

**PREA AUDIT REPORT    x Interim     Final  
ADULT PRISONS & JAILS**

**Date of report:** August 17, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Ty Robbins			
<b>Address:</b> 727 Moon Road, Plainfield, Indiana, 46168			
<b>Email:</b> trobbins@idoc.in.gov			
<b>Telephone number:</b> 317-839-2513			
<b>Date of facility visit:</b> July 28 and July 29			
<b>Facility Information</b>			
<b>Facility name:</b> Saginaw Correctional Facility			
<b>Facility physical address:</b> 9625 Pierce Road, Freeland, Michigan, 48623			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 989-695-9880			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Thomas Winn			
<b>Number of staff assigned to the facility in the last 12 months:</b> 296			
<b>Designed facility capacity:</b> 1488			
<b>Current population of facility:</b> 1464			
<b>Facility security levels/inmate custody levels:</b> Level I, II, and IV			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> Tracey Raquepaw		<b>Title:</b> Re-entry Facility Coordinator	
<b>Email address:</b> <a href="mailto:Raquepawt@michigan.gov">Raquepawt@michigan.gov</a>		<b>Telephone number:</b> 989-695-9880 ext 1187	
<b>Agency Information</b>			
<b>Name of agency:</b> Michigan Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 206 East Lansing, MI, 48933			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 517-373-3966			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Heidi Washington		<b>Title:</b> Director	
<b>Email address:</b> WashingtonH@michigan.gov		<b>Telephone number:</b> 517-373-0720	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Todd Butler		<b>Title:</b> PREA Administrator	
<b>Email address:</b> ButlerT4@michigan.gov		<b>Telephone number:</b> 517-373-3966	

## AUDIT FINDINGS

### NARRATIVE

A certified PREA Audit was conducted at the Saginaw Correctional Facility located in Freeland, MI. The audit began on Tuesday, July 28<sup>th</sup> and concluded on Wednesday, July 29<sup>th</sup>. Assistance was received from Indiana Superintendent Allison Yancey (waiting on PREA certification results) and Indiana PREA Compliance Manager Lindsay Klinkerfuss. The audit began with a “meet and greet” of the Saginaw Correctional Facility Executive Staff. Present were Warden Thomas Winn, Deputy Warden Jack Kowalski, Deputy Warden Pat Warren, PREA Coordinator Tracey Raquepaw, Inspector Todd Massick, and PREA Administrator Todd Bulter. The audit process was discussed along with a tentative schedule of events.

The Saginaw Correctional Facility is composed of 11 main buildings totaling about 303,850 square feet. The facility includes three level 2 buildings, three level 4 buildings, and one level 1 building along with buildings for education, programs, administration, food services, health care, and maintenance. Housing units for all levels are two man cells with dayrooms, unit latrine, phone area, and recreation room. As we arrived in the main entrance we noticed PREA posters (English and Spanish) in the lobby area for staff and visitors to view. As the tour began PREA posters were noticed in the visiting room, all housing units, intake area, recreation, and the programs building. I am making a recommendation to place the posters near the phones and include the posters in the maintenance / warehouse building. Also during the tour it was noticed that some areas have cameras (in-cell) and are being monitored by opposite gender. When it was discussed with the Warden and PREA Administrator I was told that those positions are bid positions and controlled by the Union Agreement. There was nothing they could do about removing those staff.

During the audit Allison Yancey, Lindsay Klinkerfuss, and I observed camera placement, reviewed log books, reviewed offender active files, and spoke with staff and offenders as we toured. Camera placement was appropriate. Warden is currently working on plan to add approximately 75 more cameras. Process is in the early stages of completing. Level 2 prisoners are required to use the toilet and shower in the unit latrine. The latrine is well developed and provides privacy to offender’s needs. Prisoners are only allowed to unclothe in their cells or the shower area. During the tour female staff made their announcement and waited before entering. Female on unit announcements were documented in the unit log book as well as supervisors doing their unannounced rounds. Warden Winn was noted in the log books as making rounds at different times during the month. Offender files were reviewed for PREA Orientation and 30 days review. Staff were questioned regarding PREA reporting/responding. Staff questioned were knowledgeable and had a good understanding regarding PREA practices. Prisoners questioned understood how to report PREA related issues and seek assistance.

During the interview phase of the audit Allison Yancey interviewed specialized staff, Lindsay Klinkerfuss interviewed prisoners, and I interviewed the Warden, PREA Administrator (Director’s Designate), PREA Coordinator, and the Facility Training Officer. Interviews were conducted in areas where privacy was maintained. Staff interviewed were willing to discuss PREA and had a good understanding of PREA practices. All prisoners were forthcoming with information and felt staff would assist them if they reported a PREA case.

At the end of the day on Wednesday, July 29<sup>th</sup>, we meet with Warden Winn, Deputy Warden Pat Warren, Deputy Warden Jack Kowalski, PREA Administrator Todd Butler, PREA Coordinator Tracey Raquepaw, and Inspector Todd Massick. It was explained that the final audit results were pending additional documentation. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment. The facility was very nice and well maintained. We enjoyed the visit to the Saginaw Correctional Facility and meeting the staff that are dedicated to the facility.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Saginaw Correctional Facility is located in Tittabawassee Township, Saginaw County, Michigan and covers 142 acres. This facility opened in 1993. Facility grounds are neatly maintained and consist of an Administration Building, Food Service, Program Building, seven housing units, and Maintenance Building.

Programming consists of Academic Programming, Special Education, General Education Development, Adult Basic Education and Vocational Education. The facility also offers Life-Role Competency Programs. Religious and library (Law and General) services are provided by institution staff and community volunteers.

On-site routine medical services are provided along with dental care. Serious medical issues are treated at local hospital or MDOC's Duane L. Waters Health Care in Jackson. .

The facility perimeter of the prison is enclosed by a double, 12-foot fence, topped with razor-ribbon. An electric detection system has been placed on both the inner and outer fences. In 1996, a third fence, with its own electric detection system, was installed. There are a variety of cameras strategically placed around the facility which allow 24-hour remote observation and videotaping. Two gun towers were added in 1997. A perimeter vehicle with armed personnel is on patrol 24 hours a day. The facility is in the process of adding additional cameras to enhance their efforts.

The facility is well staffed and well managed. All buildings are clean and orderly. Staff are friendly and easily approachable and it is apparent that they are very proud of their facility and the job done. This attitude is reflected from the Warden down to line staff.

## SUMMARY OF AUDIT FINDINGS

### Standard 115.31 Employee Training – Exceeds

Not only did SRF provide appropriate training for facility staff as required by the standard, they also created a very handy pocket reference guide for staff, “Sexual Violence Response and Investigation Guide”. The reference guide is tabbed for easy access and will fit conveniently in a uniform pocket for easy access and quick reference.

Standard 115.12 Contracting With other Entries for the Confinement of Inmates – Does not Apply  
Michigan houses their own prisoners.

Standard 115.14 Youthful Inmates – Does Not Apply  
Saginaw Correctional Facility does not house youthful prisoners.

### Standard 115.64 Staff First Responder Duties – Meets

Even though the facility meets the standard with first responders it needs to determine that all allegations are found to be resulting in unfounded, unsubstantiated, or substantiated

### Standard 115.73 Reporting to Inmates – Meets

Even though the facility meets the standard the form does not have a place for the prisoner to sign stating that he has received the notice. This would be a way for the facility to show that the prisoner actually received a copy.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.**

Saginaw Correctional Facility (SRF) provided a departmental PREA Manual and departmental Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners”. SRF also submitted their Operating Procedures for Policy 03.03.140. The combined documents met the requirements of the standard. The Michigan Department of Corrections (MDOC) employs a PREA Coordinator (referred to as a PREA Administrator by the MDOC) and SRF employs a PREA Compliance Manager (PREA Coordinator). The PREA Administrator (Todd Butler) stated that he did have time to manage PREA-related responsibilities. An agency organizational chart was included and a job description as well. The facility PREA Coordinator (Tracey Raquepaw) reported that she had adequate time to manage PREA-related duties. She also stated that she works with Inspector Todd Massik which handles more of the investigations. An organizational chart reflecting the position of the PREA Coordinator for SRF was submitted. A list of duties was submitted for all MDOC PREA Coordinators.

**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)

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The MDOC does not contract with any agency to hold Michigan prisoners. They have prepared sample language that indicates any entity that could potentially house MDOC prisoners would be responsible for the enforcement of the Prison Rape Elimination Act. This standard is N/A.

### 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)

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SRF provided a staffing for year 2015. The staffing plan reflects 3-CAPT, 6-LT, 14- SGT, 2-Resident Unit Managers, 7-Asst. Resident Unit Supervisors, 7-Prison Counselors and 188-Correctional Officers. The staffing plan was reviewed by Warden Winn, PREA Coordinator Raquepaw and PREA Administrator Butler as is verified by State Form CAJ-1027, "Prison Rape Elimination Act Annual Staffing Plan Review". A summary of the meeting is also attached to SF CAJ-1027 regarding topics discussed. The PREA Manual supports the standard regarding the staffing plan requirements. When discussing the staffing plan with PREA Administrator Butler he commented that the facility will use overtime if needed to meet the requirements for the shift. Staff are allowed to volunteer to work overtime and if positions are still needed then the supervisors will use forced overtime. However, the shift will not go under the required number for the shift. During the interview with the Warden the staff plan was discussed and he commented that it is reviewed every year and the facility will not go under the required minimum number. He also stated that he has some cameras strategically placed and is requesting more cameras to place around the whole facility. The PREA Manual supports the standard for supervisor level staff making rounds. It indicate how many times each level is required to make rounds in the facility. During our tour log books were check and verified that the Warden, Deputy Warden, Residential Unit Managers, and Shift Supervisors are making unannounced rounds. During the interviews with "Random Staff" officers were asked if Supervisor staff make unannounced rounds and all staff stated "yes" to Supervisors stopping by at different times in the day.

### 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)

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SRF does not house youthful prisoners. This standard is N/A.

### 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)

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The PREA Manual and Policy 04.04.110, “Search and Arrest in Correctional Facilities” both indicate that cross-gender strip searches are prohibited except in exigent circumstances (must be documented) or when performed by medical staff. And, body cavity searches are done by medical staff only with one witness present of the same sex as the prisoner. Additional witnesses may be present but must be of the same sex. SRF reported that no cross gender strip or cross gender visual body cavity searches have been conducted within the last 12 months. The PREA Manual indicates that each Warden shall ensure that “prisoners can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender vieweing the prioner’s breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks”. The unit latrines are desgined to provide privacy for prisoners while in use. There is a large door that covers the mid range of offenders so staff are able to maintain security while prisoners are using this area. Interview with prisoners confirmed that female staff are making their announcements before entering the unit and offenders are not nude infront of staff. During the tour it was noticed that female staff do work in control rooms that have monitors for in-cell cameras. Due to these staff having access and monitoring cameras that are in-cell the facility does not meet this standard. When discussing it with Warden Winn and PREA Administrator Butler it was noted that those positions are bid positions and those staff can not be moved due to their Union Agreement. Staff have been tranined on how to perform searches of transgenders and intersex prisoners, staff interviews and training curriculum confirm this. SRF does not have any transgenders or intersex offenders.

Corrective Plan: Female staff need to be restricted from monitors that have cameras in-cell. Staff needs to be removed or facility needs to find a way to allow prisoners privacy to take care of bodily functions and change clothes.

Corrective Action by Facility: Facility made physical changes to the monitor. The area which shows the offender using the toilet was blocked out and opposite gender staff are not able to see the offender use the toilet. The facility now meets this standard by making this change.

### **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 PREA Manual and Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners” supports the standard. The MDOC also has a contract with Linuistica International through 7/31/17 to provide interpreter services in foreign languages and American Sign. During the tour we noticed PREA signs in English and Spanish. The facility also had a “Notice of Privacy” in the units which was in English and Spanish. Classification provided documentation that is in English and Spanish which is handed out during orientation. The PREA Administrator indicated that inmates would not be used under this standard. There were no prisoners housed with disabilities or limited English proficient.

### **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)

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The MDOC Policy 02.06.111, "Employment Screening", the PREA Manual and the supplemental questions listed on the Michigan Civil Service Commission supports the standard. Prior incidents of sexual harassment are considered. If HR staff are aware, a job offer will not be extended. Background checks are completed and given to the Warden for review. There is a plan in place to conduct checks every five years. Those staff promoted also have background checks done. Potential employees answer questions on the Michigan Employment website when applying for jobs. Regardless of the answers, background checks are performed. Employees are obligated to disclose previous misconduct described in this standard. According to Human Resources the facility performs criminal record background checks for newly hired staff including contract staff. Samples were submitted of current staff, potential new employees, and contract staff.

#### **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)

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SRF is currently in the early stages of adding new cameras to the facility. The PREA Manual supports the intent of the standard. MDOC is working steadily regarding the improvement of lighting/camera equipment. Warden Winn reported that cameras are an invaluable asset to monitor activities and investigate abuse and he is requesting an additional 75 cameras to the 50 that was already approved by MDOC Central Office. During the Annual Staffing Plan Review in April 2015, it is noted that the Warden is wanting to update the camera plan to better protect prisoners from sexual violence. MDOC is planning on spending approximately \$1,750,000 on camera improvements for SRF. The facility has numerous cameras in housing units, recreation yards, and kitchen. The camera system has the capability to move and cover a broader area. The quality of the cameras system is excellent.

#### **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.**

MDOC is responsible for conducting administrative investigations only. The Michigan State Police conduct criminal investigations. The PREA Manual was submitted as supporting this standard. And, a copy of the MDOC, "Crime Scene Management and Preservation" manual was provided. The program makes reference to the United States Army Criminal Investigation Command and various Michigan State Policy training materials as its sources. Employees with the responsibility of conducting investigations completed training in the MDOC training program of Basic Investigator Training and Crime Scene Management (training logs provided) and also completed NIC's "Specialized Training: Investigating Sexual Abuse in Confinement Settings". Random staff interviewed had a basic understanding regarding the obtaining of usable physical evidence. All staff interviewed knew who is responsible for conducting sexual abuse investigations. Youthful prisoners are not housed at SRF. Victims of sexual assault are taken off-site for forensic medical examinations at no cost to the prisoner (PREA Manual, Policy 03.04.100). MDOC has been working forward to receive SANE services from the Sexual Assault Center, but have been denied due to policies within the the Sexual Assault Center. Therefore, prisoners are sent to the emergency room in order to see a SANE staff member or the physician will evaluate accordingly, conduct the exam and collect evidence based upon proper protocol. Policy 04.06.180, "Mental Health Services" indicates that mental health services will be offered by qualified staff. According to the PREA Coordinator, she has never had a prisoner ask about being accompanied to the exam by an advocate (mental health would fill in). The PREA Manual and Policy 03.03.140 both state that the Michigan State Police have the responsibility of conducting criminal investigations.

#### **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)

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MDOC provides that all administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment; supported by the PREA Manual, Policy 01.01.140, "Internal Affairs", and Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners". MDOC has developed a worksheet to use when an allegation is received. The worksheet covers basic information, first responder actions, a segregation component if used, program limitations, medical/mental health referral, law enforcement referral, forensic examination, victim advocate, interpreter services, referral for prosecution, PREA risk assessments, victim notification, 90 day retaliation monitoring and prisoner transfers. The worksheet is an excellent tool. PREA Administrator Butler indicated that the MDOC works well with the MSP and prosecutors regarding criminal complaints. Reports are taken from Inspectors and forwarded to Wardens; then referred to the MSP if warranted. The MDOC has multiple reviews of complaints and tracking system and maintains statistics. Each Inspector receives complaints, enters such into a computer system (AIPAS) and then all complaints are reviewed by an Internal Affairs Division Manager. The Internal Affairs Manager either returns the complaint for the Inspector to investigate, investigates the complaint or sends the complaint on to the MSP. The MDOC publishes unrestricted policies on their website. The public can view those policies including investigative responsibilities.

#### **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)

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The PREA Manual describes training received. Documentation was provided by a DVD which was viewed and was in line with the standard. All staff are provided computer based training annually regarding PREA. New staff receive classroom training and the CBT. Training documents were reviewed to verify compliance with this standard. SRF is a male facility. Training given is appropriate. Completion of the CBT indicates understanding of the employee. The facility submitted the training plan for 2015 which listed PREA information as part of the plan. Random staff interviewed had a great understanding of the training given regarding PREA and were familiar with points 1-10 of this standard. All wanted to run an orderly, safe housing unit. MDOC has also provided all staff with a pocket sized reference guide regarding “Sexual violence Response and Investigation”. The guide is tabbed for quick reference to laws, misconduct, communication, first responder duties and investigations.

### **Standard 115.32 Volunteer and contractor training**

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

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The MDOC provides training to volunteers and contractors regarding sexual abuse and sexual harassment. Documentation submitted was “Program A Security Regulations”. The PREA Manual also reiterates the standard. Policy 03.02.105, “Volunteer Services and Programs” indicates that all volunteers/contractors must complete training prior to admittance into the facility. SRF provided a sample of volunteer training verification.

### **Standard 115.33 Inmate education**

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

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SRF is not an intake facility. However, when transferred prisoners arrive at SRF prisoner files are reviewed within 24 hours of arrival to PREA Audit Report

ensure they have received PREA education. A "File Review Form" was created for this purpose and serves as a checklist for staff to ensure the prisoner file was reviewed for proof of PREA education. Once a prisoner has completed PREA education, his file is either stamped on the outside or the education is logged. If he hasn't received PREA orientation, he is referred to Classification and orientation is completed within 7 days of arrival. The prisoner views a DVD, receives a pamphlet and an orientation book (all containing information regarding sexual harassment and sexual assault). The prisoner signs off on a form verifying that he has received orientation and the form is filed in his packet. During offender interviews most prisoners remember receiving information provided by orientation. Also available in the library is "An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse". The MDOC contracts with Linguistica International for interpretive services. Interviews with random prisoners indicated that they did receive appropriate information upon arrival. Time periods ranged from the same day of arrival up to 5 days.

#### **Standard 115.34 Specialized training: Investigations**

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

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The MDOC has a standardized training program for those staff assigned to conduct investigations. Training logs were provided for investigative staff. Investigative staff also completed NIC's "Specialized Training: Investigating Sexual Abuse in Confinement Settings". Certificates were provided indicating proof of training. Staff also attended additional investigative training by a private company and learned interviewing techniques. He stated that he wouldn't collect evidence unless instructed to do so by the MSP.

#### **Standard 115.35 Specialized training: Medical and mental health care**

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

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Employees complete a CBT, "Sexual Abuse and Sexual Harassment in Confinement for Health Care Staff and Sexual Abuse and Sexual Harassment in Confinement for Mental Health Staff". Training logs were provided. Interviews indicate that mental/medical staff received training. SRF staff do not perform forensic exams. All prisoners that are in need of forensic exams are sent to local hospital for SANE or trained medical practitioner to gather the evidence. During interview staff recall receiving computer based training and were aware of reporting, detecting, preserving evidence. Reporting to the Inspector was also stated. Training logs were provided.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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The PREA Manual indicates appropriate screening periods regarding intake and transfer to another facility. The MDOC has also developed a Risk Assessment Manual for staff to refer to when completing an assessment. It too supports the screening time frames and provides instructions for completion of required forms. During the tour offender files were reviewed and was documented that staff did a review of the assessment in the OMNI program. 11 prisoners were interviewed. 3 of the 11 have not been through orientation. Only 1 of the 8 prisoners that have been through the orientation remembers doing the questioner. Due to these interviews I am requesting 10 additional assessments to verify that reviews are done within 30 days of arrival. The PREA Manual indicates that prisoners may not be disciplined for refusing to answer or not disclosing complete information. The PREA Manual indicates that information obtained is confidential and shared with designated staff in accordance with departmental policy. Staff interviewed regarding the completion of the assessment indicated that prisoners are not disciplined as stated above and that the assessments are only shared with Assistant Resident Unit Supervisors and Classification Staff. The PREA Administrator stated that the information is shared on a need to know basis and examples are a counseling team, mental health/medical staff, upper level management and classification. All information is maintained on OMNI (a computer program used by the MDOC).

Follow up: Due to prisoner interviews I requested 10 prisoner assessments from April 2015 along with a computer printout showing the dates that these prisoners arrived at the facility. PREA Coordinator Raquepaw supplied 10 assessments that were completed in April and all 10 were done with 30 days of arrival.

**Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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 Risk Assessment Manual indicate that the information obtained from the assessment is used as the standard requires. All prisoners are given a designation of Potential Victim, Victim, Potential Aggressor, Aggressor or No Score. Those designated a Potential Victim, Victim or No Score may be housed in a cell together. Those designated a Potential Aggressor, Aggressor or No Score may be housed in a cell together. MDOC updated the computerized placement database to restrict staff from placing prisoners in a cell, pod or cube with a prisoner who does not have a compatible PREA overall designation. Staff making housing assignments understand the method used. Sample housing assignments were viewed with the method used in place. The PREA Coordinator indicated that the information is used to assign cells. Staff responsible for completing the assessment also stated that the information is used for cell assignments. The PREA Manual and Policy 04.06.184, “Gender Identity Disorder (GID)/Gender Dysphoria” indicate that assignments of transgender or intersex prisoners are made on a case by case basis. The PREA Coordinator indicated that assignments of transgender or intersex prisoners are made by health care staff at the Central Office level. The PREA Manual indicates that transgender and intersex prisoners are assessed twice yearly by health care or mental health care to review any threats to safety experienced by the prisoner. The PREA Manual also indicates that the prisoner’s own views are taken into consideration and that they are given the opportunity to shower separately. Policy

04.06.184 also supports 115.42(f). And, the PREA Manual also supports 115.42(g). Staff responsible for the risk assessments indicated that transgender/intersex prisoners are reviewed twice yearly. The PREA Coordinator indicated that transgender prisoners are placed in single cells in any housing unit. Transgender prisoners are allowed to shower at a different time than the general population. SRF currently has no transgender or intersex prisoners.

### Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.**

SRF does not have a protective custody unit. The PREA Manual supports the standard. The interview with the Warden indicated that prisoners can be separated by unit therefore avoiding placement in segregation. If a prisoner requires protective custody for any reason, an investigation is completed and the issue is resolved and the prisoner returned to general population or the prisoner is transferred. SRF reported that there were no prisoners held in involuntary segregation due to risk of sexual victimization during the last 12 months.

### Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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 Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners” indicates that prisoners may report through verbal/written report to any staff member, by utilizing the MDOC Sexual Abuse Hotline (the number is available on the posters found in each housing unit) or through the prisoner grievance process. Reporting may also be done by contacting the Michigan Legislative Corrections Ombudsman’s Office. Random staff interviewed were all aware of various methods for prisoners to report such as using a kite, contacting the ARUS, notifying a correctional officer, using the hotline, verbally, grievance, contact any staff. The PREA Coordinator stated that prisoners can use the Ombudsman and the hotline for private reporting purposes. Those calls may not be monitored by staff. Investigations are initiated as soon as the information is relayed from the Ombudsman to the PREA Administrator and then to the PREA Coordinator. Random staff interviewed were all aware that reports shall be accepted whether verbal, in writing, anonymous or from a third party and that documentation and reporting to their supervisors was immediate. The PREA Manual and Policy 03.03.140 indicate that staff may privately report sexual abuse or sexual harassment. They were aware of the hotline and also the form on the MDOC’s website. The random sample of prisoner interviews indicated that they would write a kite, contact family, contact staff, contact pastor, use hotline to make a report of sexual abuse/harassment. Prisoners indicated that they knew reports could be filed anonymously. The on-line PREA reporting was tested by myself and PREA Administrator did receive the report that I submitted.

### Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.**

Standard 115.52 clearly states third parties shall be permitted to file administrative remedies on behalf of prisoners. The PREA Manual indicates "A third party cannot file a grievance on behalf of a prisoner." This standard is non-compliant due to the MDOC not allowing a third party to file an administrative remedy on behalf of a prisoner.

**CORRECTIVE ACTION PLAN:** Appropriate MDOC staff met on July 16, 2015 to discuss and make a final determination on this standard. The MDOC PREA Administrator was informed that the policy would have to allow a third party to file an administrative remedy on behalf of a prisoner before the standard would become compliant.

Corrected: IDOM Director sent out a memo on January 11, 2016 stating that 3<sup>rd</sup> parties are allowed to file an administrative remedy on behalf of another inmate. The memo was effective immediately.

### Standard 115.53 Inmate access to outside confidential support services

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

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

The MDOC has provided the prisoner handbook titled "An End To Silence" provided by the PREA Resource Center which has contact information for various state's Disability Rights, Legal Services and Oversight agencies in addition to attorney general's offices and sexual assault coalitions. The facility keeps copies in the library. During the interviews with random prisoners approximately half of the offenders knew that there were services available outside of the facility. Those offenders also knew that SRF uses its mental health staff inside the facility for providing assistance. The PREA Administrator has provided communications between him and community partners in efforts to get prisoners additional outside services. These services have not been approved by either organization.

### Standard 115.54 Third-party reporting

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

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

The MDOC has created a Sexual Abuse Hotline available to prisoners, staff, and the community and the MDOC website has a reporting option. Additionally, the MDOC has entered into an agreement with the Legislative Corrections Ombudsman’s Office to accept reports. Verified the website address as a third party reporting tool.

**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.**

MDOC provided Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the MDOC PREA Manual to support compliance with this standard. Both provide adequate instruction to verify compliance with the standard. Staff interviews also confirmed that staff have an understanding on the importance of reporting these offenses immediately and keeping information confidential.

**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.**

The PREA Manual addresses this standard and specifically states that the facility shall take immediate action to protect prisoners that are at risk of imminent sexual abuse. During staff interviews, all staff members were aware to immediately remove the prisoner from the area of the imminent threat. The facility didn’t determine that any prisoner was subject to substantial risk of imminent threat in the past 12 months.

### Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the MDOC PREA Manual specifically address this standard ensuring compliance. Documentation was provided that showed an offender on 2/9/15 reported to a Casework Manager that he was raped while at the Bellamy Creek Correctional Facility in 2009. The Casework Manager immediately notified the Inspector about the report. The Inspector immediately reported the incident to Warden Winn (SRF) and Inspector Wakefield (Bellamy Correctional Facility). Inspector Wakefield started an investigation and concluded it on 2/18/15 and reported to Warden McKee. The documentation was sufficient to show compliance to the standard.

### Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 provided the MDOC “Sexual Violence Response and Investigation Guide” pocket reference book to show compliance. The pocket reference book is given to all staff as a quick reference guide for staff response to allegations of sexual violence against prisoners. The facility also provided the PREA manual which addresses this standard to ensure compliance. All staff that were interviewed during the tour and during random staff interviews knew how to respond and appropriately handle allegations of sexual assault as a first responder. The facility also provided the appropriate documentation of response to an allegation made to staff. The allegation was prisoner on prisoner abuse and the allegation was not to be creditable.

Recommendation: Even though the facility meets the standard with first responders it needs to determine that all allegations are found to be resulting in unfounded, unsubstantiated, or substantiated.

### Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)

- X 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 provided their Operating Procedure 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” specific to the facility to show compliance with this standard. The Operating Procedure is a well planned procedure that goes into detail on steps to follow and the responsibilities of each person.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 provided the MDOC PREA Manual that specifically addressed Collective Bargaining Agreements. Collective Bargaining Contracts were provided and the contracts do not limit the agency’s ability to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

### **Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 provided Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the MDOC PREA Manual addressing this standard. The PREA Manual requires 90 day retaliation monitoring of any sexual abuse allegation for both staff and prisoners. The Facility created a “Sexual Abuse and Retaliation Monitoring” as a tracking device to ensure compliance with this standard. A completed form was submitted showing the facility monitors retaliation.

### Standard 115.68 Post-allegation protective custody

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

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

The MDOC PREA Manual addresses this standard to ensure compliance. The facility provided an investigation that supports this standard. Offender was placed in segregation for his own safety since other units are open population units. Michigan State Police (MSP) were called to investigate the allegation and the victim was sent to local hospital for a rape kit. MSP completed the investigation and forwarded the reports to the prosecutor's office and decided not to issue any criminal charges. Victim was released from segregation after 3 days of being in segregation. Victim was placed in a level 4 unit while the suspect was placed in a different level 4 unit. In the level 4 units the offenders are placed in their cells except when it is time for meals, showers, and recreation. All activities are done in the housing unit.

### Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual address investigations of sexual abuse and sexual harassment. The Department's Basic Investigator Training details how and when investigations are conducted. Additionally, all allegations are referred to local law enforcement for criminal investigation. All criminal investigations and referrals for prosecution are handled by outside law enforcement agencies. Documentation was provided to show compliance of the standard. The documents included the investigation and the results of the prosecution. Staff interviews also confirmed compliance of the standard and detailed how and when the investigations took place.

### Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 clearly states the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with staff confirmed the same.

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the PREA Manual clearly addresses this specific standard. The Facility also created a PREA Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Actions (CAJ-1021) form to notify offenders of the findings of the administrative investigations. A completed form was provided that showed the prisoner was notified that an investigation had been conducted and the investigation revealed there was no evidence to support that the reported allegation occurred.

Recommendation: The form does not have a place for the prisoner to sign stating that he has received the notice. This would be a way for the facility to show that the prisoner actually received a copy.

### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 Directive 02.03.100 and PD Attachment 02.03.100 A in addition to the PREA Manual outline disciplinary standards for employees, volunteers and contractors to support compliance with this standard. Additionally, the Employee Handbook addresses specific rules for employees regarding behavior addressed in this standard. SRF had no staff that violated agency sexual abuse or sexual harassment policies in the past 12 months.

### Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the PREA Manual prohibit sexual conduct of contractors or volunteers with prisoners and prohibits those who do engage in sexual conduct from having contact with prisoners. All allegations of sexual abuse are referred to appropriate law enforcement agencies for criminal investigation. During the last 12 months there has been zero (0) contractors or volunteers reported to Michigan State Police for sexual contact with prisoners.

### Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners”, Policy Directive 03.03.105 “Prisoner Discipline” and the PREA Manual address this standard indicating compliance. Michigan Law MCL 750.520c states that prisoners are unable to consent to sexual contact with Department employees, volunteers and contractors. Therefore, prisoners engaging in sexual contact with staff who are willing participants are considered victims and cannot be disciplined.

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

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

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

### **corrective actions taken by the facility.**

The MDOC PREA Manual, Policy Directive 04.01.105 “Reception Facility Services”, Policy Directive 04.06.180 “Mental Health Services” and Policy Directive 03.04.100 “Health Services” address this standard and indicates prisoners will have follow up services with a mental health practitioner within 14 days. No offenders had disclosed prior sexual victimization or perpetrated sexual abuse at screening within the past 12 months. Information about previous sexual abuse is only shared with the necessary staff to assist with security and management decisions including appropriate bed assignment. Staff interviews confirmed compliance with this standard.

### **Standard 115.82 Access to emergency medical and mental health services**

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

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

The MDOC PREA Manual, Policy Directive 03.04.125 “Medical Emergencies and Department”, Operating Procedure 03.04.100H “Health Care Management of Reported Sexual Assaults of Prisoners” address this standard. Prisoners are allowed medical or mental health services to victims of sexual abuse without financial costs to them. Warden Winn confirmed that services would be provided and there would be no charge to the victims for seeking medical or mental health care. The facility provided documentation to support that an offender that reported sexual abuse received timely care to medical treatment.

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

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

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

The MDOC PREA Manual, Policy Directives 03.04.100 “Medical Services” and 04.06.180 “Mental Health Services” address this standard. Interviews with Medical and Mental Health Staff confirmed services would be provided to the prisoners and there would be no cost for the services regardless if the victim named the perpetrator of the sexual abuse. Interviews and policy indicate the appropriate services would include treatment plans, follow up services, testing for sexually transmitted diseases, and any other necessary medical or mental health service needed to treat the prisoner.

### Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.**

PREA manual specifically requires incident reviews in accordance with this standard and PREA Sexual Abuse Incident Review (CAJ-1025) form is used to fulfill this requirement. Completed incident reviews were provided as documentation. The documentation provided by the review team consisted of upper-level custody and administrative staff with input from relevant supervisory staff, investigators and medical/mental health staff.

### Standard 115.87 Data collection

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

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

The MDOC has submitted the annual data for the Dept. of Justice Survey on Sexual Victimization as required. The MDOC also has the survey posted on the Agency Website. Review of the survey indicates it is completed in full.

### Standard 115.88 Data review for corrective action

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

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

The Department provides annual data to the DOJ by completing the annual Survey on Sexual Violence. Each report is reviewed by the PREA Administrator in order to identify problem areas and report findings up the chain of command for corrective action. The PREA Administrator also reviews investigatory reports of alleged sexual abuse and conducts a monthly review of the Department's Computerized Database for tracking investigations. The MDOC began the process of full compliance in May 2014, therefore there are no previous reports available to make a comparison. Comparisons and corrective actions plans will be submitted once the DOJ requests the 2014 Survey on Sexual Violence from the MDOC.

**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.**

All aggregated sexual abuse data is publicly available on the MDOC website. All personal identifiers have been removed prior to posting to the website. All data is secured in the MDOC PREA Administrator's electronic data base which has limited employee access. A hard copy is also stored in the MDOC PREA Administrator's office. Retention records indicate the information must be kept for at least 10 years.

**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.

Ty Robbins

1/29/2016

Auditor Signature

Date