufficient procedures in place and has exercised those procedures to refer substantiated allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

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

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. There were no examples of the facility terminating an investigation based on the departure of an alleged victim or abuser. During an interview with a facility investigator, the facility makes every effort to keep applicable parties at the facility until the investigation is complete; demonstrating compliance with provision (j). This auditor reviewed 9 additional investigations during the corrective cycle and one of the investigations revealed where a victim was transferred to another facility and the investigation continued and the inmate was interviewed at the new facility.

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

Interviews with the Warden, PREA Coordinator, and investigators support the fact that facility staff are required to comply with outside investigators and the facility Inspector is the responsible party for ensuring coordination with the MSP, allowing this auditor to find compliance with provision (l).

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, the facility appears to appropriately employ this standard consistent with provision (a) of the standard.

Standard 115.73 Reporting to inmates

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

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

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Review of investigations demonstrate documentation of inmate notifications to demonstrate compliance with provision (a) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine notifications were made, consistent with provision (b) of the standard.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy was updated recently and is consistent with provision (c) of the standard.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions. Through a review of policy and examples of notification of investigatory outcomes, the auditor is satisfied that the facility is in compliance with provision (d).

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

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

Standard 115.76 Disciplinary sanctions for staff

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

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

Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor

in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.

The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.

The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).

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

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility or placed under direct observation if the violation were minor. There were no substantiated allegations of sexual abuse or sexual harassment involving contractors or volunteers upon which to gauge facility practice. Based upon policy provisions and the Warden's interview, the auditor determines compliance with provision (b).

Standard 115.78 Disciplinary sanctions for inmates

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

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

The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. At the time of the audit, there were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon policy requirements prior to the imposition of discipline, the auditor determines compliance with provision (a).

The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard. An interview with the Warden confirms that the facility would likely transfer the inmate to a more secure facility, raise their custody level and consider adding programming to address the underlying behavior. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline and an interview with the Warden, the auditor determines compliance with provision (b).

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

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

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

The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

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

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

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

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

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Through a review of policy and an interview with the PREA Coordinator, the agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is completed at reception centers and now with the new policy change when an inmate changes facilities. If sexual victimization is reported during that intake screening, medical and mental health services are offered at the reception facility and again at the receiving facility therefore are in compliance with provision (a) of the standard.

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard, combine to form the agency's approach to providing the required medical and mental health services for perpetrators of sexual abuse. The agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is now completed at all facilities. If sexual perpetration is reported during the screening, medical and mental health services are offered at the facility.

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

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

The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

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

Through review of investigations, Parnall Correctional Facility demonstrates that it does consistently provide medical and mental health care to alleged victims of sexual abuse that is either consistent with the nature of their allegations for provision (a) of the standard.

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

The PREA Manual and agency PREA brochure were reviewed by the auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services.

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

compliance with provision (a). Through consistent referral of sexual abuse victims for medical evaluation or through specific documentation offering a purported victim information about emergency contraception or sexually transmitted infections; the auditor will be satisfied that the facility is in compliance with provision (c) of the standard. Should the facility not have an allegation of sexual abuse within the 90 days following the implementation of the corrective action plan; corrective action will continue until such time as an allegation of sexual abuse demonstrating compliance with response procedures or 150 days have been exhausted. Should no example present itself by that time, proof of additional response training, focusing on applicable mental health and medical referrals, with supervisory staff at the facility who are responsible for processing known allegation of sexual abuse shall suffice.

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

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

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

The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse.

As cited under standard 115.81 and as per agency policy, the facility does conduct routine intake assessment procedures, consistent with 115.41. Therefore, the facility does have adequate procedures in place to be aware of all inmates qualifying for services under provision (a) of the standard and provides them ongoing medical and mental health care services as needed.

The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. This medical provider also reiterated that should an alleged victim be transported to an outside hospital, a follow-up meeting with a

physician would be scheduled upon return to further plan any applicable treatment. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication, crisis stabilization units, involuntary treatment, outpatient therapy with goals and objectives, as well as safety plans with unit staff would be developed.

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

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

Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner, with no rationing of necessary medical care. Mental health staff stated that they believe mental healthcare is provided at a level that exceeds community levels of care due to the immediate availability of such services and the broad range of available services that are typically wait-listed in the community, allowing the auditor to determine compliance with provision (c) of the standard.

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

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. Based on the absence of facility specific evidence of non-compliance, the auditor determines the facility is compliant with provision (f) of the standard.

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

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

Standard 115.86 Sexual abuse incident reviews

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

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

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

Through the auditor's review of relevant investigations, , the auditor finds that the facility in compliance with provision (b) of the standard as reviews were conducted with in the 30 day timeframe.

In a sampled incident review, the auditor notes that the facility did involve upper-level managers, investigators and line supervisors. A mental health manager and a health services manager were part of the review team. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.

Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Interviews with the Warden and facility PREA Coordinator confirms that Parnall Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. While the auditor was unable to find evidence of action taken as a result of these incident reviews, the Warden stated that any recommendation would be considered for implementation should an identified training need or security need be raised by applicable disciplines within the review process. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

As noted under provision (d) of the standard, the facility's review committee has not made any documented recommendations for improvement. The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. Based on policy provision and an interview with the Warden, the auditor determines compliance with provision (e) of the standard.

Standard 115.87 Data collection

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

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

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

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

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

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

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

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

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

Standard 115.88 Data review for corrective action

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

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

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

As noted within the agency audit, the agency's 2015 annual PREA report compares data from 2014. The auditor notes that the agency committed to PREA compliance in 2014; therefore, limited comparative data exists at the time of this audit. The 2015 annual report does summarize the agency's progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with provision (b).

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

corrective actions taken by the facility.

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

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

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

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

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.

Traci Jacobson

November 6, 2017

Auditor Signature

Date