

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: 1/12/16

Auditor Information			
Auditor name: Julie Stout			
Address: 811 W. 50 N., Rockville, IN 47872			
Email: jstout@idoc.in.gov ,			
Telephone number: 765-569-3178			
Date of facility visit: June 23 rd -25 th , 2015			
Facility Information			
Facility name: St. Louis Correctional Facility			
Facility physical address: 8585 N. Crowell Road, St. Louis, MI 48880			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 989-681-6444			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Steven Revard			
Number of staff assigned to the facility in the last 12 months: 335			
Designed facility capacity: 1176			
Current population of facility: 1153			
Facility security levels/inmate custody levels: Level IV			
Age range of the population: 18-75			
Name of PREA Compliance Manager: Robert Vashaw		Title: Inspector	
Email address: VashawR@michigan.gov		Telephone number: 989-681-6444	
Agency Information			
Name of agency: Michigan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 206 E. Michigan Ave., Lansing, MI 48933			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 517-373-3966			
Agency Chief Executive Officer			
Name: Daniel Heyns		Title: Director	
Email address: HeynsD@michigan.gov		Telephone number: 517-373-0720	
Agency-Wide PREA Coordinator			
Name: Todd Butler		Title: PREA Administrator	
Email address: ButlerT4@michigan.gov		Telephone number: 517-373-3966	

AUDIT FINDINGS

NARRATIVE

A certified PREA Audit was conducted at the St. Louis Correctional Facility located in St. Louis, MI. The audit began on Tuesday, June 23rd and concluded on Thursday, June 25th, 2015. Assistance was received from certified PREA auditor Richard Brown. The audit began with a “meet and greet” of St. Louis CF staff. Present were Warden Steve Rivard, Deputy Warden Mark McCullick, Deputy Warden Kelly Barnett, and Inspector Robert Vashaw (PREA Coordinator). PREA Administrator Todd Butler was present along with staff from other state facilities and Central Office who were there to observe the audit process in preparation for their upcoming audits. The audit process was discussed along with a tentative schedule of events.

Upon arrival to the facility PREA posters (both in English and Spanish) were visible in the reception area where all staff and visitors first arrive. As the tour began PREA posters were also visible in the Control area and again in the Visiting Room. The facility has an Administration Building, a Program Building (education, health care, laundry), seven housing units (majority double occupancy cells), Food Service Building, a Warehouse and Maintenance area. The facility also has a very large Recreation yard along with smaller recreation yards behind the housing units. Throughout the tour PREA posters were observed in every housing unit (along with privacy signs in each housing unit) and the most frequented buildings. A suggestion was made to display PREA posters at the point of entry also. Cameras were placed strategically throughout the facility to provide additional monitoring however did not impede on prisoner privacy. The facility has a total of 119 cameras and plans to add an additional 186.

During the audit Certified Auditor Brown and I observed camera placement, reviewed log books, reviewed prisoner files and spoke with staff and prisoners on the tour. Camera placement was appropriate. Shower areas were appropriately constructed to allow for privacy. Each housing unit contained cells, a dayroom and a telephone area. Unit staff were readily available. During the tour female staff were announced and a ten second waiting period enforced prior to female staff entering each unit. Log books were reviewed for supervisory staff rounds. Prisoner files were reviewed for PREA orientation and the 30 day review. Staff were questioned regarding PREA reporting/responding. Staff questioned were knowledgeable and had a great understanding regarding PREA practices. Prisoners questioned understood reporting procedures and various methods.

During the interview phase of the audit Certified Auditor Brown spoke with prisoners and specialized staff. I spoke with line staff and specialized staff. Interviews were conducted in areas where privacy was maintained. Staff interviewed were willing to discuss PREA and had a very good understanding of PREA history/requirements. Prisoners understood reporting procedures.

On June 25th Mr. Brown and I met with Warden Rivard, PREA Administrator Butler, PREA Coordinator Vashaw and other facility staff regarding preliminary audit findings. It was explained that final audit results were pending additional documentation. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment. Efforts put forth prior to and during the audit were commendable. The level of dedication and professionalism was displayed all through the ranks. It was a pleasure spending time with the St. Louis Correctional Facility correctional professionals.

DESCRIPTION OF FACILITY CHARACTERISTICS

The St. Louis Correctional Facility spans across 67 acres in Gratiot County, St. Louis, Michigan. This facility opened in 1999. Facility grounds are neatly maintained and consist of an Administration Building, Food Service, Program Building, seven housing units, a Maintenance Building and storage. Of the seven housing units, one is an Adaptive Skills Residential Program Unit and one is segregation. The facility also has an expansive recreation yard.

Programming consists of pre-release preparation, psychological counseling, Strategies for Thinking Productively (cognitive restructuring program), Cage Your Rage and substance abuse treatment. Academic and vocational programming include Adult Basic Education, General Education Development opportunities and Custodial Maintenance Technology. Additional programs and services include general and law library, hobbycraft, religious services, recreation programs and a barber shop.

On-site routine medical services are provided along with dental care. Telemedicine is available. Serious medical issues are treated at MDOC's Duane L. Waters Health Care in Jackson. Emergencies are referred to the local hospital.

The facility is surrounded by two fences with razor-ribbon on the side and top of the exterior fences. The perimeter is also monitored by an electronic detection system. Armed gun towers are present. The perimeter is patrolled by armed personnel. The facility has a total of 119 cameras. The Control Center monitors the cameras. The facility is in the process of adding additional cameras to enhance their efforts.

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

SUMMARY OF AUDIT FINDINGS

The audit results are as follows:

Standard 115.31 Employee Training – Exceeds

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

Standard 115.12 Contracting With other Entities for the Confinement of Inmates – Does not Apply

Michigan houses their own prisoners.

Standard 115.14 Youthful Inmates – Does Not Apply

St. Louis Correctional Facility does not house youthful prisoners.

Standard 115.78(a-3) – The Pre-Audit PREA Questionnaire indicates that there were zero (0) incidents of administrative findings of inmate on inmate sexual abuse that occurred in the facility in the past 12 months. An incident of inmate on inmate sexual abuse occurred after the Pre-Audit Questionnaire was submitted. Therefore, there were no incidents reported on the Pre-Audit PREA Questionnaire however, the PREA Audit Report indicates a perpetrator received a Class 1 Misconduct (Sexual Assault) charge for prisoner on prisoner sexual abuse.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

St. Louis Correctional Facility (STL) provided a departmental PREA Manual and departmental Policy 03.03.140, “Prohibited Sexual Conduct Involving Prisoners”. STL also submitted their Operating Procedures for Policy 03.03.140. The combined documents met the requirements of the standard. The Michigan Department of Corrections (MDOC) employs a PREA Coordinator (referred to as a PREA Administrator by the MDOC) and STL employs a PREA Compliance Manager (PREA Coordinator). The PREA Administrator (Todd Butler) stated that he did have time to manage PREA-related responsibilities. He reports to an Administrative Legal Attorney. He has recently acquired a PREA Manager who reports to him along with a PREA Analyst who will be returning from military leave shortly. There are seven contract monitors who report to the PREA Manager. The contract monitors have the main responsibility of monitoring the Aramark food contract however, they also assist the facilities with PREA standards. The MDOC has a total of 32 PREA Coordinators. An agency organizational chart was included and a job description as well. The facility PREA Coordinator (Robert Vashaw) reported that he had adequate time to manage PREA-related duties. He stated that he has an alternate PREA Coordinator. Other duties also include tool control, STG Coordinator, staff/prisoner investigations, and camera monitoring. An organizational chart reflecting the position of the PREA Coordinator for STL was submitted. A list of duties was submitted for all MDOC PREA Coordinators.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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STL provided a staffing reconciliation dated 6/11/15. The staffing plan reflects 3 CAPT, 6 LT, 20 SGT, 2 Resident Unit Managers, 10 Asst. Resident Unit Supervisors/Prison Counselors and 215 Correctional Officers. The staffing plan was reviewed by Warden Rivard, PREA Coordinator Vashaw and PREA Administrator Butler as is verified by State Form CAJ-1027, “Prison Rape Elimination Act Annual Staffing Plan Review”. A summary of the meeting is also attached to SF CAJ-1027 regarding topics discussed. The PREA Manual supports the standard regarding the staffing plan requirements. The interview with the PREA Coordinator indicated that the elements 1-11 of this standard are met. The Warden, both Deputy Wardens, the Administrative Assistant, the PREA Coordinator and a Psychologist met to review the plan. There are no judicial findings of inadequacy within the last 12 months, findings of inadequacy from Federal investigative agencies, internal/external oversight bodies within the last 12 months. STL reports that there have been no deviations from the staffing plan. Overtime is used to fill vacancies. Schedules reflect extra staff that can be placed in vacant positions. The PREA Administrator responded that he is consulted regarding assessments/adjustments to the staffing plan and such occurs annually. The PREA Manual and Policy 04.04.100, “Custody, Security and Safety Systems” supports the unannounced rounds and documentation of such along with the prohibition of staff to alert. Log books in housing units were reviewed along with copies of various logs provided by the PREA Coordinator with supervisory signatures visible in green ink. Correctional Officers interviewed under “Random Staff” and on the tour indicated that supervisory staff make unannounced rounds on a regular basis. The Warden indicated during an interview that a staffing plan is developed. He has access to the plan. He ensures that they have staff to cover the right spots (blind spots). Cameras have been strategically placed; not to replace security staff but to enhance. He also stated that the facility is very well staffed. He reported that the facility is in compliance with the staffing plan. Higher level staff stated that they do conduct unannounced rounds and document.

Standard 115.14 Youthful inmates

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

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

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The PREA Manual and Policy 04.04.110, "Search and Arrest in Correctional Facilities" both indicate that cross-gender strip searches are prohibited except in exigent circumstances (must be documented) or when performed by medical staff. And, body cavity searches are done by medical staff only with one witness present of the same sex as the prisoner. Additional witnesses may be present but must be of the same sex. STL reported that no cross gender strip or cross gender visual body cavity searches have been conducted within the last 12 months. The PREA Manual indicates that each warden shall ensure that "prisoners can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the prisoner's breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks". The PREA Manual and Policy 03.03.140 also covers the announcement of female staff prior to entering housing units. Not only do female staff announce prior to entering they must first knock, announce and wait ten seconds before entering. Signs are posted in each housing unit and other areas of the facility reminding the prisoners that they are responsible for their own privacy. Signs are in English and Spanish. Random interviews of prisoners indicated that female staff announce prior to entering. Some indicated that announcements were made sometimes. Prisoners stated that they are never naked in full view of female staff. There are two observation cells equipped with cameras. Officers responsible for monitoring cameras in the Control area can take those cameras down. Officers in the units containing observation cells monitor those cameras. Female staff have been assigned to this post and can see the toilet from the view of the camera. STL was able to put privacy screens over the toilet areas. This screen was digitally placed in the area of the toilet. Staff monitoring cameras cannot see the offender toileting. Each cell has a toilet. Female staff may view an offender toileting while conducting security rounds, however the viewing is incidental. Shower areas have a solid partition placed in the door to eliminate the viewing of the genital area from the floor and the control pod. Random sample of staff stated that female staff knock and announce their presence in each housing unit. The PREA Manual and Policy 04.06.184, "Gender Identity Disorders in Prisoners" support the requirement that staff do not perform strip searches on transgender or intersex offenders solely for the purpose of determining the prisoner's genital status. The random sample of staff interviewed were all aware that strip searches are not performed for this purpose. STL housed one transgender prisoner. The transgender prisoner stated that he has never been placed in a designated housing area for transgender/intersex prisoners. However, he wanted to be. Of the Random Staff interviewed, the majority recall receiving training regarding the search of transgender prisoners. The training officer summarized the transgender search procedures and indicated that staff received such training. Training logs were provided. MDOC has a training guide titled, "Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners".

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

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

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

The PREA Manual and Policy 03.03.140, "Prohibited Sexual Conduct Involving Prisoners" supports the standard. The MDOC also has a contract with Linuistica International through 7/31/17 to provide interpreter services in foreign languages and American Sign. Random staff questioned regarding the use of inmate interpreters, inmate readers or other types of inmate assistants provided varied responses. Some staff stated that inmate interpreters/readers/assistants would be used. Some staff stated that only staff would be used for this purpose. And, some staff weren't sure. The PREA Administrator indicated that inmates would not be used under this standard. There were no prisoners housed with disabilities or limited English proficient. Brochures and displayed posters were written in both English and Spanish.

Standard 115.17 Hiring and promotion decisions

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

- Does Not Meet Standard (requires corrective action)

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

The MDOC Policy 02.06.111, “Employment Screening”, the PREA Manual and the supplemental questions listed on the Michigan Civil Service Commission supports the standard. Prior incidents of sexual harassment are considered. If HR staff are aware, a job offer will not be extended. Background checks are completed and given to the Warden for review. There is a plan in place to conduct checks every five years. Those staff promoted also have background checks done. Potential employees answer questions in accordance with 115.17(a) on the Michigan Employment website when applying for jobs. Regardless of the answers, background checks are performed. Employees are obligated to disclose previous misconduct described in this standard. Examples were provided regarding 115.17(h). According to Human Resources the facility performs criminal record background checks for newly hired staff including contract staff.

Standard 115.18 Upgrades to facilities and technologies

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

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

MDOC is aware of this standard. There are no current plans for expansion or modification of STL. The PREA Manual supports the intent of the standard. Systems are reviewed annually and documented on the PREA Annual Staffing Plan Review. According to Director Heyns MDOC’s commitment to protect prisoners is evident. MDOC moved 10 million dollars to bring Michigan into compliance. MDOC is working steadily regarding the improvement of lighting/camera equipment. Director Heyns reported that cameras are an invaluable asset to monitor activities and investigate abuse. STL is in the process of enhancing their camera system. Meeting minutes from 3/23/15 were provided. The facility has numerous cameras in housing units, recreation yards, kitchen, programs area. The addition of cameras will enhance the facility’s ability to protect prisoners from sexual abuse. The interview with the Warden indicated that there were no expansions or modifications. He further stated that cameras have been added and additional cameras are on order. The cameras will be used to enhance areas. The camera system has the capability to move and cover a broader area. The quality of the cameras system is excellent.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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MDOC is responsible for conducting administrative investigations only. The Michigan State Police conduct criminal investigations. The PREA Manual was submitted as supporting this standard. And, a copy of the MDOC, "Crime Scene Management and Preservation" manual was provided. The program makes reference to the United States Army Criminal Investigation Command and various Michigan State Policy training materials as its sources. Employees with the responsibility of conducting investigations completed training in the MDOC training program of Basic Investigator Training and Crime Scene Management (training logs provided) and also completed NIC's "Specialized Training: Investigating Sexual Abuse in Confinement Settings". Random staff interviewed had a basic understanding regarding the obtaining of usable physical evidence. All staff interviewed knew who is responsible for conducting sexual abuse investigations. Youth are not housed at STL. Victims of sexual assault are taken off-site for forensic medical examinations at no cost to the prisoner (PREA Manual, Policy 03.04.100, "Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities", Policy 03.04.100, "Health Services"). An interview conducted with the SANE/SAFE nurse revealed that the nurse is responsible for conducting exams and in the absence of the SANE/SAFE nurse, the emergency room physician would evaluate accordingly, conduct the exam and collect evidence based upon proper protocol. Policy 04.06.180, "Mental Health Services" indicates that mental health services will be offered by qualified staff. According to the PREA Coordinator, he has never had a prisoner ask about being accompanied to the exam by an advocate (mental health would fill in). The PREA Coordinator stated that he would refer the prisoner to mental health or the Chaplain. Efforts were made by the MDOC to have services provided by RAVE, however were unsuccessful. The PREA Manual and Policy 03.03.140 both state that the Michigan State Police have the responsibility of conducting criminal investigations. The interview with the prisoner who reported a sexual abuse revealed that he was offered to call someone however he didn't want to. He said the facility staff were very helpful.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Standard 115.32 Volunteer and contractor training

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Standard 115.33 Inmate education

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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STL is not an intake facility. However, when transferred offenders arrive at STL (prisoners are received on Tuesdays and Thursdays) prisoners files are reviewed within 24 hours of arrival to ensure they have received PREA education. A "File Review Form" was created for this purpose and serves as a checklist for staff to ensure the prisoner file was reviewed for proof of PREA education. Once a prisoner has completed PREA education, his file is either stamped on the outside or the education is logged. If he hasn't received PREA orientation, he is referred to Classification and orientation is completed within 7 days of arrival. The prisoner views a DVD, receives a pamphlet and an orientation book (all containing information regarding sexual harassment and sexual assault). The prisoner signs off on a form verifying that he has received orientation and the form is filed in his packet. A random sample of prisoners indicated that the majority of the offenders received information about the facility's rules against sexual abuse and harassment. Most interviewed remember receiving information provided in 115.33(b). Also available in the library is "An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse". The MDOC contracts with Linguistica International for interpretive services. Staff interviewed indicated that a prisoner tutor/clerk may be used to assist with orientation while under the supervision of staff. STL also runs the DVD all day on Tuesdays on the prisoner channel. So, if prisoners want to view it again in the privacy of their cell, they can. If a prisoner refuses to watch the DVD upon arrival, staff advise the prisoner that he may return and watch the DVD if he changes his mind. Interviews with random prisoners indicated that they did receive appropriate information upon arrival. Time periods ranged from the same day of arrival up to 5 days.

Standard 115.34 Specialized training: Investigations

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

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

Standard 115.35 Specialized training: Medical and mental health care

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

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Employees complete a CBT, "Sexual Abuse and Sexual Harassment in Confinement for Health Care Staff and Sexual Abuse and Sexual Harassment in Confinement for Mental Health Staff". Training logs were provided. Interviews indicate that mental/medical staff received training. They recalled reporting, detecting, interviewing techniques, warning signs, etc. STL staff do not perform forensic exams. Health

Care staff interviewed indicated that specialized training was received. They received computer based training and were aware of reporting, detecting, preserving evidence. Reporting to the Inspector was also stated. Training logs were provided.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The PREA Manual indicates appropriate screening periods regarding intake and transfer to another facility. The MDOC has also developed a Risk Assessment Manual for staff to refer to when completing an assessment. It too supports the screening time frames and provides instructions for completion of required forms. Upon arrival at STL, prisoner files are reviewed to ensure an assessment is available and also to ensure the assessment is appropriate. An Assistant Resident Unit Supervisor is assigned monthly to review all assessments and complete revised assessments if necessary. If there is a change in the prisoners code, the change is made in the program to prevent bad housing assignments. The interview indicated that prisoners are reviewed within 72 hours of arrival. The assessment used does not require staff to ask the prisoner if he perceives himself as GBTI or nonconforming (115.41(d)). The assessment tool inquires about the crime the prisoner is being sentenced to prison or is currently sentenced (vulnerable to sexual victimization due to nature of his/her crime (sexual assault against a child under 13 years of age, elderly...)) but does not address prior convictions for sex offenses against an adult or child (115.41 (d)(7)). The form does not inquire if the inmate is detained solely for civil immigration purposes. However, the PREA Administrator provided an email from his supervisor stating, "Please note that none of our inmates are "detained solely for civil immigration purposes." They are imprisoned because they have been convicted of one or more felonies in a Circuit Court in Michigan and have been sentenced to a term of prison. The fact that they happen to be a foreign national is not the reason for their incarceration. That being said, I am in constant contact with the consulates and embassies and I also correspond with the foreign nationals." Both the PREA Manual and the Risk Assessment Manual indicate guidelines for completing a new assessment based upon a referral, request, incident or receipt of additional information. The PREA Manual indicates that prisoners may not be disciplined for refusing to answer or not disclosing complete information. The PREA Manual indicates that information obtained is confidential and shared with designated staff in accordance with departmental policy. Staff interviewed regarding the completion of the assessment indicated that prisoners are not disciplined as stated above and that the assessments are only shared with Assistant Resident Unit Supervisors and Classification Staff. The PREA Administrator stated that the information is shared on a need to know basis and examples are a counseling team, mental health/medical staff, upper level management and classification. All information is maintained on OMNI (a computer program used by the MDOC). The PREA Coordinator indicated that the OMNI program is used and has different profiles based upon the staff person's position. He further stated that line staff don't have access. During the tour sample risk assessments were reviewed. Three files were found to be non-compliant with the 30 day review (one not completed and two over time limit). An additional 21 files were reviewed via the OMNI system with the PREA Administrator. Of the 21 files reviewed, 6 either had no review or not within the time frame. Prisoners interviewed do not recall being asked if they had been in jail or prison before, been sexually abused or whether they were GBTI or gender nonconforming.

Recommended corrective action: Revise the assessment tool to include 115.41(d)(7) and come into compliance with 115.41(d)(6). (Assessment tool is in draft revision.) Review all offender files for 30 day review. Complete reviews for those offenders who did not have one. Conduct training for staff regarding the 30 day review. (Offender files were reviewed and assessments completed prior to the completion of this report.) During the corrective action period I will request a computer generated list of all offenders received on random days along with proof of a 30 day review.

Corrective Action Completed: During the corrective action period the Michigan Department of Correction revised the PREA Risk Assessment Manual on August 12, 2015. Risk assessment question #3 was revised to say, "Prisoner's sexual orientation is or is displayed in a way that projects vulnerability (For example: gay, lesbian, bisexual, transgender, intersex, or gender nonconforming)?" The definition under #3 was revised to say, "In order to ensure the prisoner is awarded opportunity to self-identify as LGBTI, the prisoner shall be asked directly if s/he chooses to identify as gay, lesbian, bisexual, transgender, intersex or gender nonconforming. If the prisoner chooses not to respond, staff shall determine whether the prisoner displays their sexual orientation in a way that projects vulnerability (i.e. a male prisoner who has overly feminine characteristics)." The definition under #9 was revised to say, "The prisoner has prior convictions, is being

sentenced to prison, or is currently sentenced, based on conduct that was perpetrated against a vulnerable person or against a person who was unable to consent (i.e. sexual assault against a child under 13 years of age, elderly, developmentally disabled, handicapped or of a person under their care and custody).”

St. Louis Correctional Facility was randomly requested to send proof of 30 day reviews. Requests were made on 8/24/15 for the week of 7/6/15, on 9/24/15 for the week of 8/17/15, on 11/6/15 for the week of 9/14/15 and on 12/1/15 for the week of 10/19/15. All were in accordance with 115.41.

Standard 115.42 Use of screening information

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

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

The PREA Manual and the Risk Assessment Manual indicate that the information obtained from the assessment is used as the standard requires. All offenders are given a designation of Potential Victim, Victim, Potential Aggressor, Aggressor or No Score. Those designated a Potential Victim, Victim or No Score may be housed in a cell together. Those designated a Potential Aggressor, Aggressor or No Score may be housed in a cell together. MDOC updated the computerized placement database to restrict staff from placing prisoners in a cell, pod or cube with a prisoner who does not have a compatible PREA overall designation. Staff making housing assignments understand the method used. Sample housing assignments were viewed with the method used in place. The PREA Coordinator indicated that the information is used to assign cells. Staff responsible for completing the assessment also stated that the information is used for cell assignments. The PREA Manual and Policy 04.06.184, “Gender Identity Disorder (GID)/Gender Dysphoria” indicate that assignments of transgender or intersex prisoners are made on a case by case basis. The PREA Coordinator indicated that assignments of transgender or intersex prisoners are made by health care staff at the Central Office level. The PREA Manual indicates that transgender and intersex prisoners are assessed twice yearly by health care or mental health care to review any threats to safety experienced by the prisoner. The PREA Manual also indicates that the prisoner’s own views are taken into consideration and that they are given the opportunity to shower separately. Policy 04.06.184 also supports 115.42(f). And, the PREA Manual also supports 115.42(g). Staff responsible for the risk assessments indicated that transgender/intersex prisoners are reviewed twice yearly. The PREA Coordinator indicated that transgender prisoners are placed in single cells in any housing unit. The PREA Coordinator indicated that transgender prisoners are reviewed by a health care team. Staff responsible for the risk screening indicated the same. Both parties indicated that the views of the transgender are also considered. Transgender offenders are allowed to shower at a different time than the general population. STL houses one transgender offender. During the interview the prisoner stated there was no search to determine genital status, the prisoner was placed in unit 6 (general population), the prisoner was in education however removed due to poor conduct, showering is done alone. STL provided documentation of the bi-annual review.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

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

Standard 115.51 Inmate reporting

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

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

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

Standard 115.52 Exhaustion of administrative remedies

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

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

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

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

Corrective Action Completed: On January 11, 2016 Director Heidi E. Washington, MDOC, issued Memorandum 2016-32 which states, "The Department is moving toward fully complying with the standards outlined under the Prison Rape Elimination Act (PREA). 28 CFR 115.52-(e) specifically states, "Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates shall be permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and shall be permitted to file such requests on behalf of inmates." Effective immediately, third parties, as described under this section of the PREA standards, shall be permitted to assist prisoners with filing requests for administrative remedies and shall be permitted to file those requests on behalf of prisoners for matters relating to allegations of sexual abuse."

Standard 115.53 Inmate access to outside confidential support services

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

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

The MDOC has provided the prisoner handbook titled "An End To Silence" provided by the PREA Resource Center which has contact information for various state's Disability Rights, Legal Services and Oversight agencies in addition to attorney general's offices and sexual assault coalitions. The facility keeps copies in the library and on the units for the offenders to review. During the interviews with random prisoners it was discovered that not all offenders knew this information was available. During the audit the facility posted a memo to the prisoner population in each housing unit so all offenders would be made aware of this information. This was an immediate correction to ensure all offenders were made aware.

Standard 115.54 Third-party reporting

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

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

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

Standard 115.61 Staff and agency reporting duties

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

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

MDOC provided Policy Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the MDOC PREA Manual to support compliance with this standard. Both provide adequate instruction to verify compliance with the standard. Staff interviews also confirmed compliance.

Standard 115.62 Agency protection duties

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

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

The PREA Manual addresses this standard and specifically states that the facility shall take immediate action to protect prisoners that are at risk of imminent sexual abuse. This was also confirmed by speaking to many staff members during the tour and during staff interviews. All staff members were aware to immediately remove the prisoner from the area of the imminent threat. The facility didn't determine that any prisoner was subject to substantial risk of imminent threat in the past 12 months.

Standard 115.63 Reporting to other confinement facilities

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

- Does Not Meet Standard (requires corrective action)

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

Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the MDOC PREA Manual specifically address this standard ensuring compliance. It was also confirmed through staff interviews. Documentation was provided that showed an offender arrived at St. Louis Correctional Facility on 4-5-15 and reported he had been sexually abused in the past at Carson City Correctional Facility. The Warden from St. Louis contacted the Warden of Carson City on 4-6-15. An Inspector at Carson City started an investigation on 4-7-15 and concluded it on 4-23-15. The documentation was sufficient to show compliance to the standard.

Standard 115.64 Staff first responder duties

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

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

The facility provided the MDOC “Sexual Violence Response and Investigation Guide” pocket reference book to show compliance. The pocket reference book is given to all staff as a quick reference guide for staff response to allegations of sexual violence against prisoners. The facility also provided the PREA manual which addresses this standard to ensure compliance. All staff that were interviewed during the tour and during random staff interviews knew how to respond and appropriately handle allegations of sexual assault as a first responder. The facility also provided the appropriate documentation of response to an allegation made to staff. The allegation was prisoner on prisoner abuse and the allegation was confirmed.

Standard 115.65 Coordinated response

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

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

The Facility provided their Operating Procedure 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” specific to the facility to show compliance with this standard. This was confirmed by the Warden during the interview process.

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

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

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

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

Standard 115.67 Agency protection against retaliation

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

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

The facility provided Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the MDOC PREA Manual addressing this standard. The staff interviews also confirmed compliance with the standard. The PREA Manual requires 90 day retaliation monitoring of any sexual abuse allegation for both staff and prisoners. The Facility created a “Sexual Abuse and Retaliation Monitoring” form (CAJ-1022) as a tracking device to ensure compliance with this standard. A completed form was submitted showing the facility monitors retaliation by tracking disciplinary records, housing changes/assignments, program assignments, work performance evaluations and conducts face to face interviews.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

The MDOC PREA Manual addresses this standard to ensure compliance. The facility did not segregate any offenders for protective custody that alleged sexual assault in the past 12 months. The staff interviews confirmed compliance and that no offenders were segregated in the past 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The PREA Manual clearly states the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with staff confirmed the same.

Standard 115.73 Reporting to inmates

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

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

Policy Directive 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual clearly addresses this specific standard. The Facility also created a PREA Prisoner Notification of Sexual Abuse and Sexual Harrassment Investigative Findings and Actions (CAJ-1021) form to notify offenders of the findings of the administrative investigations. A completed form was provided that showed the prisoner was notified that an investigation had been conducted and the investigation revealed there was sufficient evidence to support that the reported allegation occurred.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy Directive 02.03.100 and PD Attachment 02.03.100 A in addition to the PREA Manual outline disciplinary standards for employees, volunteers and contractors to support compliance with this standard. Additionally, the Employee Handbook addresses specific rules for employees regarding behavior addressed in this standard. St. Louis Correctional Facility had no staff that violated agency sexual abuse or sexual harassment policies in the past 12 months.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the PREA Manual prohibit sexual conduct of contractors or volunteers with prisoners and prohibits those who do engage in sexual conduct from having contact with prisoners. All allegations of sexual abuse are referred to appropriate law enforcement agencies for criminal investigation. Staff interviews confirmed that reports of sexual abuse of inmates by contractors or volunteers are referred to law enforcement. Documentation was provided showing that allegations of sexual abuse was reported to law enforcement. Documentation was also provided to show the contractors were prohibited from coming into the facility and that they were prosecuted.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy Directive 03.03.140 “Prohibited Sexual Conduct Involving Prisoners”, Policy Directive 03.03.105 “Prisoner Discipline” and the PREA Manual address this standard indicating compliance. Michigan Law MCL 750.520c states that prisoners are unable to consent to sexual contact with Department employees, volunteers and contractors. Therefore, prisoners engaging in sexual contact with staff who are willing participants are considered victims and cannot be disciplined. There was one case of prisoner on prisoner sexual abuse and documentation was provided to show the perpetrator received a Class 1 Misconduct (Sexual Assault) for the prisoner on prisoner abuse.

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

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

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

The MDOC PREA Manual, Policy Directive 04.01.105 “Reception Facility Services”, Policy Directive 04.06.180 “Mental Health Services” and Policy Directive 03.04.100 “Health Services” address this standard and indicates prisoners will have follow up services with a mental health practitioner within 14 days. No offenders had disclosed prior sexual victimization or perpetrated sexual abuse at screening within the PREA Audit Report

past 12 months. Information about previous sexual abuse is only shared with the necessary staff to assist with security and management decisions including appropriate bed assignment. Staff interviews confirmed compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

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

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

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

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

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

Standard 115.86 Sexual abuse incident reviews

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

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

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

Standard 115.87 Data collection

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

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

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

Standard 115.88 Data review for corrective action

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

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

The Department provides annual data to the DOJ by completing the annual Survey on Sexual Violence. Each report is reviewed by the PREA Administrator in order to identify problem areas and report findings up the chain of command for

corrective action. The PREA Administrator also reviews investigatory reports of alleged sexual abuse and conducts a monthly review of the Department's Computerized Database for tracking investigations. The MDOC began the process of full compliance in May 2014, therefore there are no previous reports available to make a comparison. Comparisons and corrective actions plans will be submitted once the DOJ requests the 2014 Survey on Sexual Violence from the MDOC.

Standard 115.89 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Julie Stout

1/12/16

Auditor Signature

Date