

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

Interim     Final

Date of Report    June 7, 2018

## Auditor Information

Name: Louis Folino

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Company Name:    Click or tap here to enter text.

Mailing Address:    PA Department of Corrections  
1920 Technology Drive

City, State, Zip:    Mechanicsburg, PA 17050

Telephone:    717 728-2573

Date of Facility Visit:    December 6-8, 2017

## Agency Information

Name of Agency:

Michigan Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Michigan

Physical Address:    206 E. Michigan Avenue

City, State, Zip:    Grandview Plaza

Mailing Address:    PO Box 30003

City, State, Zip:    Lansing, MI 48909

Telephone:    517-335-1426

Is Agency accredited by any organization?     Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission:    Adult Corrections

Agency Website with PREA Information:    [www.michigan.gov/MDOC](http://www.michigan.gov/MDOC)

## Agency Chief Executive Officer

Name:    Heidi Washington

Title:    Director

Email:    WashingtonM6@Michigan.gov

Telephone:    517-241-7238

## Agency-Wide PREA Coordinator

Name:    Charles J. Carlson

Title:    PREA Administrator

Email:    Carlson2@Michigan.gov

Telephone:    517-230-1464

<b>PREA Coordinator Reports to:</b> Julia Hemp	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3 Statewide Regional PREA Analysts, 33 PREA Compliance Managers <a href="#">Click or tap here to enter text.</a>
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### Facility Information

<b>Name of Facility:</b>	Special Alternative Incarceration Facility, SAI		
<b>Physical Address:</b>	18901 Waterloo Rd. Chelsea, MI 48118		
<b>Mailing Address (if different than above):</b>	<a href="#">Click or tap here to enter text.</a>		
<b>Telephone Number:</b>	734-475-1368		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	SAI is a regimented 90-day intense program that focuses on changing negative behavior into socially acceptable behavior.		
<b>Facility Website with PREA Information:</b>	<a href="http://www.michigan.gov/MDOC">www.michigan.gov/MDOC</a>		

### Warden/Superintendent

<b>Name:</b> Joseph Barrett	<b>Title:</b> Warden
<b>Email:</b> Barrettj2@michigan.gov	<b>Telephone:</b> 517-780-6152

### Facility PREA Compliance Manager

<b>Name:</b> Jeremy Stephenson	<b>Title:</b> Captain
<b>Email:</b> Stephensonj1@michigan.gov	<b>Telephone:</b> 734-475-1368

### Facility Health Service Administrator

<b>Name:</b> Kimberly Rupe	<b>Title:</b> Health Unit Manager
<b>Email:</b> RupeK@Michigan.gov	<b>Telephone:</b> 517-780-6152

### Facility Characteristics

<b>Designed Facility Capacity:</b> 400	<b>Current Population of Facility:</b> 249
<b>Number of inmates admitted to facility during the past 12 months</b>	1063
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1000

<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		1049	
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		0	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 18-72	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		0	
<b>Average length of stay or time under supervision: IRM (Parolees); ZLI (Probationers)</b>		48 Days (IRM) 40 Days (ZLI)	
<b>Facility security level/inmate custody levels:</b>		Level 1, Min	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		102	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		11	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		4	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 16		<b>Number of Single Cell Housing Units:</b> 0	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		4 (15 Platoons)	
<b>Number of Open Bay/Dorm Housing Units:</b>		9	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		0	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> Housing Units are equipped with fixed or directional cameras. Interior compound cameras are strategically mounted throughout compound, as are interior building cameras in Food Service, Health Care, Education Building and other inmate/staff areas. All facility cameras are monitored 24-7 by Control Center personnel. Retention of video is reported to be 30 days.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Health Clinic	
<b>Forensic sexual assault medical exams are conducted at:</b>		University of Michigan Medical Center 1500 E. Medical Center Drive Ann Arbor, MI 48109 (734) 936-4000	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		45 Volunteers 14 Contractors	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		7	

# Audit Findings

## Audit Narrative

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

The audit entrance meeting was conducted at 1430 hours the afternoon of Wednesday, December 6, 2017. The Special Alternative Incarceration (SAI) Facility staff in attendance included Warden Joseph Barrett, Acting Deputy Warden Phil Morris, Acting Inspector Robert Clouse, Parole and Probation Manager Keith Hickman, MDOC PREA Administrator Charles Carlson, Regional PREA Analyst Wendy Hart, and PREA Compliance Manager (PCM)/Captain Jeremy Stephenson. Conducting the audit would be Lead Auditor Louis Folino and Secondary Auditor David Radziewicz. Introductions were conducted, with SAI staff providing an overview of facility operations, their preparedness for the audit, and willingness to work with the audit team. All parties discussed the tentative agenda for the remainder of the day, and the strategy to successfully accomplish the Onsite Audit prior to the close of business on Friday, December 8, 2017.

Auditor Folino discussed the progress of the Pre-Onsite audit work completed to date, consisting primarily of policy reviews, review of the SAI PAQ, MDOC website, SAI documentation reporting statistics, PREA investigation statistics, etc. Auditor Folino identified the priorities for the auditors and SAI staff in order to complete all Onsite requirements as required in accordance with the Auditor Handbook. Auditor Folino advised facility staff that we were there as their advocates, with the objective of conducting a thorough Site Review of all facility areas, and to conduct numerous interviews of staff and trainees. If there are areas, procedures or practices identified as not in compliance with the many provisions or elements of the 43 standards, we will work with facility staff to address issues, either before the 45-day report due-date, or during a Corrective Action Period (CAP).

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

The Site Review commenced at approximately 1500 hours, proceeding to the Programs Building, and then included A, B and C Companies (C Company is vacant/mothballed), Control Center, Administration Building, Medical Department and Medical Retention Housing, Food Service Department and Trainee Dining Room, Maintenance Building and Garage, Public Works Building, Old Laundry, Old Control Center and Old Control Center Garage. During Site Review, auditor evaluated all trainee bathrooms/showers, trainee cells/rooms, unit lobby areas, unit postings (Notice of Audit, PREA and RAINN posters, Crime Stoppers and An End to Silence postings), staff mailboxes, CCTV, staff performance and trainee demeanor, staff/trainee interactions,

trainee group and individual movements, and unit count boards/rosters. Auditor heard regular gender announcements and observed numerous female uniformed and non-uniformed staff, observed a highly regimented and very intense daily routine, and engaged both post staff and random trainees in informal conversation and discussions concerning PREA.

During Onsite Audit Phase, the audit team interviewed 14 random security staff, and 23 specialized staff (Warden, Agency Head, PREA Coordinator, PREA Compliance Manager, Human Resource Officer (HRO), 2 investigators, 2 risk assessment staff, 1 Intake, 2 unannounced rounds, 2 first responders, 2 medical, 2 mental health, 2 contracted staff, 2 volunteers, 2 retaliation monitors, and 1 Sexual Assault Nurse Examiner (SANE) community hospital staff. All of the interviews were conducted onsite with exception of interviews on-file for the Agency Head/Designee and PREA Coordinator; interviews of the Warden, HRO, 1 mental health and 1 medical staff conducted earlier in the week at the Cooper Street Correctional Facility (shared staff with SAI). Auditor conducted 3 telephone interviews subsequent to the onsite audit, i.e. 2 volunteers, SANE, and 1 first responder.

The audit team interviewed 15 random trainees selected by the audit team, and 10 targeted trainees, i.e. 4 cognitive disabilities, 3 disclosers of prior victimization, 1 transgender, 2 reporters of sexual abuse. There are no youthful offenders confined at SAI, no Limited English Proficient (LEP) trainees, no segregation units/cells at SAI, and no trainees with a physical disability.

During Site Review, auditor observed the intake process of two trainees, and reviewed 2 investigations with staff investigators. Control Center personnel demonstrated the computerized program which disallows placement of a Potential Victim (PV) into a room with a Potential Aggressor, (PA), and emphasized that bed moves are only made by Control Center personnel. Control Center staff also oriented the auditor to the count board designations, and CCTV monitoring station and software/camera capabilities. Auditor observed security staff supervising trainees during group exercise, during showers, during labor details (leaf raking), and during daily housing unit routine. The programs building was actively occupied with teachers and other program personnel, day and evenings. The sanitation and organization of the facility can be described as spartan, and extremely clean. With the exception of security staff regularly loudly providing verbal correction/direction to trainees, the facility work and program areas were especially quiet, and controlled.

At the conclusion of Site Review and staff and trainee interviews in the afternoon of the third day, December 8, 2017, the audit team met with facility leadership to review our observations and impressions. Facility and agency staff that attended the Out-brief were Warden Barrett, Deputy Warden Morris, Captain Stephenson, Mr. Hickman, PREA Administrator Carlson, and PREA Analyst Hart. The audit team thanked SAI staff for their hospitality and the Outstanding manner with which they facilitated the Onsite Audit and Site Review. The auditor commented on the genuinely dedicated workforce at SAI, both uniformed and civilian. Professional personnel and Outstanding Performers appeared to be everywhere, always polite, courteous and helpful. It was evident to the audit team that both staff and trainees maintain the highest of standards at the facility and are dedicated to the Mission of SAI.

Subsequent to the on-site review, the lead auditor reviewed and evaluated the facility PAQ in detail, the Auditor Compliance Tool (ACT) for prior notations and as a reference guide, interview protocol responses, MDOC policy directives and PREA Manual, facility operating procedures, post orders and documentation, and site-review notes in order to compile the Interim Report. The Lead Auditor was in regular communication with the Regional PREA Analyst, who promptly responded to all of the auditor's requests for documentation, clarifications, etc. Auditor has indicated below in the Summary of Audit Findings section the discussion and compliance determinations for all 43 standards. Collaborative work on addressing the standards determined to not be in compliance has been underway well prior to the submission of the Interim Report. Our joint objective is to successfully Meet All Standards well prior to the end of the Corrective Action Period (CAP).

Auditor wishes to express sincere appreciation to SAI staff for their courteous cooperation, and for the Secondary Auditor's professional expertise and dogged determination and efforts to jointly provide a high quality, reliable, objective and comprehensive PREA Audit.

## Facility Characteristics

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

SAI is a Level 1 male facility surrounded by a 12- foot perimeter fence, lined with razor wire along the top, and protected with an electronic perimeter detection system. The facility has an operating capacity of 400 trainee beds, which includes room and open bay style housing. There are 2 main housing units presently in operation at SAI, A Company and B Company Housing Units. Both A and B Companies can be described as General Population housing units. There are no restricted or segregated units or cells at SAI. Any trainee that misbehaves or is problematic would be either handled internally short of disciplinary custody status, or terminated from the program and transferred from SAI. C Company (C4 and C5) were deactivated in May, 2016, and C Company (C2 and C3) were deactivated in July, 2016. C Company was deactivated due to a reduction in trainee population. The population during the time of the Site Review was 248.

The SAI compound consists of 16 buildings, including the housing units, Programs, Administration, Food Service, Medical/Retention, Control Center, Pole Barn, Maintenance, Garage, Public Works, Old Laundry, Old Control Center, and Old Control Center Garage.

The housing units are dry cells or rooms, occupied by one or two trainees. There are several small dayrooms/dormitory style housing units located in Medical Retention, A4, and B4. Each wing of each housing unit has a congregate bathrooms/shower area used by the trainees housed on that respective unit wing. The bathrooms/showers consist of an entrance area, changing area, toilet area and showers. There are PREA shower curtains/modesty panels in place, and glass block walls to the unit corridors, affording trainee privacy but limited staff viewing ability to ensure security and trainee safety.

The trainee population consists of parolees (IPM), probationers (ZLI), and those there before their earliest release date from custody (ZPM). The Special Alternative Program, SAI, is a regimented 90-120 day intense "Boot Camp" program that focuses on changing negative behavior into socially acceptable behavior. The program includes evidence-based programming to prepare trainees for eventual return to society. Program categories provided include: Cognitive Behavioral Restructuring Programs, Family/Community Structure, Education, Employment Readiness and Daily Living Skills. The highly structured 16- hour days consists of a strict code of military discipline designed to break down streetwise attitudes so staff can teach positive values and attitudes, work assignments and structured physical activity. There is no open, unstructured recreation, televisions/radios, or personal clothing/property. The facility offers religious services in the school building, and work assignments on and off grounds.

Trainees are provided with routine medical, dental and psychological services onsite. Serious problems are treated at the MDOC's Duane L. Waters Health Care in Jackson, MI. Emergencies can be referred to a local hospital.

SAI is under the administrative control of the Cooper Street Correctional Facility in Jackson, MI. SAI and Cooper Street share the same Warden, HRO, Business Manager, and some medical and mental health staff, etc. The facility is staffed by 102 SAI personnel, supplemented by a cadre of volunteers and contracted staff. Food Service is staffed thru a statewide MDOC contract with Trinity Food Services.

With the intense programming and emphasis on physical exercise, there is very little idle time, as observed by auditor. Auditor notes that all uniformed custody staff must complete a three-week SAI drill instructor training program. Trainee accountability and authorized movements are highly supervised and controlled. The daily operational schedule is strictly regimented, with very few individual trainee movements or unsupervised activity/work. Electronic monitoring is strategically deployed throughout the facility to supplement staff presence. Both staff and trainees are expected to comply with the rules and regulations of the facility.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 6

115.33, 115.34, 115.51, 115.64, 115.67, 115.71

**Number of Standards Met:** 37

115.11, 115.12, 115.13 115.14, 115.15, 115.16 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.35, 115.41, 115.42, 115.43, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89.

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

Auditor has noted the Corrective Actions implemented by the SAI facility in response to Auditor’s Interim Report findings. The specific Corrective Actions are noted within the **Corrective Actions** section of the Auditor Narrative within the respective six standards. The

Auditor discussions include descriptions of the standard's deficiencies, and the facility's actions taken to address those deficiencies.

**115.41** SAI is required to implement a risk assessment procedure which includes face-to-face individual discussions with the trainees, during review of the required risk assessment inquiries.

**115.42** Without compliant risk assessments conducted, SAI cannot properly inform housing, bed, work, education, and program assignments with the goal of keeping separate those trainees at high risk of being sexually victimized from those at high risk of being sexually abusive. SAI is required to implement a risk assessment procedure which includes face-to-face individual discussions with the trainees, to review the required risk assessment inquiries.

**115.81** Without compliant risk assessments conducted, as indicated during a risk assessment screening pursuant to 115.41, SAI cannot properly, in an informed manner, offer a follow-up meeting with a medical or mental health practitioner for those trainees who have previously disclosed prior victimization, or previously perpetrated sexual abuse. SAI is required to implement a risk assessment procedure which includes face-to-face individual discussions with the trainees, to review the required risk assessment inquiries.

**115.87** The agency is required to aggregate incident-based sexual abuse data annually, i.e. Annual Report. The Annual Report for calendar year 2016 is not complete or posted on the agency website.

**115.88** The agency is required to review collected incident-based sexual abuse data, identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Complete the 2016 Annual Report and post the Annual Report on the agency website.

**115.89** Compile the required agency Annual Report for calendar year 2016 and make it available to the public by posting it on the agency website.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, auditor reviewed the MDOC Prison Rape Elimination Act (PREA) Manual. This policy manual, page 9, (implemented in 2013 and revised April 24, 2017), established the position of agency PREA Administrator, responsible to ensure agency/facility compliance with the Federal PREA Standards. MDOC utilizes 3 Regional PREA Analysts, and 33 PREA Compliance Managers to support the agencies zero-tolerance policy and efforts to detect, respond, and prevent sexual abuse and sexual harassment of prisoners. The MDOC PREA Administrator and the SAI PREA Compliance Manager have advised auditor that they have sufficient time and authority to coordinate the agency/facility efforts in order to comply with the standard. Auditor has reviewed the Table of Organizations for the MDOC and SAI, respectively, concerning the positions of the PREA Administrator, PREA Analysts, and SAI PREA Compliance Manager. Auditor notes that the SAI PCM was appointed to that position on February 24, 2017.

Auditor further reviewed agency Policy Directive PD 03.03.140, PREA and Prohibited Sexual Conduct Involving Prisoners, and the SAI Operating Procedure OP 03.03.140, PREA and Prohibited Sexual Conduct Involving Prisoners. This Policy Directive reiterates the agencies zero tolerance policy, and provides Definitions and General Information on Prohibited Conduct, Risk Assessments, Reporting, Confidentiality, Investigations and Victim Advocates. Auditor reviewed the MDOC Director's Memo (DOM), dated January 1, 2017 providing direction to agency facilities concerning the agency zero tolerance policy and established procedures.

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

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

MDOC does not contract for the confinement of its inmates with private agencies, or other entities including government agencies.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, auditor reviewed the SAI Pre-Audit Questionnaire (PAQ), and the MDOC PREA Manual, Staffing Plans and Rounds, pages 20 and 21. Auditor reviewed MDOC PD 04.04.100 Custody, Security and Safety Systems, Section RR, Rounds; SAI OP 04.04.100 Inspections and Monitoring by Supervisory Staff, page 7; SAI OP 04.04101 Trainee Count, page 4 (Rounds). Auditor reviewed the most recent 2017 Annual Staffing Plan Review minutes, September 19, 2017, which includes the following, (pages 2 and 3): "This staffing plan has been developed in accordance with PREA 115.13 in order to address appropriate staffing levels and video monitoring to ensure the protection of trainees from sexual abuse" and "Any and all areas that would be considered blind spots, i.e. offices, closets, coolers, commissary has their doors closed and locked at all times unless supervised by a staff member. Some of these areas also can be viewed by video surveillance. Staffing levels and required rounding requirements are in place in areas that present potential blind spots." Form, CAJ 1027, PREA Annual Staffing Plan Review was signed by the Warden and reviewed by the auditor. SAI does not deviate from the established staffing plan, using necessary overtime to staff approved posts. There were therefore no occasions or exceptions to the approved staffing plan during the last 12 months.

Auditor reviewed results from annual Occupational Safety and Health Inspection, August, 2017, w/ attachments CAH-170, CAH-171 and CAJ-515; Food Service Safety and Sanitation, October, 2017; and MDOC Sanitation Inspection, October 2017. Auditor notes that all inspections conducted with any deficiencies noted results in submission by SAI of a Facility Inspection Response Report, Form CRX-113, detailing remedial actions taken by the facility.

During site review, auditor observed random post logs and computer entries to verify rounds conducted by supervisory personnel. Supervisory personnel sign the log books in green ink, and electronically log their tours utilizing a Security Pipe Rounding System (Guard 1 Plus SE), and personal rounding buttons. All SAI custody staff are issued a personally identifying rounding button. Post personnel demonstrated to auditor the locations of the log-in buttons used by them and supervisors when conducting rounds.

During interview with custody supervisors, auditor was advised that the supervisors vary their routes and conduct tours at various times. One supervisor advised auditor that he would possibly conduct multiple tours during a shift, depending upon shift operations and time available. Security staff are

aware of the prohibition of notifying others that supervisors are conducting rounds, and such conduct is not a practice at SAI.

The Warden advised auditor during interview that the style of the housing units impact staffing patterns for the facility. The Warden discussed the Monthly Security Meetings conducted the second Tuesday of each month, always reviewing operations, security issues, and any recent incidents. The Warden advised that the Deputy Warden reviews the daily Shift Reports to review for any unusual incidents. The MDOC PREA Administrator/Coordinator advised the audit team that the MDOC facilities consult with MDOC Central Office concerning any assessments or planned adjustments to the facility staffing plans.

The SAI PCM was interviewed by auditor, with the PCM advising that the facility considers the composition of the trainee population, the number and placement of supervisory staff, the physical plant, facility activities and programs, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other factors when assessing staffing levels and the need for video monitoring.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

MDOC does not house youthful inmates in adult correctional facilities. Youthful inmates are processed at the Thumb Correctional Facility (TCF) for access to age appropriate housing and programming. MDOC has implemented policy in compliance with this PREA standard governing the incarceration of youthful inmates in the event such an inmate(s) would be housed at SAI or another MDOC facility.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance auditor reviewed the PREA Manual, Searches of Prisoners, pages 15 and 16, which requires same gender strip searches of inmates, except in exigent circumstances or when performed by medical staff. Documentation is required in the event of a cross-gender strip search, cross-gender body cavity search or cross-gender pat-down search of female prisoners. The PREA Manual restricts staff from searching a prisoner for the sole purpose of determining the prisoner's genital/sex status.

Auditor reviewed MDOC PD 04.04.110 Search and Arrest in Correctional Facilities, Sections Q, W, Y and Z, pages 4-6; PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section GGG, page 10; and SAI OP 04.04.110 Search of Trainees, Employees and Members of the Public, Section F, Trainee Searches, pages 3 and 4.

Auditor reviewed the SAI Housing Unit Post Orders, which requires female staff to Knock and Announce, i.e. "Knock on the most interior door and announce in a loud clear voice, "female(s) in the area," wait 10 seconds and enter." The Post Orders also provide direction and procedures for security personnel in providing trainees the required privacy during shower periods and during bathroom usage. Auditor notes that the trainee cells at SAI are dry cells, or rooms, requiring the trainees to utilize unit congregate bathrooms and showers. The physical layout of the shower/bathroom areas, utilizing a combination of solid walls, glass-block walls and "PREA" shower curtains/modesty panels, provides for the required fundamental trainee privacy, in accordance with the standard. During site review, auditor toured all trainee shower/bathroom areas, and observed several scheduled shower periods supervised by both male and female security staff. Auditor observed both MDOC Knock and Announce and Privacy Notices prominently posted in all the housing units. The Privacy Notices are posted in both English and Spanish.

The SAI PAQ reports 0 cross-gender strip or visual body cavity searches during the last 12 months. There were no pat-down searches of female inmates as SAI does not house females.

Based upon interviews with 14 random male and female staff, auditor has concluded that staff are knowledgeable concerning the knock and announce procedure, and that females routinely announce their presence when entering a housing unit. During site review, auditor observed numerous female personnel, uniformed and non-uniformed, announcing their presence. Auditor notes that female security personnel were visible performing post duties in all housing units toured. Female staff related to auditor during informal discussion during site review and during formal interviews their procedures for controlling and monitoring trainee shower lines. Random staff interviewed advised the audit team that they had received training on how to conduct cross-gender or transgender and intersex inmates in a professional and respectful manner at the MDOC Academy, and during annual refresher/computer-based training (CBT) training. The PAQ reports that 100% of security staff have received the required cross-gender/transgender/intersex inmate pat-down search training. Multiple staff described to auditor the "praying-hands" technique and using the back of the hands to conduct pat-downs of trainees. Staff are aware of the policy prohibition concerning searching a transgender or intersex trainee for the purpose of determining that trainee's genital status.

17 of the 22 random trainee interviews conducted indicated that females announce their presence when entering the housing areas. Two trainees advised that such practices were inconsistent and 3 stated they

have not heard such announcements. Based upon staff and trainee interviews and auditor's observations during site review, it is concluded that sufficient evidence exists to conclude that female staff do routinely announce their presence. Factors such as trainee housing/cell assignment locations, unit activities, and/or other females already assigned to the area may result in all trainees not hearing such announcements at all times.

All trainees advised auditor that they are never naked in full view of female staff. Several trainees also described to auditor the facility practice that the trainees are to stand behind their closed cell/room doors when changing clothes in their cells, to afford them privacy. One trainee stated this was a "strategic" feature to be used when females were on duty in the unit. The officer's Post Orders for A and B Company direct that: Trainees will never be in complete state of undress, unless in the shower area of the unit for authorized showers. When trainees are preparing for showers, night time inspections and morning wake up activities in their assigned living area or room, at a minimum they will always wear a t-shirt, underwear, PT shorts and shower shoes." One transgender trainee interviewed stated he has been treated just like every other trainee and has not been housed separately due to his gender identity. He further advised auditor that staff have treated him well and looked out for his safety. Deployed SAI monitoring technology does not provide coverage in bathroom/shower areas, and therefore enables female personnel to staff such monitoring stations.

Based upon agency policy and SAI procedures, auditor's observations and interviews with staff and trainees, it is concluded that SAI meets this standard. Auditor observed a very disciplined and regimented routine in the housing units. Both staff and the trainees are expected to be compliant with MDOC and SAI established procedures. The physical plant and procedures implemented to provide for fundamental trainee privacy are being adhered-to, and staff are appropriately trained.

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

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No

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

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Prisoners with Disabilities or Limited English Proficiency, page 18; Deputy Director Memo, July 20, 2015 re: Language Services; MDOC PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section EEE, page 10; MDOC Identifying and Addressing Sexual Abuse and Sexual Harassment Braille, March 4, 2015; and Interpreter Services Bid Sheets.

The PREA Manual provides that PREA prisoner education will be presented in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of interpreters. Auditor has reviewed documentation confirming that SAI has contracted with Real Time Translation (RTT) Mobile Interpretation, Birmingham, AL, 35226, (205)-601-7188. There were no LEP trainees presently housed at SAI during the on-site audit or housed at SAI during the last 12 months. The SAI PAQ reports 0 instances wherein an inmate interpreter, reader or other inmate assistant was used to translate an allegation of sexual abuse. Auditor reviewed e mail documentation providing notification to personnel concerning a trainee that was housed at SAI during the last 12 months who could understand English but who was somewhat difficult for staff to understand when he spoke. Auditor reviewed the Spanish Prisoner Guidebook signature receipt page processed for that trainee.

Auditor reviewed the Spanish Prisoner Guidebook, Spanish PREA Tri-Fold and Spanish Privacy Sign which are posted within the SAI housing units. Auditor reviewed correspondence between SAI and RTT concerning written translation of trainee correspondence in Spanish from 2016.

The MDOC Agency Head/designee advised during interview that the agency has taken a number of steps to ensure inmates have an understanding of PREA, and how to report. There are English and Spanish posters, prisoner guidebooks in Spanish, closed-captioned PREA video, and empowering all facilities to enter into contracts for sign language and translation services.

The audit team interviewed four trainees with cognitive disabilities. All the trainees advised that they were able to understand the information provided, which included the video, pamphlets and posters.

Interviews of 12 random security staff by the audit team demonstrated that staff are very familiar with the prohibition of using inmate interpreters to translate allegations of sexual abuse, and the reasoning for such a

prohibition, e.g. confidentiality, serious issues alleged, and ignorance of what is being said/translated. Several officers indicated that SAI has official means to translate if necessary, such as contracted translation services or bilingual staff.

Based upon auditor’s review of MDOC policy, SAI documentation, Prisoner Guidebook, posted bilingual signage and staff and trainee interviews, it is concluded that SAI takes appropriate steps to ensure that all trainees are properly oriented to PREA, and has contingencies in place in the event translation services are required.

## Standard 115.17: Hiring and promotion decisions

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

### 115.17 (a)

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

### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, auditor reviewed the PREA Manual, Section Human Resources, pages 18-20; MDOC PD 02.06.111 Employment Screening, Sections D, E, F, K and R Auditor has also reviewed employment applications for new employees and promotional applications for Supervisors, with both applications including five PREA inquiries. Auditor reviewed multiple 2016 and 2017 LEIN spreadsheets reporting successful background checks conducted of new employees, employees, contractors/vendors and volunteers.

The SAI PAQ reports 11 new employees, or 100% of those hired during the last 12 months, of having a successful Law Enforcement Background Check (LEIN) background check conducted. The PAQ reports that all contracted staff have been similarly LEIN cleared.

The MDOC Employee Handbook, Section 47, states that: Employees shall not falsify, alter, destroy or remove documents, including but not limited to, employment applications... Violation of this rule shall result in discharge. Further, the Employee Handbook Section 22, contains an employee continuing affirmative duty to report all arrests, misdemeanor citations, and/or criminal charges to their immediate supervisor within 24 hours. A verbal report shall be followed-up within 72 hours by a written report.

The audit team interviewed the SAI Human Resource Officer, who advised that new staff are cleared thru LEIN by MDOC Central Office staff. SAI HR processes the transfers, rehires and promotion LEINS. If any information is obtained concerning prior sexual abuse, sexual harassment or other derogatory information, the hiring authority is notified. The same PREA inquiries are asked of any applicant for state employment, not just MDOC, according to the HRO. Auditor was advised that SAI processes a release form in order to provide employee information concerning a former employee's work history to another institution or employer.

Auditor randomly selected and received individual verifying documentation that one volunteer, one contractor, and one new hire had been successfully LEIN checked.

## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the PREA Manual, Section: Facility and Technology Upgrades, page 21; and completed CAH-135, Project Review and Approval forms.

The PAQ reports no substantial expansions/modifications of existing facilities, or updates to the electronic surveillance system since August 20, 2012. The PREA Manual does require that the facility consider the

Department's ability to protect prisoners from sexual abuse when planning such expansions/modifications, or updates.

When interviewed by auditor, the Warden advised that activation of the supervisory pipe system served to enhance the "rounding" effectiveness of personnel, and provided a method for administrative staff to conduct checks to ensure such required rounds of posts are being properly conducted. Cameras have been strategically placed and others are being planned, with the protection of inmates from sexual abuse being a consideration.

Auditor reviewed the latest SAI Staffing Plan, September 19, 2017, which directs that any and all areas that would be considered "blind spots", i.e. offices, coolers, and commissary, has their doors closed and locked at all times unless supervised by a staff member. Some of these areas also can be viewed by video surveillance. Staffing levels and required rounding requirements are in place in areas that present potential blind spots. During on-site review, auditor has observed very limited individual trainee movements, and intense supervision provided. The relatively small housing units and compound enables personnel, supplemented by appropriate CCTV surveillance, to properly control and supervise the trainees.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

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Auditor reviewed the PREA Manual, Section: Sexual Abuse/Sexual Harassment Investigations, pages 28-31, and Victim Advocate, page 27; MDOC Crime Scene Management and Preservation 2015 Trainers Manual; MDOC PD 03.04.100 Health Services; MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners; MDOC Director Memorandum to Michigan State Police (MSP), dated September 30, 2015; MSP Memorandum to MDOC Director, dated September 30, 2015; SAI Operating Procedure 03.03.140 Prohibited Sexual Conduct Involving Trainees (PREA), page 6; University of Michigan University Health Services (Sexual Assault Services at UHS and Victim Advocate); MDOC Deputy Director Memorandum, November 28, 2016; and CAR-854 Individual Training Reports (Victim Advocate).

In order to make a determination of compliance, the audit team interviewed the PREA Compliance Manager, who advised that trained SAI personnel provide necessary Victim Advocacy services to the trainees, as required. SAI documents describe the selection of facility staff/volunteers to serve as MDOC Victim Advocates. This is in accordance with MDOC direction, i.e. that every agency correctional facility will maintain a cadre of specially trained personnel to function in the capacity of a Victim Advocate. The SAI-provided Victim Advocate provide such necessary services in the event a qualified Victim Advocate is not available in the community, or whether the area community public health services do not provide such services. This contingent of personnel includes all facility medical/mental health personnel, plus additional other appropriate staff willing to serve in such a capacity. All such staff selected must complete an Office for Victims of Crime, Training and Technical Assistance Center (OVCTTAC) 14 module training course to be certified. Auditor has reviewed several CAR-854 Individual Training Reports verifying course completion by authorized facility Victim Advocates. At SAI, there are presently 7 approved and trained SAI staff Victim Advocates.

The PAQ reports that there were 0 forensic medical exams conducted in the past 12 months. Auditor interviewed Director of the Sexual Assault Nurse Examiner Program at the University of Michigan

Medical Center, by telephone concerning Sexual Assault Nurse Examiner (SANE) services available. Auditor was advised that the UoM Medical Center provides forensic services to anyone in the community or inmates/trainees escorted to their facility by agency security staff. The certified SANE personnel are on-call. Should a SANE not be available, the ER Physician would perform the sexual assault examination. The Medical Center would notify Safe House Center in Washten County to make available to the victim a Victim Advocate.

The PAQ reports 12 allegations of sexual abuse or sexual harassment received during the last 12 months which resulted in an administrative investigation. One case was referred to the MSP for investigation but was declined to be investigated further by the MSP. This MSP declined case (Insufficient Evidence) was reviewed by auditor with a facility investigator during interview during onsite review.

14 random staff interviewed evidenced prior training and an excellent understanding of first responder procedures to be employed. Examples of staff actions that would be taken as expressed to the audit team were: Secure the scene, protect the inmate, preserve clothing in paper bags as evidence, notify shift command, treat like crime scene, get extra staff to help, get to medical, don't allow trainees to shower, wash, brush teeth or use bathroom to preserve DNA, such as blood, saliva, semen, remove from situation, use evidence gloves and bags, don't leave inmate alone, start medical assistance if needed, brief Shift Commander, follow direction, clear area, have inmates escorted out of area separately, don't share reports with anyone/coworkers, make notes what was told to me, information obtained is confidential, keep victim safe, abuser likely would be transferred to another institution, do paperwork, videos and photos would be taken, go to medical, referred to mental health and possibly to hospital for SANE examination if within 96 hours, notify command and investigative staff, start chain of custody for the evidence collected, all verbal reports are documented verbatim for the investigators. One employee noted the pocket Reference Guides which are issued to all personnel, i.e. MDOC Sexual Violence Response and Investigation Guide. This pocket resource contains multiple checklists to address emergency situations, first responder duties, investigations, documentation, Health Care and Mental Health Care, and Interviews.

A security staff member was interviewed specifically concerning his first responder duties. While he advised that he has not acted as a first responder, he related what actions he would take: separate the victim and abuser, seal off the area where it occurred as well as the individual. Prevent both of them involved from taking any actions that could destroy evidence until they are seen for collection. Medical would be notified. A non-uniformed employee advised during interview concerning his first responder duties that he would keep the trainee with him, and report up the chain of command, up through the Inspector. Then the investigation ensues. The employee stated he received the PREA training once a year.

The audit team interviewed two trainees who reported a sexual abuse or sexual harassment. Neither situation involved a sexual assault or medical services rendered. In both cases, staff responded to investigate, one inmate was moved to another unit due to harassment by another trainee, with mental health counseling provided, and retaliation monitoring was activated in both cases due to the allegations received. Auditor reviewed both investigative files and determined appropriate actions were taken by the responding staff, investigators and facility administration.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

**115.22 (a)**

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

**115.22 (b)**

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

**115.22 (c)**

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

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance, auditor reviewed the PREA Manual, Sexual Abuse/Sexual Harassment Investigations, page 28-30; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Sections L, X, Y, pages 3-4, and Investigation of Sexual Abuse/Sexual Harassment, pages RR-W, pages 8-10; and PD 01.01.140 Internal Affairs, pages 1-5; MSP Memorandum, September 30,2015; and MDOC Web Page, [www.michigan.gov/MDOC](http://www.michigan.gov/MDOC), with links to PREA and Internal Affairs policies.

MDOC Policy, 03.03.140, Section BBB, page 10 states: Any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution.

The SAI PAQ reports 12 allegations of sexual abuse and sexual harassment received during the last 12 months. All were administratively investigated, and one was referred for criminal investigation.

The MDOC Agency Head designee advised during interview that any incident or allegation that appears to be criminal is referred to the MSP. This is written into MDOC policy. Administrative investigations are conducted in the facility by trained facility PREA investigators. If a facility receives information or an allegation that sexual abuse occurred at another facility, the investigation is conducted at that facility (where incident allegedly occurred).

Auditor interviewed two facility PREA investigators during on site review. Both facility investigators advised that when evidence is discovered that a prosecutable crime may have taken place, they would report their findings to their superiors and the case would likely be referred for criminal (MSP) investigation. The matter would be referred to the Warden and the MSP. In cases where a sexual abuse allegation is substantiated, the case is referred through the Deputy Warden and Warden to the MSP.

## **Standard 115.31: Employee training**

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

#### **115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Training, pages 9-10; MDOC 2017 New Employee Training Plan; MDOC 2017 In-service training Plan; MDOC 2017 Menu Course Training Catalog; MDOC 2016 New Employee Training Plan; MDOC 2016 In-service Training Plan; MDOC 2016 Menu Course Training Catalog; and power point Sexual Abuse and Sexual Harassment in Confinement Training Modules 1 and 2; and employee Individual Training Program Reports, CAR-854, documenting employee completion of PREA Training Modules.

The PAQ reports 102 SAI staff were trained or retrained on the PREA requirements. 45 Volunteers and 14 contracted staff have been reportedly trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Auditor has confirmed thru facility training files two random staff interviewed as having completed the annual PREA training or refresher training.

In order to make a determination of compliance, the audit team interviewed 14 random staff. Based upon the interviews conducted, auditor has concluded that the facility has provided the required PREA training to all employees who have contact with inmates. Employee interviews evidenced training on the agencies zero tolerance policy, common sign and reactions, body language changes to sexual abuse, and communications with trainees. The officers interviewed stated they receive the computer-based training as part of their "415" annual training, and in-class PREA training every two years.

Officer interview results support the conclusion that SAI complies with MDOC Training Plans, training staff on the PREA requirements. Facility training records evidence such training course completion.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Training, page 10, Volunteers and Contractors; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners; PD 03.02.105 Volunteer Services and Programs; Correctional Facilities Administration, Program A, Security Regulations; SAI OP 02.05.100 New Employee Training, page 2;

The PAQ reports that 45 volunteers and contractors have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Volunteers and contractors, by policy, are presented the power point program, Program A, of PD 03.02.105, which was reviewed by auditor in paper form. Auditor interviewed two contracted staff and two facility volunteers to assess their awareness of PREA. The full-time contracted staff received the PREA power point program, while the volunteers received a PREA overview and policy review. One contractor advised that their private company also provides PREA training for them (contracted staff). One contracted staff recalled receiving PREA training from a facility Corporal and Lieutenant. Staff interviewed were aware of reporting methods and responsibilities, do's and don'ts, and overfamiliarity issues. One volunteer

interviewed advised auditor that the facility would not allow him into the facility to provide his services until he had completed the PREA training.

Auditor has confirmed the contractor and volunteer orientations are being presented by reviewing the completed Volunteer Services Agreement Receipt for Orientation forms signed by the individuals interviewed. All volunteers and contractors, similar to SAI fulltime personnel, are also required to sign an Individual Training Program Report, CAR-854, certifying that they have completed the PREA orientation. Auditor spoke by phone with the designated SAI Volunteer Coordinator who advised that he reviews both the PREA Manual, and MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, in addition to the volunteers/contractors watching a video.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Prisoner Education, page 11; PD 04.01.140 Prisoner Orientation, Section E, pages 1-2; RGC OP 04.01.140 Prisoner Orientation, pages 1-2; PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section EEE, page 2; PD 04.01.105 Reception Facility Services, Section M, page 4; SAI OP 04.01.130 Trainee Guidebooks, page 3; and SAI OP 04.01.140 Trainee Orientation, page 3.

The SAI PAQ reports that 1,063 trainees were admitted to the facility during the past 12 months, with 1,000 staying 30 days or more who received the comprehensive PREA education. The SAI notes that 14 trainees left SAI within 72 hours of admittance in the last 12 months.

Auditor interviewed an Intake staff person who advised that all incoming inmates receive the PREA education within 30 days of arrival, usually within days, as the education is presented every Wednesday and Friday. The trainees are educated thru the orientation, video, PREA pamphlet and Prisoner Guidebook. All trainees sign a CAJ-1036 PREA Prisoner Education Verification form, upon completion of the education session. Auditor reviewed 4 completed CAJ-1036 forms provided with the PAQ which evidence inmate signatures and dates (all during 2017).

The audit team interviewed 15 random inmates and conducted another 7 random interview protocols of targeted inmates. Results indicate that thorough and timely PREA education sessions are provided twice weekly, as all inmates interviewed advised that they had received the PREA education either the day of arrival or within a day or two. The trainees recalled the staff person that presented the session, reviewing paperwork on how to report issues, such as through staff, filing a grievance, using the Hotline or by Kite. They saw a video (Taking Action), received a PREA pamphlet, and signed a paper that they had received the education. Comments received by the audit team included: "This place is on their game," and "Some of the stuff I don't pay attention to."

Auditor reviewed the PREA Brochure trifold (English, Spanish and Braille) titled: MDOC Identifying and Addressing Sexual Abuse and Sexual Harassment, A Guide for Prisoners. This brochure emphasizes the agencies zero tolerance policy, defines sexual abuse and sexual harassment; provides reporting methods, i.e. staff, Hotline, Ombudsman, MDOC website at [www.michigan.gov/corrections](http://www.michigan.gov/corrections); methods to avoid sexual abuse; and grievance and investigation procedures. Auditor has reviewed a Spanish version of the MDOC Prisoner Guidebook, containing information on the agencies zero tolerance policy, sexual abuse and sexual harassment and reporting methods.

During on-site review, auditor observed numerous PREA posters (English and Spanish) posted throughout SAI providing information, Hotlines and other reporting methods. Privacy Notices are similarly posted in English and Spanish, informing inmates of the presence of female personnel. Auditor reviewed a sampling of individual trainee arrival documents in OMNI, the inmate computerized program, which verified the PREA education sessions were conducted within several days of arrival of the inmates.

Based upon the review of the MDOC and SAI PDs and OPs, facility documentation verifying trainee attendance at education sessions, and trainee and staff interviews conducted, it is evident that SAI makes a concerted effort to present a thorough and timely PREA education to all incoming inmates. Auditor interviewed the staff person tasked with making twice-weekly orientations, evidencing a conscientious attention to this duty.

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

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

#### **115.34 (a)**

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance auditor reviewed the PREA Manual, Specialized Training-Investigator, page 10; PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section RR, page 2; MDOC Basic Investigator Training Manual, Interview and Investigation Techniques and Fundamentals; and the NIC Online Investigator Training Curriculum.

Auditor interviewed two authorized PREA investigators during site review. Both investigators recalled receiving the specialized training, where they received it and the subjects covered, as related to auditor, e.g. preponderance of evidence, interviewing techniques, crime scene preservation, policies and procedures, definitions, sexual abuse versus sexual harassment, overfamiliarity, criminal cases with staff, Miranda and Garrity warnings, and evidence collection.

The SAI PAQ reports having 7 investigators that have completed the required specialized training. Auditor reviewed facility records, confirming that CAR-854's Individual Training Reports, and Course History Reports are on file concerning all 7 facility investigators specialized trainings as presented by MDOC. Auditor has reviewed the extensive MDOC training curriculum as received by each SAI investigator. Certificates of completion were also reviewed evidencing all investigators having completed the National Institute of Corrections, NIC, online course: PREA Investigating Sexual Abuse in a Confinement Setting.

Auditor reviewed a Memorandum from the MSP to the MDOC Director, September 30, 2015, which details the MSP's commitment to investigate criminal allegations of sexual abuse which reportedly occur in MDOC. The MSP assert that their investigative employees are in compliance with 115.21 (a) - (c), and (e). MDOC agrees to provide Victim Advocate services as appropriate.

Based upon the aforementioned auditor findings, and auditor review of 7 of the 12 investigations conducted within the last 12 months, auditor concludes that SAI has exceeded the standard's requirements by directing that all facility investigators complete the additional NIC Online investigator training. The investigations reviewed by auditor evidence a comprehensive review of all allegations received, including documents/attachments supporting the conclusions of the investigators.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

Auditor reviewed the MDOC PREA Manual, Specialized Training – Health/Mental Health Care, pages 10-11; PD 02.05.100 New Employee Training Program, Sections E, G, M-R, T-U, pages 1-3; and PD 02.05.101 In-Service Training, Sections A, C, page 1;

The PAQ reports that 100% of health care and mental health staff that work regularly at the facility have received the training required by agency policy. Auditor has reviewed the specialized training required of all SAI Health Care and Mental Health staff. This curriculum consists of the standard power point PREA Training curriculum for all MDOC personnel (Module 1), and the Sexual Abuse and Sexual Harassment in Confinement for Health Care Staff (Module 2), and Sexual Abuse and Sexual Harassment in Confinement for Mental Health Services Staff (Module 2). Auditor has verified thru MDOC Course History Reports and individual Course Completion Certificates that all SAI primary Health Care personnel assigned to SAI have completed both Module 1 and Module 2 (Specialized) of the required MDOC PREA training. Auditor has verified that the SAI Nursing Supervisor has completed the Module 2 for Health Care Staff, and the Psychological Supervisor has completed Module 2 for Mental Health Services Staff.

SAI medical staff do not conduct forensic medical examinations. If such an exam is required, it would be conducted at the University of Michigan (UoM), University Health Service, 207 Fletcher St., Ann Arbor Michigan 48109-1050.

In order to make a determination of compliance, auditor interviewed 2 Health Care and 1 Mental Health employees. All personnel advised auditor that they had received the specialized training, that it is provided as part of the annual facility “415” training. The health care staff advised that forensic exams would be conducted at the UoM in Ann Arbor. They stated that the training included responding to reported victims of sexual abuse, and in detecting signs of sexual abuse and sexual harassment. Allegations received would be reported to the Shift Commander and their supervisors. The thorough responses received by auditor included: “We’ve been trained to look for hesitancy when we examine certain areas, bruises, injuries in unusual areas, inconsistencies with injuries and the inmate’s stories. Sometimes the inmates speak in code and we need to look for those signs to pick up on abuse. We would need to alert custody, mental health, and the medical provider when an allegation is received.” The mental health employee advise auditor that forensic exams are conducted at a hospital. The mental health employee stated that he had received the required specialized training yearly, which included a section on PREA generally, and another section on mental health. The employee stated the CBT training is detailed, covering emotional and behavioral issues, responding to incidents, preserving evidence, protecting the inmate. He would notify his supervisor, the Shift Commander and PCM in the event of such information received.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

**115.41 (a)**

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

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In order to make a determination of compliance, auditor reviewed the MDOC PREA Manual, PREA Risk Assessments and Risk Assessment Reviews, pages 13-14; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section Q, page 2; SAI OP 05.01.140 Prisoner and Probationer Transfers, page 4-5; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Risk Assessments, page 3; PREA Risk Assessments Manual; CAJ-1023 PREA Risk Assessments Worksheet.

The SAI PAQ reports that 100% of inmates entering the facility within the last 12 months were assessed for risk within 72 hours of arrival. The PAQ reports 200 inmates within the last 12 months were reassessed for their risk of being victimized or of being abusive within 30 days of their arrival.

The audit team interviewed 15 random trainees, and conducted another 7 random protocol interviews of targeted trainees. Of the 15 inmates randomly selected by the audit team, and representative of all housing units, 9 stated they were never asked individual questions included in the risk assessment upon intake to SAI. Of the 7 random protocols conducted on 7 targeted trainees, 6 stated they were not asked the

individual inquiries included in the risk assessment, e.g. Whether the inmate is or is perceived to be gay, bisexual, transgender, intersex or gender non-conforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. Only two of the 7 inmates that stated they were asked the specific questions during intake, asserted that they were asked those same questions again within 30 days, i.e. 30-day reassessment. One trainee stated that the group at orientation was told that if they are gay or trans that they should kite the Corporal for PREA. Multiple inmates stated that they had been asked all of the questions as expressed by the auditor, but at RGC, the MDOC Reception Center.

One trainee interviewed stated that he was identified as being transgender by staff and spoken to individually at PREA education by the presenter. The staff person spoke to the trainee about his safety. The trainee expressed that staff have treated him well and looked-out for his safety. He has not been housed separately and has not requested to shower separately.

Auditor interviewed the primary staff person tasked with conducting initial PREA risk assessments. At SAI, this is the employee also tasked with presenting the twice-weekly PREA education to the trainees. During interview, the employee walked the auditor through the risk assessment process she routinely performs. The staff person receives the Intake Log Sheet which notifies her of the trainees arriving. She then initiates a Risk Assessment Worksheet on her office computer, reviewing the inmate's files and background history for violent offenses, gang affiliation, criminal sexual offenses, institutional sexual incidents (victims or abusers), misconduct history, and inmate separations. Based upon her thorough review, she may make mental health referrals as required. If an inmate accepts an offer for a mental health interview, it would be conducted within 14 days. All information obtained during the risk assessment is taken from official sources, prior to the inmate's arrival. The staff person advised auditor that there were no transgenders at SAI, but if there were, their own views would be taken into consideration by staff. Separate showers would be possible also, in the event there was a transgender at SAI. The staff person stated she does everything possible to keep LGBTI safe.

At PREA Orientation, then, she would show the movie, explain PREA, ask/respond to any questions, and provide each trainee a PREA Brochure. She would tell the inmates in the group that if they felt vulnerable they should kite her. The Orientation is an opportunity for her to personally observe/identify the inmates as LGBTI, or those that may appear weak or intimidated.

The Agency PREA Administrator advised during interview that access to an inmate's risk assessment within the facility is restricted by user profiles that control access and limits to those who administer the assessment. The SAI PCM advised auditor that SAI has restricted access to the trainee's risk assessment to the Deputy Warden, Corrections Program Coordinators, Risk Assessment staff, Parole/Probation Manager and Control Center.

During on-site review, it became apparent that consistent initial one-on-one risk assessments of incoming trainees were not being conducted at SAI. This conclusion is based upon staff and inmate interview results, as noted above. Staff are relying on the risk assessments conducted and documented at RGC, and utilizing official criminal and institutional histories in order to complete the initial SAI risk assessments. The inmates therefore are not afforded a private opportunity to respond to the risk assessment inquiries as required by this standard. SAI therefore does not meet the requirements of this standard.

SAI is encouraged to implement procedures in order to comply with the intent of the standard as soon as possible in order to evidence a sustained period of institutionalized practice. Auditor will work collaboratively with MDOC and SAI PREA officials during a corrective action period in order to facilitate an acceptable and effective risk assessment procedure, in compliance with the standard.

**CORRECTIVE ACTIONS:** Subsequent to auditor's exit from SAI on December 8, 2017, SAI revised local procedures to require face-to-face interviews of all inmates/trainees being in-processed to SAI. Effective

December 15, 2017, the facility implemented mandatory face to face interviews for all Prisoner/Probationer risk assessments. At the completion of PREA education (done twice per week in medical/intake area) all Prisoners/Probationers are interviewed individually and face to face in the Health Care Clinic. Prisoners are asked all questions listed on the PREA Risk Assessment Worksheet. Prisoners/Probationers with a history of victimization or sexually abusive behavior are offered a referral to Mental Health Services. All face to face interviews, and the offering of mental health services, or the referral of mental health services are noted in OMNI (MDOC inmate automated system), within OMNI PREA Notes, and reflected in the facility's PREA Risk Assessment Log. Auditor has reviewed facility documentation and emails concerning implementation the noted revised procedures.

In order to verify that the aforementioned revised procedures were properly implemented, auditor requested and was provided the intake records of all trainees (312) in-processed to SAI during a 120-day period, i.e. December 15, 2017 thru April 15, 2018. During the provision of these facility records, the SAI PC randomly selected 47 trainees, or 15% of the 312 trainees in-processed during the 4-month period. Auditor conducted a thorough scrutiny of the PREA Risk Assessment Log, in conjunction with the time/dated entries into the OMNI system by the (CPC) Corrections Program Coordinator staff person that conducts the initial Risk Assessments/MH Referrals and provides the PREA Orientations. Auditor further reviewed entries made by the CPC staff person that conducts the risk assessment 30-day reviews. The SAI PC and MDOC PREA Analyst provided clarifying responses to auditor's inquiries concerning individual questions. The auditor further requested and received/reviewed both the PREA Risk Assessment Log and OMNI screen shots of 5 additional trainees per month, for the period December, 2017 thru April, 2018. This totaled 25 additional trainees that were in-processed, and randomly selected by auditor. Based upon auditor's review, it is determined that SAI has effectively implemented the revised local procedures, as required by the standard. SAI has demonstrated a consistent, institutionalized procedure, as the audit team discussed with facility personnel during the audit debrief in December, 2017, and as noted within the PREA Audit Interim Report. Auditor has made specific note of those trainees with mental health referrals, (CHX-21, ROBERTA-R forms), and offered mental health services due to prior victimization or abusiveness. Auditor has confirmed through facility documentation that trainees offered such services and in agreement to accept such services had received such mental health services.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed MDOC PREA Manual, Decisions Based on PREA Risk Assessment Results, page 14; PD 05.01.140 Prisoner Placement and Transfer, Section CC and II, page 2; PD 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria, Section G, page 2, J, page 2, L-N, page 3; SAI OP 05.01.140 Prisoner Probationer Transfers, page 6; SAI OP 05.01.142a, Intake Procedure, page 1, 3 (24), 5 (51-52); MDOC Deputy Director Memorandum, re: Use of PREA Risk Assessment Information, dated March 22, 2017.

Auditor interviewed the SAI PCM, who advised that SAI uses the risk assessment information obtained to identify potential aggressors and potential victims, with that information provided to appropriate staff to ensure safeguards are taken to protect the inmate population. All the trainees are treated the same unless issues indicate we cannot ensure a safe environment. We have never had any issues. Inmates are reviewed at orientation, they are told to kite the CPC (Corrections Program Coordinator) if they are LGBTI. Transgender or intersex trainees would be reviewed twice yearly. We would consider the inmate's own views and review shower accommodations if requested and are appropriate.

The agency PREA Coordinator advised the audit team that decisions on housing assignments for LGBTI inmates are based on a case by case basis-cannot be based solely on genital status. We have medical and mental health staff involved in committees that make determinations for individual accommodations. Some facilities are better equipped to handle transgender inmates, so the agency attempts to avoid placement where there are only open-bay housing units.

The Intake/CPC employee was interviewed to review facility risk screening procedures as required by the standard. Information taken from the risk assessments would be used to inform housing staff, and classification staff concerning trainee jobs. Transgender or intersex trainee's own views would be taken into consideration. I would do everything possible to keep LGBTI trainees safe. There are no transgenders presently at SAI. If they are in transition they do not come here.

A transgender trainee was interviewed by the audit team. This trainee stated that he was identified as a transgender and was spoken to individually concerning his safety during the intake/PREA orientation process. He was encouraged to appear more masculine to get through the program. He advised auditor that he feels he has been treated well and that staff look out for his safety. He has not been specially housed due to his gender identity and has not requested to shower separately.

During on site review, auditor has observed daily trainee rosters/Unit Count Boards in the housing units and Control Center, which include individual PREA designations, such as No Score, Potential Aggressor (PA), or Potential Victim (PV). Auditor has reviewed the MDOC Deputy Director Memorandum reiterating to the facilities the utilization of PREA codes/alerts during inmate job and programming assignments. Auditor has reviewed SAI staff email documentation concerning such trainee work and program assignments, by utilizing the PREA codes accordingly to ensure trainee protection from abuse.

In order to make a determination of compliance, auditor has reviewed the PREA Manual, MDOC PDs and SAI OPs, interviewed specialized staff and a transgender trainee. Auditor concludes based upon this information, that SAI personnel are knowledgeable concerning PREA requirements, and attempts to prevent issues and to address issues in a proactive way. It is clear that staff are doing their best to do the right thing. Without conducting a proper initial risk assessment however, involving face-to-face discussions with the incoming trainees, complete information may not be available to staff in order to make informed decisions concerning housing assignments, trainee work assignments, or programming. It is necessary that the initial risk assessments of all incoming trainees be conducted in accordance with the requirements of standard 115.41 and MDOC Policy, in order to accurately inform bed, housing, job and programming assignments. SAI does not meet standard at this time, due to the incomplete risk assessment process currently in place.

**Corrective Actions:** Following the on-site PREA Audit of December 6-8<sup>th</sup>, 2017, SAI promptly implemented a revised intake procedure on December 15, 2017 in order to be in full compliance with standards 115.41 and 115.42. Auditor worked with SAI personnel and the MDOC Regional PREA Analyst to collaboratively develop a standardized practice and procedure in conducting the initial PREA risk assessments. The revised procedure requires face to face interviews of the trainees, and completion of the PREA Risk Assessment Worksheet, upon completion of their group PREA Orientation. Documentation and OMNI computerized entries reviewed by auditor has served to confirm that SAI has adhered to this revised procedure, and are making the required individual inquiries of trainees in accordance with standard 115.41. The facility is therefore able to comply with standard 115.42, by thoroughly conducting the risk assessment process, by offering opportunities for Prisoners/Probationers entering the facility to disclose prior victimization or abusiveness, and offering mental health services to those trainees with a history of victimization or abusiveness who agree to

receive such services. Based upon SAI's demonstrated compliance with the revised procedures and this standard, the facility is now able to properly complete the risk assessment process in order to thoroughly inform housing, work, programming and educational assignments.

Based upon auditor's review of SAI's written revised risk assessment procedures, facility memorandums and emails, PREA Risk Assessment Log (spread sheet) and 72 randomly selected risk assessments conducted during the period December 15, 2017-April 15, 2018, auditor has determined that SAI has established a consistent institutionalized practice as required by this standard.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

### 115.43 (c)

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

### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Auditor reviewed a SAI Memorandum, December 12, 2016, notifying auditor that SAI does not maintain a Protective Custody cell. SAI is a 90 to 120-day re-entry program. Trainees who report concerns regarding sexual victimization are isolated initially from their assigned housing areas on a medical bunk in the medical area. (Auditor toured this area, which is an open general population dayroom area containing approx. bunks,

with a dedicated restroom area). Upon further staff evaluation, if it is believed a trainee can be safely managed, the trainee would be housed in A Company training unit and resume normal program activities.

Auditor reviewed MDOC Request for Policy Variance, CAJ 296, which is required statewide in MDOC in order for a facility to house an inmate in temporary segregated housing for more than seven business days. One reason for such a variance request would be if the inmate is the subject of a PREA investigation. In such cases, the investigation shall be completed as soon as possible.

Auditor notes that any trainees that cannot be safely housed at SAI, or become a major disciplinary concern, are transferred out of SAI, either administratively to another facility, or terminated from the program and transferred to another facility as directed by MDOC. MDOC has policy and procedure as cited above to properly address Protective Custody usage and the handling of inmates at risk of sexual victimization at other MDOC facilities, in compliance with this standard.

Auditor interviewed the Warden, who advise that there is no availability to segregate at SAI. An aggressor is likely to be transferred, to relocate individuals.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Prisoner Reporting, page 23; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section X and Y; MDOC Prisoner Guidebook, page 16; SAI Men's Program Guidebook, PREA, page 26 and 31;

The PREA Manual provides clear direction on the reporting methods available to the trainees, through 1) verbal and/or written report to any staff member, 2) the MDOC Sexual Abuse Hotline, 3) prisoner grievance process, 4) via third parties, or 5) informing the Michigan Legislative Corrections Ombudsman. The MDOC Prisoner Guidebook advises that "If you are ever a victim of prisoner sexual abuse, or know of another prisoner who is, you should report the incident immediately." The Guidebook then instructs prisoners to report the incident to any staff member with whom they feel comfortable, call the MDOC Sexual Abuse Hotline, or to contact the Legislative Ombudsman's Office or the Michigan State Police. "The important thing is that you report the incident of prisoner sexual abuse as soon as you become aware it has occurred." The SAI men's Program Guidebook also contain PREA reporting instructions, i.e. to any staff member, MDOC Hotline (517-335-5355), contacting the Legislative

Ombudsman's Office or the Michigan State Police. Auditor has reviewed four 2017 samples of trainee receipts for the SAI Trainee Guidebook.

Auditor has noted during site review that contact numbers are available on PREA posters and other multiple instructional signage posted throughout SAI. The PREA Brochure (English and Spanish), distributed to all trainees, advises the trainees to report verbally or in writing to any staff member; to call the MDOC Sexual Abuse Hotline; to use the Prisoner Grievance Process; to write to the MDOC PREA Administrator; to write to the Legislative Correction's Ombudsman; or have family/friends report electronically at: [www.michigan.gov/corrections](http://www.michigan.gov/corrections).

Auditor has reviewed multiple cases of trainees reporting allegations, via verbal and written self-reporting, by utilizing anonymous kites to report via third-party the alleged abuse of another trainee, and use of the MDOC Hotline by a trainee's family members to report alleged abuse.

Based upon the responses obtained during interview with random staff, auditor has concluded that staff have been properly trained and are aware of the multiple reporting methods for themselves and for the trainees. For staff, the audit team received the following reporting methods for them to privately report: use the MDOC Hotline, write the Ombudsman, write MDOC Central Office PREA officials, use the MDOC website reporting form, speak privately to the Shift Commander, PCM, Deputy Warden or Warden, use Deputy Warden Kite box, or write to MDOC Internal Affairs. Only one staff member was not aware of a reporting method for staff to privately report sexual abuse/sexual harassment. Staff described the multiple methods available for the trainees to report sexual abuse or sexual harassment: use MDOC Hotline or RAINN Hotline, report verbally or in writing to staff, Kite using the Deputy Warden's or Medical's housing unit boxes, write the Ombudsman, and use addresses and phone numbers provided in the Guidebooks and on posters. Personnel were very knowledgeable concerning their duty to report all verbal reports, and concerning documenting their knowledge or information received immediately/ASAP, or by the end of their shift.

Random inmates interviewed advised the audit team that they could report by using the MDOC Hotline, by submitting a kite or an anonymous kite, filing a PREA Grievance, informing staff or family, report anonymously or by third party/another trainee, inform a Corporal or write to a Corporal or Lieutenant or the PREA Orientation staff person and you will be called-out, write the Ombudsman, and use the number on the purple hands poster. One trainee advised that: "I have confidence that staff will do something if I reported something to them.... I believe that family calls would also be taken seriously." Another stated: "For the most part, there are staff everywhere and I highly doubt there is the opportunity for sex to go on." No trainees interviewed advised that they had reported sexual abuse at SAI. One trainee stated that he was sexually harassed by another trainee in the past, which he reported to the facility by filing a grievance. The trainee advised that he was promptly moved to another unit, staff investigated his complaint and he did not have any further issues. Staff followed-up and "met with me every week since then to make sure I was comfortable and making sure I was safe."

Auditor has concluded, based upon the evidence, that SAI Exceeds the Standard on Inmate Reporting. Policy guidelines are being implemented, with trainees effectively receiving the loud and clear Zero Tolerance message from multiple sources. The staff and trainees are well trained and educated, and the trainees appear focused on the intensive SAI program, quiet and compliant in their spartan environment. Reporting methods are well known to staff and trainees, with the trainees expressing respect for the genuine concern of the administration and personnel. Auditor informally engaged 5 trainees housed in A and B units during on site review. Consistent with the formal interview results, all inmates were familiar with PREA, understood their rights concerning sexual abuse and sexual harassment, were familiar with reporting methods and expressed feeling safe at SAI. Two of the

trainees had just recently arrived, one was about half way thru the program and two were preparing for graduation.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes  No  NA

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

#### 115.52 (e)

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

#### 115.52 (f)

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

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Prisoner Grievance Process, pages 24-25; Director's Office Memorandum (DOM), dated April 27, 2016, with CAJ-1038A PREA Prisoner Grievance Form (Step 1), and CAJ-1038B PREA Prisoner Grievance Appeal Form (Step II); and PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Sections EE-QQ, pages 2-4.

The PAQ reports 0 grievances filed that alleged sexual abuse and 0 emergency PREA Grievances. Auditor has reviewed 12 months of facility monthly PREA Grievance logs, noting one Sexual Harassment grievance logged by SAI during the period December 2016 thru November 2017. This grievance was determined to be Unfounded. There were 0 grievance extensions requested or approved during the last 12 months. There were no trainees disciplined for filing a grievance in bad faith, or requests for third-party assistance. Auditor has reviewed the SAI Retaliation Monitoring Log, verifying any/all sexual harassment grievances/allegations also result in retaliation monitoring. In MDOC and SAI, sexual harassment grievances are processed within the regular Prisoner Grievance system, with sexual abuse grievances handled by the PREA Grievance Process. Both sexual abuse and sexual harassment allegations are reported to the MDOC Internal Affairs Office, assigned an investigation number, e.g. AIM P123456, with direction then provided to the respective facility.

The audit team interviewed 2 trainees that had reported a sexual abuse. Both cases involved inmate-on-inmate allegations. One of the investigative cases is on-going, with that trainee being aware that he

should be receiving notification concerning the results of the investigation when completed. The second trainee that reported a sexual abuse (subsequently classified as sexual harassment) did not want the matter pursued, as he was satisfied with being moved to another unit and the staff actions taken in response to another trainee's conduct (housing move, mental health contact and weekly follow-up by Unit Sergeant).

Auditor has verified the requirements of this standard are contained in agency policy and the PREA Manual. Based upon auditor's documentation review, and staff and trainee interviews, auditor has concluded that SAI personnel are timely responding to sexual abuse and sexual harassment allegations/grievances, conducting thorough investigations, implementing the required actions, accordingly, and maintaining accurate documentation.

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

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

##### **115.53 (a)**

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

##### **115.53 (b)**

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

##### **115.53 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed MDOC PD 05.03.130 Prisoner Telephone Use and Universal List, 1 Attachment B; PD 05.03.118 Prisoner Mail Sections R-S; MDOC Prisoner Guidebook, page 21; "An End to Silence: Inmate's Handbook on Identifying and Addressing Sexual Abuse, PREA Resource center, September 2014; MDOC Memorandum, dated February 3, 2017 by MDOC PREA Administrator: Prisoner Notice of Availability of "An End to Silence".

The MDOC PD Prisoner Telephone Use, Attachment B, Universal List, documents that the following numbers, among others, have been placed on the universal list which allows all prisoners to have access: No. 6 Crime Stopper Tip Line (\*767), No. 7 Sexual Abuse Hotline (517-335-5355), No. 9 Michigan Veteran Resource Center (800-642-4838), and No. 10 Sexual Abuse Support Services – RAINN (800-656-4673).

During on site review, auditor observed postings in the trainee housing units and other areas which provide information and contact phone numbers for RAINN (Rape, Abuse & Incest National Network) 1-800-656-HOPE, 1-800-656-4673. These English and Spanish RAINN posters note the free Emotional Support Services available. The MDOC "An End to Silence" memos were also observed posted within the housing units, which informs trainees of the booklet's availability in the facility library for trainee access. The memo informs the trainees that the booklet includes general information pertaining to PREA such as national PREA standards, dynamics of sexual abuse in custody, reporting allegations, and contact information for resources in Michigan. Auditor has reviewed the booklets Table of Contents and page 47, which lists the addresses for the MI Office of the Attorney General, P.O. Box 30212, Lansing, MI 48909; MI Department of Corrections, P.O. Box 30003, Lansing, MI 48909; and MI Coalition to End Domestic and Sexual Violence, 3893 Okemos Road, Suite B2, Okemos, MI 48864.

The auditor concluded from the trainee interviews conducted that the confidential support services available to the trainees are reviewed with the trainees during PREA Education, as attested to by the majority of the trainees interviewed. Multiple trainees mentioned the staff person reviewing such services available, the postings in the housing units and the PREA booklets which provide contact information. Other trainees advised that they were uncertain or were not aware of such services being available. One of the two trainees that had reported a sexual abuse during the last 12 months advised the audit team that the contact information is in the PREA booklet and posted by the phones in the

housing unit. The second trainee reporter of sexual abuse stated that he was not aware of support services available outside the facility.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed MDOC Director's memorandum of April 27, 2016 establishing the PREA Grievance Process with all provisions included in order to comply with this standard. All elements of third-party filing grievances/emergency grievances and assistance are incorporated into this 2-Step PREA Grievance Process. Auditor reviewed the Memorandum of Understanding between the MDOC and Legislative Corrections Ombudsman, December 17, 2014, which established the Ombudsman as an additional official non-MDOC resource to receive third-party reports of sexual abuse or sexual harassment (page 1). Auditor reviewed the MDOC PREA Manual, Reporting and Recording Sexual Abuse and Sexual harassment, pages 22-23.

Interviews with random and specialized staff, and random and targeted trainees obtained knowledgeable responses indicating that a vast majority of staff and trainees are aware that reports of sexual abuse or sexual harassment will be received and processed, regardless of the source, including third-party reporting.

During on-site review, auditor observed numerous PREA posters prominently posted throughout SAI. These "purple posters" contain direction for both prisoners/detainees, and Parolees, Staff or Public, to call the MDOC Hotline 517-335-5355; 1-877-517-PREA (7732); or online at [www.michigan.gov/corrections](http://www.michigan.gov/corrections). All

Hotlines and MDOC website will accept third-party reports. Auditor successfully tested the MDOC Hotline numbers, i.e. 517-335-5355 and 1-877-517-PREA (7732) on January 19, 2018, with the MDOC PREA Administrator returning my call/message within 30 minutes. Auditor reviewed the MDOC website, verifying that citizens are informed of their ability to report sexual abuse and sexual harassment. There is a quick-link to PREA and the Online Reporting Form. Auditor successfully tested the Online Reporting Form on January 19, 2017 with a MDOC Regional PREA Analyst responding to my online submission within 30 minutes. Trainees are informed at PREA Education that reports will be received and investigated from any source, including third-party reports, e.g. family or friends.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, R Recording Sexual Abuse and Sexual Harassment Allegations, Pages 22-23; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section X, W, BB, CC, DD, page 2; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees (PREA), Response and Investigation of Reported Sexual Abuse/Harassment, page 5; State of Michigan Department of Corrections Employee Handbook, Sections Work Rule 38, 47, 50-52, and DOM PREA Grievance Process, April 27, 2016, pages 1-3.

The PREA Manual, MDOC PREA Policy Directive (PREA), SAI Operating Procedures, MDOC Employee Handbook, and SAI Post Orders, require that ". all staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred..., including third party and anonymous complaints."

The audit team interviewed 14 random staff and 2 first responders. All personnel indicated they would report information of sexual abuse, sexual harassment, retaliation or neglect of duties immediately or ASAP, or right then and there. Written reports are required to be submitted prior to the end of the shift. Staff interviewed understood the confidential nature of such information, allegations or incidents. Health Care and Mental Health personnel interviewed by auditor stated that they understood their mandatory reporting requirements, and would advise the trainees of their obligation to report sexual abuse.

SAI is in compliance with the standard's requirements/elements based upon auditor's review of agency and facility documentation, interviews with random and specialized personnel, and auditor's review of 7 facility PREA investigations.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the PREA Manual, Protective Custody, pages 16-17; MDOC PD 05.01.140 Prisoner Placement and Transfer, Section EE; SAI Memorandum, December 12, 2016;

Auditor reviewed examples of prompt staff action prior to the last 12 months wherein staff, upon receiving allegations of attempted trainee-on-trainee sexual abuse, moved the trainees to another housing unit and/or separated them from the reported perpetrator in education classes.

The PAQ reports that SAI does not maintain a protective Custody unit or cell. The facility is a Reentry/Programming/Boot Camp short-term facility. Trainees who report concerns regarding sexual victimization are isolated initially from their assigned housing areas on a medical bunk. Upon further evaluation, if it is believed the trainee can be safely managed, the trainee would be housed in A Company training unit and resume normal program activities. Auditor toured the Medical Retention Unit during on-site review, with it consisting of multiple bunks in an open general population area in a large dayroom, with a dedicated bathroom area for the trainees. Both security staff supervision and electronic supervision is present. It is not a restricted unit or segregated unit in any way.

During interview with the Agency Head/designee, the designee stated that all MDOC Department Heads take any allegation of imminent danger very seriously and act immediately within 48 hours to review whether the allegation has merit or not. Inmate could be relocated to another cell, housing area or another facility. Temporary segregation would be used as a last resort. The Warden advised auditor that trainees that are identified as Potential Victims can be housed accordingly to provide for closer

supervision. We don't segregate as a rule. There is no capability for segregated placement at SAI. We would reassign the inmate to another unit if possible. The aggressor may be transferred.

Random staff interview responses indicate that staff would remove the trainee from the situation immediately if there were a substantial risk of imminent sexual abuse. Other specific responses received included remove inmate from area ASAP and notify Shift Commander, talk to the individual privately to determine if they are at risk, possibly move to a different housing unit, do this right away, keep the trainee with me, I would act immediately, try to identify the potential predator, take immediate action, move as close to the officer's station as possible or separate the individuals by housing units immediately, get them out of the area right away, take action to snatch up the guys potentially involved and get to the bottom of it, likely transfer between housing units, we may issue a misconduct to the threatening individual, B-2 Unit is set up for individuals who may be more vulnerable and require a closer eye, conduct additional rounds and keep a close eye on the individual, and exchange your knowledge of the danger to other staff.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the PREA Manual, Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, page 23; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section X, Reporting Prohibited Conduct, page 2, and Section DD page 2.

The SAI PAQ reports 0 allegations of sexual abuse received from other facilities, and 0 allegations received at SAI alleging sexual abuse had occurred at another facility/agency. Auditor reviewed internal e mail communications concerning a 2016 investigation that was conducted outside the 12-month auditing period.

The Agency Head/Designee advised that if a MDOC facility receives a report of sexual abuse that had occurred at another facility, we notify that facility and an investigation is conducted there. If we receive notification of allegations that a sexual abuse had occurred at one of our facilities, but the inmate is now at another facility, we would conduct the investigation at the facility where the abuse allegedly occurred. The Warden advised auditor that SAI would investigate an allegation when SAI received information that an abuse had occurred at SAI in the past.

Auditor reviewed examples of documentation notifying SAI of an allegation received at another facility, that example was outside the last 12-month review period. Based upon the noted example and interviews with DOC Executive Staff and the SAI Warden, auditor concludes that SAI is aware of the notification and investigative requirements when such allegations may be received. MDOC Policy Directive and the PREA Manual direct facility procedures to be taken, in accordance with the standards.

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the PREA Manual, Response to Reported/Detected Sexual Abuse-First Responder Duties, page 25-26; PD 03.04.125 Medical Emergencies, Section F, page 2; MDOC Sexual Violence Response and Investigation Guide, Pages 13-16; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees-PREA, page 5.

The SAI PAQ reports that 1 trainee alleged that he was sexually abused in the last 12 months. A non-security staff member reportedly responded and requested that the alleged victim not take any actions that could destroy physical evidence. The uniformed security first responder notified medical staff of the trainee's allegation, an examination was conducted of trainee in Health Care, and a Mental Health referral was made. The alleged victim was moved to a Health Care Unit bunk, an investigation was initiated and MDOC Internal Affairs was notified. Auditor thoroughly reviewed the completed investigation (Unsubstantiated), and confirmed that a thorough investigation was conducted. The investigative packet included a CAJ-1022 Sexual Abuse Retaliation Monitoring form; CAJ-1024 Sexual Abuse Investigation Worksheet; CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action; CAJ-1025 Sexual Abuse Incident Review; CAJ-570 Incident Reports; CAJ-571 Critical Incident Participant Report; CSJ-228 Misconduct Report; CSX-117 Basic Information Report; CHX-212 Mental Health Services Referral; and CHS-107 Request for Michigan State Police Investigation. Auditor reviewed e mails to/from the SAI administration and MSP. Following review, the MSP declined to investigate further.

Auditor reviewed the pocket handbook/checklist issued to all facility personnel: MDOC Sexual Violence Response and Investigation Guide, which provides essential first responder duties and responsibilities for employees. It serves as a reference guide for staff response to allegations of sexual violence against prisoners.

The audit team interviewed uniformed and non-uniformed staff who could act as first responders. Both staff persons stated that they separate the individuals, secure the trainee/keep him with me, seal off any potential crime scene, notify the Shift Commander and medical, prevent the trainees from taking any actions that could destroy evidence until they are seen for evidence collection. An investigation then ensues. The 14 random staff members interviewed provided very detailed and thorough responses to the audit team Describing their first responder duties. Responses covered trainee separation and safety, notifications to Shift Commander and medical, ensure crime scene security, preservation and collection of evidence, interviewing, keeping incident/allegations confidential and report writing.

All staff interviewed provided detailed responses concerning their first responder duties, evidencing their prior training and experience. SAI personnel appeared to auditor to be particularly disciplined, conscientious, and displaying sharp professional uniforms. Staff are aware of the critical importance of their job performance regarding trainee care, ensuring safety of the trainees, scene preservation, response and notification.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, pages 25-26; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees-PREA.

The SAI OP Prohibited Sexual Conduct Involving Prisoners-PREA, provides for staff roles and direction in a coordinated response to an incident of sexual abuse. The procedures developed include staff first responder duties; staff reporting during an incident, to facility leadership, to MDOC and in compiling annual statistical reports; referral to Health Care Services for examination, evidence collection and treatment; referral to Mental Health Services for assessment, counseling, and other necessary mental health services; facility PREA investigative response; facility coordination with MSP for investigation/prosecution of criminal conduct; and providing for MDOC trained victim advocacy personnel.

The Warden advised auditor during interview that SAI has a plan to coordinate actions among first responders, medical and mental health staff, investigators and facility leadership in response to an incident.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The audit team interviewed the Agency Head designee, who advised that MDOC management retains the right of assignment or reassignment of personnel, even in bid positions. There is nothing in any collective bargaining agreement that prevents management from moving or removing an employee for cause.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Auditor reviewed the contractual language of all six separate bargaining unit agreements active within MDOC to confirm that language exists which protects managements rights to reprimand, suspend, discharge, or to take other appropriate disciplinary or corrective action against an employee for just cause.

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

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

#### **115.67 (a)**

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

#### **115.67 (b)**

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

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance auditor reviewed MDOC PREA Manual, Protection from Retaliation, pages 17-18; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section V, pages 1-2; SAI PREA Monitoring Log, CAJ-1022 PREA Sexual Abuse Retaliation Monitoring.

The PREA Manual contains all requirements of this standard, including 90-day retaliation monitoring periods, which may be extended; provision of emotional support serves for those who fear retaliation; monitoring of housing unit/program changes and disciplinary sanctions, and conducting periodic status checks. The Manual requires a PREA Retaliation Monitoring form, CAJ-1022 to document weekly contacts with the trainee who reported or was a witness to sexual abuse or sexual harassment. Auditor notes that SAI initiates retaliation monitoring on all trainees who report sexual abuse and sexual harassment allegations.

Auditor reviewed the SAI PREA Monitoring Log which documents all PREA investigations, including the designated Supervisor Monitor, whether is a sexual abuse or sexual harassment allegation, the start date and end date of monitoring, the investigator's name, whether case was Substantiated, Unsubstantiated or Unfounded, the names of alleged perpetrators, and AIM PREA case number.

In order to make a determination of compliance, auditor interviewed the following staff members: The MDOC Agency Head/Designee: We protect inmates from retaliation, provide tons of education to inmates and staff. Retaliation is not tolerated. We use a monitoring piece at the outset of an investigation and it goes for 90 days or more if needed. The local PREA official will assign this duty to staff accordingly, to monitor, housing units, misconducts, transfers, work assignments--the form includes weekly visits with the inmate. The warden advised auditor that staff would monitor housing unit changes, provide emotional support, investigate, possibly reassign a Corrections Officer, or possibly move the trainee to the Honor Unit where we can supervise closer. If we suspect retaliation, we can provide closer supervision to all parties, investigate, make internal moves or possibly transfer the individual for their protection.

A staff member charged with monitoring for retaliation advised auditor during interview that measures can be taken to protect a trainee by SAI either moving the trainee to another unit, or another option is to reassign staff to another unit or post. The first line security supervisor's role (Corporals), is the first level of access to the trainees and talk is a big thing in maintaining a stable unit. The employee uses the Retaliation Monitoring Form to conduct weekly contacts, and also completes a hard-copy. I talk to them more the first time, after that I might just say "Hi, you okay, you alright?". I look at documented case notes, hear what he says and observe how he acts. The monitoring periods are for 90 days but this is only a 90-day program, so monitoring may only be for several weeks. The longest we would monitor here at SAI would be for their duration of stay. Auditor interviewed two trainees that reported sexual abuse, with both trainees naming the 2 different Sergeants who conducted the weekly

Retaliation Monitoring contacts. Both trainees expressed satisfaction with the additional supervisory contacts with them and the concern for their safety, for the fact that the staff took their reported allegations seriously. Auditor observes that facility staff propagate ambassadors of Good Will when they demonstrate such professionalism concerning their duties, and the care and concern for the trainee population.

Auditor observed multiple completed hard-copy CAJ-1022's and computerized entries of Retaliation Monitoring conducted by various assigned personnel. Auditor observed the monitoring activities on the PREA Monitoring Log sheet, and copies of the CAJ1022's included in the investigative packets. Auditor interviews with tasked monitoring personnel and trainees that have been properly monitored evidences clearly that SAI Exceeds this standard.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The PAQ reports there were 0 trainee placements in segregated housing in the last 12 months. Auditor notes that SAI does not have the capability to house anyone in segregated housing, as there are no segregated cells at SAI.

During interview with the Warden, auditor was advised that SAI does not segregate trainees, as there is no segregation, no availability. We would likely transfer the aggressor. We would have to relocate individuals. No one has been placed in segregated housing in the last 12 months.

As there are no segregation cells at SAI, there were no trainees to interview that were assigned to segregation, and no staff persons who are assigned to such segregated housing units. Auditor has reviewed multiple documents evidencing trainees terminated from the program and transferred from SAI, due to various reasons, including fighting and other misconduct charges.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Sexual Abuse/Sexual Harassment Investigation, pages 28-31, Specialized Training – Investigator, page 10; PD 03.03.140. PREA and Prohibited Sexual Conduct Involving Prisoners, Section X Reporting Prohibited Conduct, page 2, Section RR, Sexual Abuse and Sexual Harassment Investigations, page 2, Section AAA Prisoner-on-Prisoner Sexual Abuse, page 2, Section BBB, Staff Sexual Misconduct/Harassment and Staff Overfamiliarity, page 2, Section WW page 2, ZZ, page 2; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees- PREA, pages 1, 7-8; Basic Investigator Training Manual, pages 1-2, 142-152; and NIC Online PREA Investigators Training.

The auditor reviewed the MDOC Sexual Violence Response/Investigative Guide, a pocket resource checklist/manual issued to all facility personnel. In addition to First Responder duties, MDOC Zero Tolerance, PREA overview, Communications, Interviews, crime scene preservation and work rule reviews, the pocket manual contains considerable information for all employees on investigations and the agency investigators. This is informative for all personnel, and empowers such staff to act together in an informed manner, as a team, in responding to an incident or allegations of sexual abuse.

The PAQ reports 3 substantiated allegations of conduct that appeared to be criminal that were referred for criminal investigation since 2012. \* Auditor Note: MDOC cannot refer matters for prosecution. This is an MSP role and duty working with the respective District Attorney's Offices. MDOC can only refer matters for criminal investigation, per MDOC policy and the MSP.

During interview, the Warden advised auditor that SAI remains informed of the progress of an MSP sexual abuse investigation thru contact with the SAI Inspector or PREA Compliance Manager (Captain). The PREA Administrator (Coordinator) advised that each facility has a PREA Coordinator (PCM) who is responsible for ensuring the facility remains informed of the progress of sexual abuse investigations. After the case is closed, we get information to report back to the inmates. We have a liaison with MSP at each facility, typically an Inspector. Our MDOC Internal Affairs office ensures that the MSP are notified of required investigations. The SAI PCM advised auditor during interview that SAI has referred some cases in the past, but those cases were not pursued by the MSP.

Auditor reviewed the MDOC Course History Reports of all 7 SAI PREA Investigators to verify their completion of the required investigative training. Auditor has also reviewed Individual Training Program Reports, CAR-854s, verifying course completion by the 7 SAI designated PREA investigators. Auditor notes that it is SAI procedure that all facility PREA Investigators complete the NIC Online PREA investigators

Training course, in addition to the MDOC required specialized training. Auditor has verified this course completion by the 7 SAI investigators.

Auditor interviewed two SAI PREA investigators (Lieutenant and Captain). Auditor reviewed one PREA investigation conducted and completed within the last 12 months with each employee. Interview responses were thorough and reflected the investigative training provided, the employees investigative knowledge and the experienced nature of the staff investigators. Both staff managers responded accurately in accordance with their training, the PREA Manual and the standard's requirements. Auditor further reviewed 5 additional investigations conducted in the last 12 months, finding a consistent methodology employed and excellent attention to detail. Investigations conducted typically involved large numbers of trainee interviews, up into the 20's and 30's at times. The investigative packages included the required MDOC forms, e.g. CAJ-1019, Sexual Abuse/Harassment Referral; CAJ-1021, Prisoner Notification; CAJ-1022, Retaliation Monitoring; and CAJ-1024, Investigation Worksheet. The comprehensive investigative packets contained notifications/communications to/from facility administrative personnel and MDOC Internal Affairs. Auditor reviewed the only case that was referred for MSP criminal investigation by SAI in the last 12 months. This case was declined to be investigated further due to insufficient evidence. One investigator advised auditor that he did not believe any trainees were disciplined for submitting an allegation in bad faith.

Based upon the auditor's review of the PREA Manual, MDOC Policy Directive 03.03.140, and SAI Operating Procedures, auditors review of 7 of the 12 investigations conducted, and the aforementioned interview results obtained, it is determined that SAI Exceeds standards concerning the quality, thoroughness and consistency with which they conduct investigations of any/all sexual abuse and sexual harassment allegations, from any source. When appropriate, personnel recommend referral to MSP for those cases determined to possibly constitute criminal misconduct. It appeared to auditor, based upon my experienced observations and interaction with facility personnel, that the SOP at SAI is that a dedicated team of corrections professionals perform at the highest level to ensure the safety and security of the institution, and to provide a quality program to the trainee population in accordance with the facility Mission.

## TRAINING AND EDUCATION

### Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Sexual Abuse and Sexual Harassment Investigations, page 29; MDOC Basic Investigator Training, Interview and Investigation Techniques and Fundamentals (2014), and SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees-PREA.

The PREA Manual, the MDOC Basic Investigators Training Curriculum and the SAI OP 03.03.140 PREA, all emphasize that the standard of proof required in administrative investigations of sexual abuse or sexual harassment is a preponderance of evidence.

Auditor interviewed two facility PREA investigators. Both personnel advised auditor that the standard of evidence used in determining whether allegations are substantiated is a preponderance of the evidence.

Auditor has concluded that the facility investigators are properly using the preponderance of evidence standard based upon auditor’s review of 7 facility PREA investigations conducted during the last 12 months.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance, auditor reviewed the PREA Manual, Prisoner Notification Following an Investigation, pages 30-31; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Sections AA, page 2, QQ, page 3, UU, page 2, and VV, page 3; SAI OP Prohibited Sexual Conduct Involving Trainees-PREA, pages 1,8-9.

Auditor reviewed PAQ samples of CAJ-1021s, PREA Prisoner Notification of Sexual Abuse and Sexual Harassment. Auditor also reviewed processed examples of CAJ-1021s during onsite review while reviewing random SAI PREA investigations conducted during the last 12 months.

The PAQ reports 1 criminal and/or administrative investigation of alleged sexual abuse that was conducted during the last 12 months. The PAQ reports 1 notification of the results of a sexual abuse investigation in the last 12 months. Auditor reviewed this CAJ-1021 while reviewing the subject administrative investigation. This investigation was referred for criminal investigation to the MSP, but was declined to be investigated further by the MSP due to insufficient evidence. Auditor reviewed the email communications between SAI and the MSP concerning this referral/review/declination. The PAQ reports 0 investigations of sexual abuse conducted by outside agencies in the last 12 months.

Auditor interviewed the Warden who advised that all parties are copied on the trainee notifications made concerning sexual abuse allegations that are substantiated, unsubstantiated or unfounded. The two investigative staff interviewed by auditor advised that SAI uses a MDOC form to notify inmates of investigative results.

One trainee that reported sexual abuse advised the audit team that he was aware that the facility was required to notify him of the results of the investigation (incomplete at time of onsite review). The second trainee that reported a sexual abuse informed facility staff that he did not wish to pursue his initial complaint further as he was satisfied with the facilities actions in addressing his complaint, i.e. trainee-on-trainee sexual harassment.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Auditor reviewed PREA Manual, Disciplinary Sanctions/Corrective Action, pages 31-32; PD 02.03.100 Employee Discipline, Section E, page 1 and Attachment A, Discipline Standards/Work Rules, pages 1-3; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Sections S and T, Prohibited Conduct; MDOC Employee Handbook, Work Rules pages 34-41.

The SAI PAQ reports 1 staff member from the facility who had violated agency sexual abuse or sexual harassment policies. The PAQ reports this 1 case was handled by discipline short of termination. The PAQ reports 0 staff reported to law enforcement of relevant licensing bodies for violating agency sexual abuse or sexual harassment policies.

During onsite review, auditor reviewed the PREA investigation involving sexual harassment of a trainee by an employee. The trainee allegation was received, retaliation monitoring was initiated (CAJ-1022), an investigation ensued, the allegations were substantiated, the employee was disciplined, and the trainee was notified (CAJ-1021) of the results of the investigation. Auditor has reviewed CAJ 554, MDOC Internal Affairs Section-Case Review Sheet concerning the reporting/disciplining of this employee.

Auditors review of agency and facility policy, 7 PREA investigations, and staff investigative and administrative actions indicate SAI meets this standard.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Disciplinary Sanctions/Corrective Action, Volunteer and Contractor, page 31; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section U, Prohibited Conduct, page 2; MDOC Memorandum, December 27, 2016 (Investigation of Contractual Employees), pages 1-2.

The SAI PAQ reports 0 contractors or volunteers reported to law enforcement for engaging in sexual abuse of trainees.

During interview with the Warden, he advised of the following remedial actions the facility would take in case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer: Remove contractor or volunteer from the facility and keep them out until the matter is investigated. We issue a Notice through Visitor Tracking that the subject has "Discontinued Services" at the facility.

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

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

#### **115.78 (b)**

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

#### **115.78 (c)**

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

#### **115.78 (d)**

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

#### **115.78 (e)**

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Prisoner Discipline, page 32; MDOC Prisoner Guidebook pages 10-11; PD 03.03.105 Prisoner Discipline, Sections A, B, DDD-KKK, Attachments A, Class 1 Misconducts, and D, Disciplinary Sanctions; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section S, page 2; PD 03.03.105 Disciplinary Sanctions, Attachment A, Class 1 Misconducts, pages 1-3; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees-PREA, pages 1-4; Michigan Penal Code (Excerpt) Criminal sexual conduct in the second degree; felony;

The PAQ reports 0 administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility in the last 12 months. MDOC policy prohibits all sexual activity between inmates. If an inmate is disciplined for such consensual activity, the agency does not deem that activity to be coerced (sexual abuse).

Auditor interviewed the Warden in order to make a determination of compliance. The Warden advised that inmates that engage in inmate-on-inmate sexual abuse would be subject to disciplinary sanctions

and transferred to another facility. If is a criminal level of abuse, seek prosecution through the MSP investigation, whether the inmate is transferred out or not. Discipline would be commensurate to the violation, and in consideration of mental health issues.

MDOC policy/PREA Manual includes all elements of the standard concerning discipline, counseling, therapy, or other interventions, and inmate sexual conduct with staff.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

##### 115.81 (d)

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

##### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Medical/Mental Health Screening, page 14; PD 03.04.100 Health Services, Section T, pages 3-4; PD 04.06.180 Mental Health Services, Sections F, page 1 and H, page 2; PD 04.01.105 Reception Facility Services, Section KK, page 7; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section BB, page 2; SAI OP 03.03.140 Prohibited Sexual Conduct Involving Trainees, pages 1, 9.

In order to make a determination of compliance, auditor interviewed a staff person responsible for conducting risk assessments. This staff person advised auditor that incoming inmates/trainees that are identified as previously having experienced victimization or having a history of abusiveness are offered a follow-up meeting with a mental health practitioner. If they request such a meeting, the staff person initiates a CHX-212 Mental Health Services Referral, or a "Roberta-R" as it is commonly referred to at SAI. The trainee would then be seen within 14 days by a mental health practitioner.

The auditor interviewed the mental health practitioner identified by the risk assessment staff member, as the individual who would often meet with the referred trainees. The MH staff person advised auditor that PREA Roberta-R's are normally seen within 24 hours by mental health staff. MH staff can utilize telemedicine to see the trainees, so there is no delay or break in delivery of services. \*Auditor notes there are no full time MH staff at SAI. The facility is serviced by a MH Supervisor and 4 MH staff that are assigned to JCS/Cooper Street Correctional Facility, the parent facility of SAI. The MH staff person interviewed stated that the process is that the risk assessment staff person offers a MH meeting, if the trainee accepts the offer, the staff person submits a Roberta-R which is reviewed by the MH Supervisor and assigned for interview of the trainee. Typically, an abuser would receive the same contacts/services as a victim if they accept the services. The Mental Health practitioner stated that he obtains informed consent from trainees before reporting information about prior victimization that did not occur in an institutional setting. A second MH practitioner was interviewed, stating that the facility would have to obtain informed consent from a trainee before they could disclose any information about a prior sexual victimization.

Two SAI Health Care employees were interviewed by the audit team. Both staff members stated that they would have to obtain informed consent from a trainee before reporting about prior sexual victimization.

The audit team interviewed 3 trainees who reportedly disclosed sexual victimization during risk screening. All three trainees stated that staff identified sexual abuse in their past and they were called-out to discuss it with a mental health person. One of the three trainees stated he has never had a sexual abuse issue in his life, so he could not figure out where staff could have seen such a thing in his files. The other two trainees acknowledged to audit team that they did have victimization in their past.

Based upon the information obtained by the auditor, it has been determined that SAI does not meet the requirements of this standard. It is undetermined what percentage of trainees arrived at SAI in the last 12 months who disclosed prior victimization, and the percentage of trainees that arrived that disclosed prior perpetration of sexual abuse. These percentages are not provided in the PAQ as requested, i.e. 115.81 (a)/(c)-3, and 115.81 (b)-3. Further, due to the facility's failure to conduct initial screenings pursuant with 115.41, it is undetermined the number of trainees who had experienced prior victimization or perpetrated prior abuse, due to their not being queried on these matters upon arrival during risk assessment discussions, i.e. pursuant with 115.41. Upon implementation and consistent application of appropriate risk assessments/risk assessment reviews, SAI and auditor will possess more accurate information, and that information required by the PAQ and standard.

**Corrective Actions:** In response to audit input received from the audit team during on site review, SAI promptly implemented revised in-processing procedures for Prisoners/Probationers on December 15, 2017. In addition to the twice weekly PREA Orientations conducted, and review of the individual's criminal and institutional records, all in processing's would now include face to face interviews in order to thoroughly complete the PREA Risk Assessment Worksheet, develop PREA risk assessment scores, and to properly inform housing, work, program and educational assignments. The implementation of the face to face interviews, as now required by facility procedures, allowed for the inquiry of incoming Prisoners/Probationers concerning prior victimization or abusiveness, as required by this standard. Incoming Prisoners/Probationers identified as prior victims or abusers are then offered mental health services in accordance with the standard, MDOC policy and facility operating procedures. Auditor has reviewed facility documentation for the period December 15, 2017 thru April 15, 2018, and determined that implementation of the revised risk assessment procedures has served to fortify SAI's risk screening process. Multiple incoming Prisoners/Probationers offered and in agreement to receive mental health services for both prior victimization and abusiveness have been confirmed as being appropriately referred, by completion of a MDOC CHX-212 mental health referral form, or a ROBERTA-A form, by the respective CPC, Corrections Program Coordinator. Auditor has reviewed the facility PREA Risk Assessment spreadsheets, emails from mental health personnel, and redacted mental health evaluations to conclude that SAI has established a sustained period of institutionalized practice in addressing the requirements of this standard, and is in full compliance with the standard.

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

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

#### **115.82 (a)**

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Medical and Mental Health Services Following an Allegation of Sexual Abuse, pages 26-27; PD 03.04.125 Medical Emergencies, Section F, page 2; PD 03.04.100 Health Services, Sections UU and VV, page 10; PD 04.06.180. Mental Health Services, Sections F and H, pages 1-2; PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section Z, pages 1-2; SAI OP 03.03.100 H Health Care Management of Reported Sexual Assaults, pages 1-6.

The audit team interviewed 2 medical and 2 mental health personnel. The mental health staff provided responses to the interview protocols consistent with the standard requirements: Medical would address any medical issues and sexually transmitted infection prophylaxis. After medical response and services, the trainees receive mental health services according to our professional judgement but also in

accordance with standards. Treatment is based upon need. We would observe affect, emotions and behavior, evaluate for suicide risk, look to develop a management plan, look for needs, depression, anxiety, PTSD symptoms that may need treatment, the trainee can be sent to a higher level of care. We would see the trainee as soon as we can, but is typically the same day. We do a follow-up process for 5 days and will do an admission for counseling services if they need treatment beyond that.

The two medical personnel interviewed stated that: Trainee victims of sexual abuse receive timely and unimpeded emergency medical treatment. SAI does not staff a 24-hour Health Care Unit. After hours a PA would be notified, or trainee would be escorted to UoM Medical Center as necessary. Auditor notes the Health Care Department is staffed by 4 medical staff, (combination of shift Nurses, Physician's Assistant and Nurse Supervisor). Trainees would receive medical attention in accordance with policy, to include timely information about sexually transmitted infection prophylaxis, we would bring in and do all vitals with a witness in the room-try to get another male to witness, identify body areas reported, ask questions, we would look for signs/evidence of victimization, if any evidence of penetration refer to medical provider-UoM for forensic examination, if no evidence a mental health referral is made. Provide information and referrals outside if necessary. Even if is old allegation we still offer testing for STDs.

The audit team interviewed a uniformed and non-uniformed first responder. The security staff person stated he would separate the victim and abuser, seal off the area that it reportedly occurred, as well as the individual. Prevent both trainees from taking any actions that could destroy evidence until they are seen for collection. Medical would be notified. The non-uniformed first responder advised auditor that he would keep the trainee with him and report up the chain-of-command, up thru the Inspector. Then the investigation ensues.

Two trainees that reported sexual abuse were interviewed by the audit team. One trainee stated that he was seen by both medical and mental health within about 6 hours of making his report. The second trainee stated that a psychologist followed-up with him about 3-4 days after his incident. In both allegations received of sexual abuse, the need for information of sexually transmitted infection prophylaxis was not applicable, as no penetration was alleged to have occurred.

Based upon auditor's review of the agency's extensive policies and procedures, and staff and trainee interviews, auditor has concluded that SAI meets the standard. Staff interviewed were very knowledgeable of agency policy and the PREA Manual, appeared very dedicated to their duties and the facility, and the care and treatment of the trainees.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Ongoing Victim Services/Ongoing Abuser Services, page 27; PD 03.04.100 Health Services, Sections V, page 5, UU and VV, page 10; PD 03.04.125 Medical Emergencies, Section F, page 2; PD 04.06.180 Mental Health Services, Sections F and H, pages 1-2, and N-S, pages 3-4; MDOC OP 03.04.100H Health Care Management of Reported Sexual Assaults, pages 1-4.

The audit team interviewed 2 mental health practitioners. The mental health staff stated that the level of services offered is consistent with the community level of care and accredited by CARF (CARF Behavioral Health Accreditation), a professional organization that accredits hospitals, but maybe just for mental health services provided. Auditor was advised that the mental health mission statement is to meet or exceed all standards required. Every trainee identified as a potential victim or a potential abuser is offered a mental health referral. A mental health evaluation is then conducted if the trainee agrees to be seen by a mental health practitioner. The referral is made upon intake, by the risk assessment staffer submitting a Roberta-R (acronym for: Reasoning, Orientation, Behavior, Emotion, Recall/Memory, Talk, Appearance, Relationships). This form has a 24- hour time limit for the trainee to be seen.

Auditor reviewed 5 Roberta-R's/CHX-212s, submitted by the risk assessment staff person on November 3, 2017, based upon review of the incoming trainee's criminal and institutional histories.

The audit team interviewed two medical staff persons, who provided responses consistent with the standard requirements, i.e. medical care is consistent with community level of care, and better in some cases, with quicker access and better access to specialists, if we learn of mental health issue we do a MH referral, we have mental health staff on site once a week, mental health uses telemed largely, a PREA meeting is held at the end of each month, I don't know of any sexual abuse case at SAI.

The audit team interviewed two trainees that reported sexual abuse. One trainee stated that staff did not act responsively to his complaint at first or to separate him from the other person. He saw medical and mental health within about 6 hours. There were no injuries to treat and no need for mental health follow-up. He did not have to pay for any treatment. The second trainee stated that staff responded quickly to move him, and followed-up with security staff monitoring him, and mental health staff meeting with him about 3-4 days after the incident. He did not request additional follow-up with psych. He did not have to pay for the psych visit.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

Auditor reviewed the PREA Manual, Sexual Abuse Incident Review, pages 32-33.

The SAI PAQ reports 1 administrative investigation of sexual abuse completed at SAI, excluding only unfounded incidents. This one case resulted in a sexual abuse incident review conducted within 30 days of the report submission. Auditor reviewed this 2017 investigative file, to include the CAJ-1025 PREA Sexual Abuse Incident Review form completed on the unsubstantiated investigative results. The form indicates that the SAI Acting Deputy Warden, the PCM/Captain, and the SAI Parole and Probation Manager participated in this review. There were no recommendations documented as a result of this incident review, which considered policy and practice issues, allegation/incident motivations, facility physical barriers, staffing levels and supervision and monitoring technology available or recommended.

In order to make a determination of compliance, auditor interviewed the SAI Warden. The warden advised that SAI has an Incident Review Team, normally consisting of the Warden, Deputy Warden, Inspector, Mental Health, Medical and PREA Compliance Manager/Resident Unit Manager. The committee would review all factors, obtain staff input, what provoked the incident, review monitoring technology and staffing, identify shortcomings, recommend measures to prevent incident from happening again.

Auditor interviewed the SAI PCM/Captain, who advised auditor that the facility conducts a sit-down Incident Review Team meeting for sexual abuse allegations/investigations. The one completed form for 2017 is in the investigative files. The PCM stated that he organizes the meeting and compiles the form. In the last 12 months there was 1 alleged incident and one Incident Review. There were no trends. We looked at all areas. If there are any actions or recommendations, it is included in the report and forwarded to the Warden for review. There were no actions taken, but we did make note of need for cameras, i.e. "Facility is awaiting camera upgrades." A member of the Incident Review Team advised auditor during interview that motivational factors, facility dynamics/youthful motivation, areas (out in the open or hidden) are considered. Only one IRT has been done in last 12 months (Unsubstantiated). Staffing levels are considered, and on the one IRT we did do, we noted that one camera strategically placed would have helped confirm or refute the allegation made.

### **Standard 115.87: Data collection**

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

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Auditor reviewed the PREA Manual, Data Collection, Review and Storage, page 33-34; 2015 and 2016 Survey on Sexual Victimization (SSV-2).

Auditor has reviewed the 2015 and 2016 Surveys of Sexual Victimization (SSV-2) provided to auditor with the SAI PAQ. These surveys contain the required aggregate incident-based data for every allegation of sexual abuse at facilities under the control of MDOC.

Auditor has reviewed the MDOC website at [www.michigan.gov/corrections](http://www.michigan.gov/corrections). Auditor notes that SAI and MDOC do not have contracts for the confinement of offenders outside of MDOC.

Auditor concludes that SAI does not meet this standard, due to MDOC not aggregating the facility's data and compiling the required Annual Report, to be made available at least annually to the public through the agency website.

**Corrective Actions:** On March 16, 2018, MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary.

Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), and this auditor's review, auditor has determined that SAI is in compliance with the requirements of this standard.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Data Collection, Review and Storage, pages 33-34.

The required Annual Statistical Report for calendar year 2016 is not posted on the website as required by the standard. The SSV-2 is completed and posted for calendar year 2016.

The Annual PREA Statistics are compiled and reviewed, and posted on the MDOC website, at: [www.michigan.gov/corrections](http://www.michigan.gov/corrections). The MDOC Annual Report of Statistics is not posed for the calendar year 2016 as required by this standard.

The PAQ indicates that the Annual Report is made available to the public at least annually through its website. The Annual Report identifies problem areas and corrective actions implemented, to include a comparison with the previous year's data. The PREA Manual requires the Director's approval prior to the report being posted on the MDOC website.

When interviewed, the Agency Head/Designee advised that the facilities investigative reports that are forwarded to MDOC Central Office are reviewed, we keep track of trends, recommendations are made accordingly, based on the incident-based data, e.g. adding cameras to certain areas. The MDOC PREA Administrator compiles the Annual Report which is reviewed and approved by the agency Director before it is posted on the MDOC website at [www.michigan.gov/corrections](http://www.michigan.gov/corrections).

The PREA Administrator advised during interview that he compares the data from year to year and the prevalence of substantiated incidents. Statistics are developed for each facility that help the agency draw down to each of the facilities. All facilities report the same data to the same staff person at MDOC, monthly. We have a shared drive that only select users have access to. We have a SharePoint site, on our website. We keep personally identifying information out of the reports. The agency gathers reports from each facility on an individual basis. We compile annual reports and review for corrective action. We use the audits and reports to help us identify training needs. THE SAI PCM was interviewed by auditor, advising that SAI reviews PREA data annually during the staffing review. The Annual Report is posted on the MDOC website.

Auditor has determined that SAI and MDOC have not satisfied the requirements of this standard by not assessing/compiling/reporting and posting 2016's aggregated data, in the form of the Annual Report, for improving the effectiveness of its sexual abuse prevention, detection, response policies and training.

**Corrective Actions:** On March 16, 2018, MDOC posted to its website, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), the required PREA 2016 Annual Report. On June 4, 2018, MDOC posted to its website a revised 2016 Annual Report including the agency head signature. This Annual Report is compiled by the agency PREA Manager and signed by the MDOC Director. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary.

Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), and this auditor's review, auditor has determined that SAI is in compliance with the requirements of this standard. The Annual Reports contain no personally identifying information, or material which would present a clear and specific threat to the safety and security of the facility.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditor reviewed the PREA Manual, Data Collection, Review and Storage, pages 33-34.

The PAQ reports that incident- based data is securely retained, made readily available to the public annually through its website, and without any personal identifiers. Data collected pursuant to 115.87 is maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Auditor reviewed the MDOC website, at [www.michigan.gov/corrections](http://www.michigan.gov/corrections). There are no personal identifiers contained within the aggregated sexual abuse data posted, i.e. SSV-2 for 2013, 2014, 2015 and 2016; or Annual Statistical Reports for 2013 and 2014.

Auditor has determined that SAI does not meet the requirements of this standard, as MDOC has failed to post the aggregated sexual abuse data for calendar year 2016 upon the agency website. This standard requires the compilation and posting of a 2016 PREA Annual Report.

**Corrective Actions:** On March 16, 2018, MDOC posted to it's website, [www.michigan.gov/corrections](http://www.michigan.gov/corrections), the required PREA 2016 Annual Report (nine pages). This report contains the aggregated sexual abuse data for calendar year 2016. The report contains no personal identifiers. Based upon auditor's review, it is

determined that MDOC and SAI have taken the necessary corrective action to meet the requirements of this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

During site review at SAI, auditor observed numerous postings of auditor’s Notice of Audit. Auditor has not received any confidential trainee correspondence as of June 7, 2018.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

See agency website at: [www.michigan.gov/corrections](http://www.michigan.gov/corrections). Auditor has verified that MDOC has published 16 PREA Audit Final Reports on its website (2015-2017).

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Louis Folino \_\_\_\_\_

June 7, 2018 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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