

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

Interim Final

Date of Report November 12, 2019

Auditor Information

Name: Traci Jacobson	Email: tjacobson@pa.gov
Company Name: Pennsylvania Department of Corrections	
Mailing Address: 301 Morea Road	City, State, Zip: Frackville, PA 17932
Telephone: 570-773-2158	Date of Facility Visit: May 20-21, 2019

Agency Information

Name of Agency: Michigan Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 206 East Michigan Avenue		City, State, Zip: Lansing, Michigan 48933	
Mailing Address: Grandview Plaza, 206 E. Michigan Avenue		City, State, Zip: Lansing, Michigan 48933	
Telephone: 517-335-1426		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<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

Agency mission: Michigan Department of Corrections PD 01.01.100- Our mission is to create a safer Michigan through effective offender management and supervision in our facilities and communities while holding offenders accountable and promoting their rehabilitation.

Agency Website with PREA Information: <https://www.michigan.gov/corrections/0,4551,7-119-1409---,00.html>

Agency Chief Executive Officer

Name: Heidi Washington	Title: Director
Email: WashingtonH@michigan.gov	Telephone: 517-335-1426

Agency-Wide PREA Coordinator

Name: Charles Carlson	Title: PREA Manager
Email: CarlsonC2@michigan.gov	Telephone: 517-230-1464
PREA Coordinator Reports to: Julie Hamp	Number of Compliance Managers who report to the PREA Coordinator 32

Facility Information

Name of Facility: Kinross Correctional Facility			
Physical Address: 4533 W. Industrial Park Drive, Kincheloe, MI 49788			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 906-495-2282			
The Facility Is:	<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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Michigan Department of Corrections PD 01.01.100- Our mission is to create a safer Michigan through effective offender management and supervision in our facilities and communities while holding offenders accountable and promoting their rehabilitation.			
Facility Website with PREA Information: https://www.michigan.gov/corrections/0,4551,7-119-68854_1381_1385-5164--,00.html			

Warden/Superintendent

Name: Jack Kowalski	Title: Warden
Email: KowalskiJ@michigan.gov	Telephone: 906-495-2282

Facility PREA Compliance Manager

Name: Chris Schmitigal	Title: PREA Coordinator/Inspector
Email: SchmitigalC@michigan.gov	Telephone: 906-495-2281

Facility Health Service Administrator

Name: Cindi Jenkins, RN	Title: Health Unit Manager
Email: JenkinsCM@michigan.gov	Telephone: 906-787-2217

Facility Characteristics

Designated Facility Capacity: 1600	Current Population of Facility: 1565
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Number of inmates admitted to facility during the past 12 months		1100	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1100	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1100	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18+	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		1 day to 3 years	
Facility security level/inmate custody levels:		Minimum, Secure level 1	
Number of staff currently employed by the facility who may have contact with inmates:		230	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		53	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		8	
Physical Plant			
Number of Buildings: 11		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		10	
Number of Segregation Cells (Administrative and Disciplinary):		2 temporary Segregation cells	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
202 cameras, PTZ, birds-eye and fixed with digital blocking capabilities. The Guard 1 round tracking system. Mirrors in various locations			
Medical			
Type of Medical Facility:		General Medical care	
Forensic sexual assault medical exams are conducted at:		War Memorial Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		53	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		2	

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.

A Prison Rape Elimination Act audit of the Kinross Correctional Facility was conducted from May 20, 2019 through May 21, 2019, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards that became effective August 20, 2012. I, Traci Jacobson, was assisted during this audit by DOJ Certified Auditor Thomas Greishaw and Administrative Assistant Veronica Gambill-Harden.

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

PREA Analyst M. Silsbury provided the auditor with a flash drive that contained all pre-audit documentation including the PDQ, which arrived on April 24, 2019. This flash drive contained applicable policies and ample sample documentation in support of compliance with the standards and their provisions. After the onsite visit, all additional documentation was received via email, which included additional requested documentation. The auditor also provided the audit notices to the facility six weeks prior to the onsite visit, and they were posted on April 04, 2019 throughout the facility as verified by the PREA Analyst Mr. Silsbury's email dated April 04, 2019 containing direction on where to hang the notices in the housing units and general areas of the facility as well as a reminder that per standard 115.401(n), that correspondence sent to the auditors should be treated as legal mail. It was also verified during the onsite tour that the notices were posted in all housing units on the bulletin boards in the common areas of the facility. Through casual conversation had with inmates on the housing units, it was evident that they were aware of the audit and the auditor received written correspondence dated April 23 and 24th, 2019 from 2 inmates at the facility verifying that the notices were displayed in the facility. The inmates who corresponded through writing were included in the specialized interview selection.

The onsite audit, was preceded by a Pre-Audit Process in which the auditor reviewed the documents provided on the flash drive and provided feedback to the PREA Analyst and facility administrators. Examples of documentation were reviewed in their entirety and cross-checked with observations on-site and interviews. Some

agency interviews were conducted by a co-Auditor and shared with this Auditor and calls were placed to the War Memorial Hospital and JDI.

The auditors arrived onsite at approximately 0815 hours on May 20, 2019. An entrance meeting was held with key administrative staff beginning shortly after 0830 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Acting Warden Dave Isard, Assistant Deputy Warden John Huhtala, PREA Coordinator/Inspector Chris Schmitigal, agency PREA Analyst Matthew Silsbury, PREA Manager Charles Carlson as well as other senior managers within the facility. Introductions were made and logistics for the audit were planned during this approximately 20-minute meeting. Auditor Jacobson reviewed the list of inmates and selected the random and specialized inmates, this list was given to AA Veronica Gambill-Harden, and she was escorted to the Deputy's complex where she commenced the inmate interviews. Interview selection was based on inclusive demographics, gender, and housing units for both staff and inmates. Staff selection included staff who served on all three shifts. Once these factors were included, the selection was based on purely random selection from the relevant lists. Random and Specialized inmate interviews followed the format laid out by the PREA Resource Center's interview templates for inmates. Auditors Jacobson and Greishaw split up for the tour of the facility. Auditor Thomas Greishaw toured the outside buildings to include the Assistant Deputy Director's office building, the warehouse, an outside housing unit (K block) and its kitchen and the maintenance buildings before coming back inside and touring some of the housing units. Auditor Jacobson started her tour of Control where the cameras were all viewed, the Visiting room, Kitchen, Commissary, the quarter master, the Deputy's Suite, library, medical, yard and the temporary segregation unit before she toured the remainder of the housing units. The auditors met up on G block and wrapped up the tour.

The auditors toured all areas of the facility that were operational and that inmates and staff had access to, including; the 4 buildings outside the secure perimeter that house maintenance, the warehouse, Outside housing unit K, that holds 320 beds and the Assistant Deputy Director's office. The secure perimeter contains eight level II housing units, the yard and outside recreational areas, Pavilion, administration building, program/school building, health care, the temporary segregation cells and Food service were also toured. The facility is surrounded with double fences, electronic detection systems, camera system, razor ribbon wire and patrol vehicles. It is important to mention that the Kinross Correctional Facility was relocated to this site in 2015 and prior to this, the site was the Hiawatha Correctional Facility from 1989-2009. The MDOC planned to relocate the Kinross Correctional Facility which had been operating since 1977 on a converted US Air Force base to this location in 2015.

During the tour, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. They also provided an opportunity to confirm that staff were aware of their first responder duties and that inmates were aware of how to report allegations of sexual abuse and harassment. In addition to the casual conversations, random checks were made to ensure that doors intended to be secured were locked and calls were made on various units to assure that the hotline number worked from various phones on the housing units. During the tour, the auditor also informally interviewed the facility PREA Coordinator, PREA Analyst and various Resident Unit Managers and counselors to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in

determining compliance with the standards. Additionally, during the audit tour, the auditors sampled a minimum of two random inmate files on all of the housing units to verify inmate PREA education and PREA risk screening.

During the tour, the auditors observed the facility's camera monitoring system within the control center to verify that cameras were positioned in such a way to provide adequate coverage of the housing units, yet afforded privacy in bathroom/shower areas of the facility. The facility was found to have adequate camera coverage for 202, which included PTZ, bird's eye in larger areas and fixed cameras, which covered smaller areas. The system was a modern and robust camera system that provided great coverage of all common areas of the facility and with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. During a review of the camera system, the auditors saw evidence of rounds being conducted by security staff within the facility. It was observed that the camera system provides sufficient view of the housing units (which are open-bay, dormitory style housing) and their common areas, while precluding view of the authorized changing areas and restroom areas. The camera system also includes multiple views of the kitchen, food preparation areas, education, programming, recreation and internal walkways within the compound. The camera system provides a noteworthy supplement to existing direct supervision in each area of the facility and provides a means to retroactively review allegations within the facility. A privacy notice was posted in each of the housing units, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. On the tour, the auditor took notice to the "Knock and announce" notices posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit.

During the tour, this auditor followed the knock and announce policy on the housing units and the inmates did not seem alarmed or startled by my announcement, assuring this auditor that they have been accustomed to hearing this and aware that female staff may be on their housing units. Following the knock and announce, opposite gender staff waited 10 seconds prior to entering the housing unit. On each housing unit, the auditor's memo was found to be posted on the bulletin boards notifying the inmates of the facility's PREA audit dates. The onsite tour did not reveal any physical areas to be a concern regarding the sexual safety of the population. The tour of the facility lasted the entire day and the auditors exited the facility after an exit briefing at 1715hrs.

The random and targeted inmate interviews were selected from the population list provided to the auditor on May 20, 2019 which listed housing unit, movement date, name and number as well as those inmates who were in the targeted populations. The auditor selected four inmates from each housing unit assuring that the selections were from both sides of the unit as well as those inmates in the targeted populations were all included to be interviewed as there were only a total of 13 identified. Overall, 60 inmates were selected with 41 being available and agreeing to be interviewed during the audit. The assistant interviewed 28 random inmates and 13 targeted inmates that consisted of two inmates who identified as LGBTI, two who reported victimization during risk screening, five who reported sexual abuse, one who had a physical disability, two who had a cognitive disability, and one limited English proficient inmates. Two of the random inmates were inmates who wrote letters to the auditor who had filed a complaint about sexual harassment at another facility. The interviews were conducted in the Deputy's complex and the interviewers were given a private room. It was asked that only one inmate be waiting in que so that they were not forced to miss activities or interfere with their daily activities and to provide a more confidential interview environment. A mental health specialist was on hand for any inmates who felt they needed

to talk to someone, however that was not necessary. The following interviews were not conducted, as they were not available at this facility, youthful inmate, and an inmate in segregation for high risk of sexual victimization. As previously mentioned, while the tour was in progress on day one, assistant Veronica Gambill-Harden began conducting random inmate interviews in a private room within the facility and completed them on May 21, 2019.

On May 21, 2019 the auditors arrived at 0500am to begin the random staff interviews. The auditor was provided with a list of all staff at Kinross Correctional Facility, which included 230 total. 175 of the total 230 are Security/Uniform staff and 65 are support staff. Random staff interview selection was made by selecting one officer from each housing area and covering all three shifts, with an additional staff chosen from general areas with a total sample size of 9 random staff interviews per shift for a total of 27. The auditor also took into consideration the gender of the staff members selected. The auditors were given 3 private offices in the Deputy's complex to complete the interviews with staff with the PREA Analyst from MDOC central office, directing them to the Auditors. The auditors were led to their respective offices after the entrance meeting and the two DOJ auditors commenced with simultaneous interviews of third and first shift staff and the assistant continued with her random and targeted inmate interviews. At the conclusion of these interviews, the auditors began interviewing the second shift staff. The Kinross Correctional Facility operates with three shifts, the first shift running from 0700 hours to 1500 hours, the second shift starting at 1500 hours and running to 2300 hours and third shift starting at 2300 hours and running to 0700 hours. When interviews were completed with first shift staff, the auditors turned their attention to the specialized staff interviews. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff. The auditors and assistant then completed the second shift random staff interviews and conducted an exit briefing at 1730 hours.

A Co-Auditor conducted interviews with the following agency leadership and shared the results for this audit (not counted in totals below):

Heidi Washington, Agency Head

Charles Carlson, PREA Manager

The Auditor conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff (total) = 27

Specialized Staff* (total) =14

Total Staff Interviewed = 41

The breakdown of the specialized staff interviews is as follows:

- Warden (1)
- Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (1)
- Line staff who supervise youthful inmates (0-NA)
- Education staff who work with youthful inmates (0-NA)
- Program staff who work with youthful inmates (0- NA)
- Medical Staff (1)
- Mental Health staff (1)
- Non-Medical staff involved in cross-gender strip or visual searches (0-NA)
- Administrative (human resources) staff (1)
- SAFE and SANE staff (1)

- Volunteers who have contact with inmates (1)
- Contractors who have contact with inmates (1)
- Investigative Staff-Criminal investigations (1)
- Investigative Staff-Administrative investigations (1)
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff who supervise inmates in segregated housing (0-NA)
- Staff on the sexual abuse incident review team (1)
- Designated staff member charged with monitoring retaliation (1)
- First responders, security staff (1)
- First responders, non-security staff (1)
- Intake staff (1)
- Mailroom staff (1)

Total Specialized staff interviews * =17

*Note: 3 of the 14 specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

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

Co-Auditor D. Radziewicz, who was conducting two audits at the same time as this Auditor, interviewed the agency head's designee and agency PREA Administrator in person. It was agreed that due to the number of audits being conducted at the same time, one auditor would interview for all 4 sites and then shared his notes. Telephone interviews were conducted with representatives of War Memorial Hospital (who provides SAFE/SANE and forensic examination advocacy services to the facility) and a representative of the Diane Pepler Resource Center who provides advocacy services to the facility.

The auditors conducted our exit briefing at Kinross Correctional Facility with Acting Warden Isard and his administrative staff and designated staff. The auditors briefly described the audit process and the pending report compilation. The audit team could not provide specifics concerning individual standard compliance, as the lead auditor continues to have considerable work to do, in order to properly assess compliance. The audit team commended facility personnel, and provided deserved comments concerning the positive facility culture, the evident teamwork and conscientious attitude of staff, the quiet and controlled nature of the facility, the staff and inmate interactions, the feeling of relative safety by the inmates and staff, the friendly, and the relaxed professionalism exhibited by the proud employees.

This auditor was afforded with the opportunity to review in entirety the 14 facility investigations. These were the only investigations during this audit cycle. Of the 14 investigations, eight were Sexual Assault allegations and they were closed due to insufficient evidence. Of these 8, Sexual Assault cases three of them were Staff on Inmate and 5 were Inmate on Inmate. There were 6 allegations of Sexual Harassment, 5 unsubstantiated and 1 substantiated. Of these allegations, two were Staff on Inmate and the other 4 were inmate on inmate allegations of Sexual Harassment. Out of the 14 cases investigated through the audit year, 5 allegations were reported through the PREA hotline, 6 reported directly to staff, 2 filed grievances (1 for Sexual Abuse and 1 for Sexual Harassment), and 1 was filed through a “Kite” (inmate correspondence to staff). This auditor found the investigations to be thorough and well prepared and organized and meeting the standards. There were zero cases that met the criteria for Criminal Investigation by Michigan State Police, even though all Sexual Abuse cases were referred to them for disposition.

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditors and both the agency (PREA Analyst) and facility staff (PREA Coordinator). During this time, the auditor discussed all concerns with PREA Analyst Matthew Silsbury, who filtered request to the appropriate staff. Through a coordinated effort by Mr. Silsbury and key staff at the Kinross Correctional Facility all informational requests of the auditor were accommodated prior to the completion of the report.

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.

The Kinross Correctional Facility is a minimum-security prison with a designed capacity to hold 1600 inmates with an average population of 1565. On day one of the onsite audit the population was 1552 inmates and on the final day of the onsite audit the population was 1548. KCF is located on the site of the former Hiawatha Correctional Facility. The facility opened in 1977 utilizing a converted U.S. Air Force base for most of its structures. The facility relocated to its current location in October 2015. The eight, level II housing units which are open-bay dorms, can accommodate up to 1,280 prisoners. KCF also maintains a housing unit near the site of the former facility housing 320 Level I prisoners also in open-bay dorms. The 50-acre prison has ten buildings, which includes an administration building, program building, maintenance, food service and indoor activity areas. The level II housing units are lettered A-H and have 8 man cubes with open bay settings. The level I unit is lettered K and has 8 man cubes with open bay setting. There is a food service unit at both the level II and level I locations. There are two single-occupancy cells in the medical department, which are utilized as temporary holding cells.

The perimeter security consists of a buffer fence, double chain link fences, electronic detection systems, camera systems, razor ribbon wire, gun towers and armed patrol vehicles. The 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 offenders from sexual abuse and they abide with generally accepted detention and correctional practices. All areas that would be considered “blind spots”, i.e., offices, closets, have their doors closed and locked at all times unless supervised by a staff member. Areas can also be viewed by video surveillance.

The education department offers academic instruction toward completion of General Education Development (GED). Vocational training is available in welding and custodial maintenance. Employment readiness and job counseling is also available. Cognitive behavioral programming includes courses in violence prevention, bridges, and thinking for a change. Substance abuse education and counseling is provided. Prisoner organizations contain Jaycees and National Association for the Advancement of Colored People, among others. Protestant, Muslim, and other religious services are conducted, with local community volunteer assistance. Many recreational type activities (weight lifting, softball, etc.) are available as well. Prisoners have access to a law and general library.

Psychological services provide diagnostic assessment, individual therapy, and crisis intervention. A fully staffed on-site medical and dental care unit is housed within the facility. Emergencies are referred to War Memorial hospital.

The facility is designed to operate a maximum capacity of 1600 adult male inmates (18+). On the last day of the audit, there were 1548 inmates present. The auditor observed that the inmate population was all male, ranging from the age of 18+. The average length of stay was 1 day to 3 years.

There are 175 security/uniform staff with 65 support staff which includes contractors at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, Inspectors, Assistant Deputy Wardens, Deputy Warden and Warden. The layout of the housing units require the officer to do regular rounds of the unit with video surveillance supplementing the rounds.

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: 0

Click or tap here to enter text.

Number of Standards Met: 45

115.11, 115.13, 115.14, 115.15, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 118.86, 115.88

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC Prison Rape Elimination Act Manual: April 2017 (all)
 - b. PD03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (all)
 - c. DOM 2016-17 Director's Office Memorandum (all)
 - d. KCF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (all)
 - e. Position description PREA Administrator Manager (pp 1-8)
 - f. Budget and Operations Administration Organization Chart (all)
 - g. Statewide PREA Coordinator List: 2017-06-13 (p1-2)
 - h. Facility organization chart
2. Interviews:
 - a. PREA Coordinator
 - b. Random Inmates
 - c. PREA Administrator (conducted during the Agency level audit)

3. Site Review Observations:

a. PREA signage

115.11 (a) The Kinross Correctional Facility (KCF) has a comprehensive policy on their zero tolerance of sexual abuse and sexual harassment. Agency policy 03.03.140 and the PREA Manual outline the agency's approach to implementing the zero-tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy. The auditor reviewed these documents in their entirety to determine compliance with this provision.

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

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

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

115.11(c) Based on a review of the PREA Manual and interviews with the PREA Administrator and facility PREA Coordinator, the auditor determined compliance with provision (c). The PREA Coordinator (aka PREA compliance manager) reports that he was given sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. He felt that his Warden gave him time and authority to implement training and make changes when it was required to meet standards or improve practices in reference to the PREA standards.

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.

The following evidence was analyzed in making the compliance determination:

- 1 Documents:
 - a. Contracting for Confinement Memo
- 2 Interviews:
 - a. PREA Administrator (conducted during the Agency level audit)
 - b. PREA Coordinator
 - c. Department's Contract Administrator (conducted during the Agency level audit)

115.12 (a-b) Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the agency nor the facility currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA Manual demonstrate the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its "inmates". Specifically, the agency states that individuals are parole violators who are pending decision for return to an MDOC facility; thus not officially an MDOC "inmate". The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance. As of the date of this interim report, the audit team has not received such written direction provided to the agency.

The audit team researched the agency's description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no "non-residential time", and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered "inmates" who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.

A response to the auditor helpline request was received June 4, 2019. The guidance was that "the fact that people confined in Community Confinement Facilities are referred to as 'residents' does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say 'inmate'." This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was

requested. As of the date of this interim report, the agency has not responded to this request for a phone conference to resolve the issue.

When evaluating compliance with the provisions enumerated within the standard, the audit teams find compliance with provision (a) of the standard. Specifically, the agency has included in its contracts that the facilities adopt and comply with the PREA Standards. However, the agency has no established contract monitoring system to ensure the contracted agencies are compliant with the PREA standards as required under provision (b) of the standard.

Although the contract has language for the PREA standards requirement; neither contracted facility has any publicly posted evidence of PREA compliance (i.e. an audit report or policies pertaining to PREA), with one facility's website simply stating they will strive to be PREA compliant. Considering that said contracts were entered into as of October 1, 2017 and remain in effect through September 30, 2019; each contracted facility has had ample time to establish PREA policies pursuant to its contract obligations and generate sufficient evidence of compliance through an audit, with MDOC oversight and contract monitoring as required by the standard.

Due to the absence of contract monitoring, an established procedure to ensure the contracted entities are adhering to the PREA standards; this auditor finds that the agency has not met its obligations under provision (b) of the standard to effectively monitor its contracted agencies nor compelled compliance with the PREA standards.

Corrective Action Recommendation:

The MDOC will be required to establish a formal and documented means of ensuring the agency's contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

Post Interim Report Corrective Action:

Following the issuing of the interim report, a discussion was held in conjunction with a debriefing from the agency's Richard A. Handlon audit on June 27, 2019. During that discussion with one of the agency's PREA Analysts, it was suggested that a facilitated discussion between the PA DOC audit teams, the MDOC and the PREA Resource Center could be helpful in advancing the discussion. The audit team sent a request to the PREA Resource Center (PRC), requesting the phone conference and potential dates of availability. On July 18, 2019, a request for a phone conference and potential dates of availability was sent to the MDOC PREA Coordinator and Analysts and the discussion was ultimately scheduled for August 8, 2019.

During the phone conference, the audit team, MDOC PREA staff, and a representative of the PRC discussed the viewpoints of the audit team and the agency. Due to continued disagreement between the agency and the audit team over the applicability of the standard to MDOC prison audits; the PRC representative agreed to draft a

summary of the conversation for review by the agency PREA Coordinator and the audit teams for submission to the PREA Management Office (PMO) for interpretive guidance. Between August 9, 2019 and August 13, 2019, the drafts circulated between the audit team and MDOC, before submission to the PMO.

On August 23, 2019, the PRC provided the PMO's interpretive guidance on the applicability of 115.12 to the two identified agency contracts. The following guidance was issued:

Based on the information provided and in light of current guidance, it appears that the FAQ that MIDOC relies on for its argument does not apply to this situation. The FAQ envisions temporary transfer/housing situations that arise with facilities that are **not already contracted** and based on reasons outside the control of the agency. The circumstances described seem to indicate that the IDRPs are detention facilities used by the MIDOC to hold inmates who have been adjudicated as parole violators until they are released or transferred to a DOC facility. In other words, it appears that this involves a standard contract to hold MIDOC inmates and therefore MIDOC needs to ensure that the IDRPs comply with the standards. It doesn't matter that they are there temporarily—the vast majority of inmates are only held temporarily, but they are still entitled to the protections offered by the Standards, and so the requirements of 115.12 apply.

On August 26, 2019, the MDOC again asserted its reservations with the interpretive guidance and requested the original direction from the DOJ staff for their use and support moving forward within the agency.

On September 3, 2019, the audit team requested a phone conference to discuss potential resolution to 115.12. The audit team advised the agency of approximate dates when corrective action periods could be anticipated to expire and stressed the urgency of formulating a plan, even if the MDOC continued to pursue its objection to the applicability of the standard. A phone conference was ultimately scheduled for September 23, 2019.

During the phone conference, the audit team, the MDOC PREA staff, and MDOC contract monitoring staff discussed the steps necessary to demonstrate evidence of contract monitoring. Through the discussion, the audit team learned that the contracts are legislatively earmarked and would be renewing automatically October 1, 2019. The audit team discussed the August 2, 2019 FAQ, which updated the previous February 19, 2014 FAQ, to require that any entity under contract for 3 years or more must be audited as PREA compliant by August 20, 2022. Within the FAQs, even though the contracted entity need not be required to be immediately compliant, the contracting agency is required to document its monitoring of the contracted entity's progress towards compliance.

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective

action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be consulted by the agency's contract monitors to assess whether the contracted entity's evidence of compliance was consistent with the PREA standards.

The audit team and the MDOC mutually agreed that the provision of the corrective action plan to the contracted entities, and an acknowledgement of the obligations of the corrective action plan requirement by the contracted entities would suffice as evidence that the MDOC has engaged in contract monitoring as required by provision (b) of the standard. The MDOC's enforcement of the contractual corrective action plan is deemed to be most appropriately assessed during future third cycle audits to ensure the MDOC has continued with those obligations initiated through the second cycle audits where the issue was first identified.

On September 24, 2019, the MDOC provided the audit team with the contractual corrective action plans developed for each of the contracted entities and provided email correspondence verifying that each had been formally sent to each of the contracted facilities. The corrective action plans included the following milestones:

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
 - b. 115.13 Supervision and monitoring.
 - c. 115.15 Limits to cross-gender viewing and searches.
 - d. 115.22 Policies to ensure referrals of allegations for investigations.
 - e. 115.61 Staff and agency reporting duties.
 - f. 115.67 Agency protection against retaliation.

2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.31 Employee training.
 - b. 115.32 Volunteer and contractor training.
 - c. 115.33 Inmate education.
 - d. 115.34 Specialized training: Investigations.
 - e. 115.35 Specialized training: Medical and mental health care

3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.41 Screening for risk of victimization and abusiveness.
 - b. 115.42 Use of risk of victimization and abusiveness

4. You must have a certified PREA audit completed on your organization no later than 8/19/2022, and once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.
 - a. 115.93 Audits of standards
 - b. 115.401-115.405 Auditing and Corrective Action

The contracted entities were given until October 8, 2019 to respond to the corrective action plan.

The audit team was provided with the contracted entity response on October 8, 2019. Both contracted entities agreed to abide by the corrective action plan and agreed to the deadlines the MDOC imposed via the contract corrective action plan. The audit team finds this formal demand for compliance by the MDOC and acknowledgement of the need for corrective action by the contracted entities to satisfy provision (b)'s requirements for the agency to monitor and enforce compliance with PREA provisions of its contracts.

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

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

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC Prison Rape Elimination Act Manual: April 2017 (pp 20-21)
 - b. Facility staffing plan
 - c. Deviations
 - d. CAJ-1027 Annual Staffing Plan Review Form (p 1)
 - e. 2017 KCF PREA Staffing Plan Review CAJ-1027 (p 1)
 - f. 2018 KCF PREA Staffing Plan Review CAJ-1027 (p 1)
 - g. PD 04.04.100 Custody, Security and Safety Systems (SS-UU, XX)
 - h. OP KCF 04.04.100A Facility Rounds and Inspections (pp. 1-3)
 - i. Intermediate or high level rounds (December 2018, January and February 2019)

2. Interviews:
 - a. Warden
 - b. Random Inmates
 - c. Random Staff
 - d. Intermediate/High level facility staff

3 Site Review Observations:

- a. Housing unit tours
- b. Familiarity of staff with inmates
- c. Camera placement and video coverage
- d. Adequate staff presence
- e. Daily shift assignments

115.13(a-1) Interviews with the Warden and PREA Coordinator reveal that no significant changes were made with respect to the number of personnel at the facility. The video surveillance system includes a total of 202 cameras. The facility upgraded its camera coverage capabilities during the Department's camera enhancement project prior to this facility taking over the site, facilitating KCF moving to this site. During the audit tour, the auditors received a demonstration of the camera system's capabilities and were impressed with how the system serves to augment staff supervision in all areas of the facility. The auditors also made note that housing areas and common areas were designed in such a fashion as to provide straight lines of sight when officers were doing rounds. A review of the facility's staffing plan and interviews with the PREA Coordinator and Warden revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the state's Auditor General. The operational staffing plan was originally predicated on 1600 inmates and the facility's average daily population has averaged 1498. After review and discussion, the auditor found the facility to meet this subsection.

115.13 (a-2&3) The Kinross Correctional Facility does not have any judicial or federal findings of inadequacy. No documentation could be found and the Warden confirmed that there are no findings.

115.13 (a-4&9) The Warden and PREA Coordinator both confirmed that their internal audits and Auditor General Audits tend to be a higher standard and they must immediately correct any deficiencies that are noted. The Warden had the last Audit for our review and no staffing violations or deficiencies were noted and he assured that after any audit, the outcomes are considered in the staffing plan if necessary.(a-9) The auditor felt the facility demonstrates that it takes these subsections into consideration when reviewing their staffing plan.

115.13 (a-5) The Warden reports, the Inspector discusses camera operations as part of the administrative meetings to address camera placement and blind spots where staffing may be required or cameras may need to be placed. This was also evident in the facility tour that camera installation and blind spots were well thought out and talked about amongst the administrative staff, assuring the auditor that they address this in their staffing plans.

115.13 (a-6&8) The administrative staff also takes into consideration the inmate composition, both the Warden and the PREA Coordinator were versed in the type of inmates they were housing. Kinross Correctional Facility consists of 320 Level 1 beds, 1280 level II inmates and 2 temporary holding cells. This population requires them to consider the need for staffing in the program buildings as well as camera placement. They report that when new programs are introduced that they may have to adjust staff or even programming times as not to conflict with the staffing plan, to assure to protect against sexual abuse. The Warden also reports that he has the latitude to run essential assignments based on programming and institutional need.

115.13 (a-7) The auditor was able to review the daily rosters along with the staffing plan to collaborate the Warden's account of having 1 Captain and 2 Lt's, and 8 Sergeants on the 7-3 shift, 1 Captain, 2 Lts and 4 Sergeants on the 3-11 shift and 2 Lts, 3 Sergeants on the 11-7 shift. During the day they also have 2 RUM's (Resident Unit Managers) assigned to the housing Units as well as 10 counselors/Assistant Resident Unit Managers. During the onsite tour the auditor was also able to meet and speak to these supervisory staff proving their placement is considered in the staffing plan.

115.13 (a-10&11) During the Incident Review Team meetings staffing is always addressed if it is a concern. Both the Warden and PREA Coordinator confirmed that if staffing is an issue, the staffing plan is discussed and if it would need to be changed, they would recommend a change. This was also collaborated through the interview with the staff member sitting on the Incident Review Teams. It is evident to this auditor that the facility is taking this and any other relevant factors into consideration when addressing adequate staffing levels and plans. It is also important to mention that this facility also takes into consideration other Department Incident Review outcomes and have developed staffing/escort procedures for areas that have been problematic at other facilities.

115.13 (b) According to interviews with the PREA Coordinator and Warden, the agency does not ordinarily deviate from its staffing plan. The Warden reported that all posts are filled either through voluntary overtime or mandated overtime; however, there could be situations that warrant them to deviate from the staffing plan based on the following five factors, 1) Sick Leave, 2) FMLA, 3) Staff Vacancies, 4) Emergency Weather and 5) Lack of Staff to Mandate. According to the Warden the facility would document any deviations from the staffing plan however the facility has not had any issues that they were not able to address as they staff for 6 rovers that they can cancel and utilize the staff assigned to those positions for mandatory areas, therefore the auditor found them in compliance with this subsection.

115.13 (c1-3) The PREA Manual states that the Warden and PREA Coordinator are involved in "at least" annual reviews of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator for review. The Warden and PREA Coordinator report being involved in the staffing plan for the facility and the review of agency policy dictates that it is reviewed annually. The Warden reports that he covers this in his regular administrative staff meetings and they discuss staffing coverage, video coverage and any necessary or new resources that may be needed. Staffing Plan reviews are conducted more frequently than annually as the Warden reports it being part of his administrative meetings. The Annual Staffing Plan reviews provided (CAJ-1027) did demonstrate compliance with the language in this subsection; the facility is compliant with this subsection.

115.13 (d) PD 04.04.100 Custody, Security and Safety Systems and the PREA Manual establish policy for unannounced supervisory rounds. During the on-site portion of the audit, this auditor asked staff and inmates on every housing unit and in various areas if they regularly see administrative staff in that area and without hesitation those questioned would respond in the affirmative. When asked if they would be announced or unannounced rounds the staff would say they were unannounced. The facility also provided documentation during the pre-audit phase that demonstrated that their staff were meeting the requirements of the minimum rounds set forth in the OP KCF04.04.100 Facility Rounds and Inspections.

Through interviews with the PREA Coordinator and review of tour scan activity, facility Lieutenants/Captains would make daily rounds inside the institution and at least weekly rounds in each housing unit. The Wardens would make rounds inside the institution at least monthly, The Deputy Warden completed rounds on a weekly basis and on 2nd shift at least one time a month. The Inspector made rounds inside and outside the perimeter at least one time a month and the RUM's made regular rounds of their assigned areas. These rounds covered the shifts and the inmates interviewed reported being familiar with the administrative staff. A facility Deputy Warden was interviewed regarding unannounced rounds and reported that he typically makes rounds in the facility and policy stipulates that they are unannounced so he randomly just walks around and does it when staff does not suspect it. He reported that rounds used to be documented in the unit logbooks in green ink but now they use the Guard 1 electronic tour system and facility administrators are assigned a round reader to electronically scan and log their presence within the area being toured. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants and at least weekly presence of Captains, Deputy Wardens and other key administration staff on the housing units. The Warden and PREA Coordinator are able to print out tour reports to demonstrate that tours are being completed and on all shifts. The auditor reviewed the tour reports conducted for the months of January, February 2019 and December 2018 and it was evident that the tours are being completed and randomly. When speaking with line staff they report that the Administrative staff, from the LT.'s to the Warden, are visible and that they are not notified of when they will be touring. After a review of agency policy, interviews with the facility administration, informal interviews with line staff, inmates and a review of tour reports allowed this auditor to find compliance with this provision.

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

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The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp11-12)
 - b. PD 05.01.140 Prisoner Placement and Transfer (Y-Z)
 - c. Kinross Memo and Web Page (pp1-4)
2. Interviews:
 - a. Warden

b. PREA Coordinator

3. Site Review Observations:
a. Inmate population

115.14 (a, b-1-2, c) Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.

During the audit tour and through interviews with the Warden and PREA Coordinator, it was observed that the Kinross Correctional Facility does not house youthful offenders and is therefore compliant all of the subsections of this standard.

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

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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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p16)
 - b. PD 04.04.110 Search and Arrest in Correctional Facilities (Q, W, Z)
 - c. Michigan Compiled Law 764.25 (b) (p1)
 - d. Personal Searches Training Module (hr 5-4)
 - e. PD03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (GGG)
 - f. KCF OP03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners.
 - g. MDOC Knock & Announce Sign
 - h. Bi-Lingual Privacy Notice Sign
 - i. PD 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria (I)
 - j. OP KCF 04.04.110E Search & Arrest of Prisoners, Employees & Visitors (p 2)
 - k. KCF Posted Housing Unit Rules (p.2)
 - l. Personal Searches Training-GID and Transgender (All)
 - m. Custody and Security in Corrections Part 2-Searches (computer based training) (pp 1-59)
 - n. Cross Gender Search Training Records (pp1-12)
 - o. KCF Memo and Web Page

2. Interviews:
 - a. PREA Coordinator
 - b. Random Staff
 - c. Random Inmates
 - d. Medical staff
 - e. Transgender Inmates

3. Site Review Observations:
 - a. Shower and toilet areas in housing units
 - b. Posted Knock and Announce signs
 - c. Observance of Knock and Announce procedures.
 - d. Posted housing unit rules
 - e. Observation of video surveillance/black out of shower/bathroom areas where necessary.

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

115.15 (b). Kinross Correctional Facility houses only male offenders.

115.15 (c). Policy 04.04.110, and the PREA Manual establish policy for provision (c) of the standard and were reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of

the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat-searches of female inmates be conducted by female staff only. These policies require that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that a staff person must be of the same gender as the person receiving the visual body cavity search. The training module and records were also viewed and staff are trained on the strip search policy.

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff receive regular training on search procedures. Staff members reported during the interviews that they are knowledgeable that they are not permitted to conduct strip searches at the facility. It is also noted that there are a small number of female staff employed by this facility, minimizing the need. The auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

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

During the audit tour, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units and on the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy. This auditor being a female was able to observe that the inmates were aware of what I was doing and did not seem alarmed by the announcement or unaware that it was required.

More than half the Inmates who were formally and informally interviewed during the audit tour consistently reported that they do not hear female staff announce themselves when entering the housing units. This auditor announced herself entering the housing units however the inmates still reported that they did not hear me. Many of the inmates who reported that they don't hear female staff announce themselves also stated the reasons why are because, they don't pay attention, they wear their headphones and that those housed in the dorms furthest from the entrance cannot hear when someone is entering the housing units. It was brought to this auditor's attention that there are not many females working in the facility. While many inmates stated that it is sometimes difficult to hear the announcement, the practice is in place.

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

of the housing units, this auditor would ask offenders if they felt they had privacy to dress and shower without being viewed by the opposite sex and all assured me that they did with no one saying the opposite.

115.15 (e). The PREA Manual, KCF OP 04.04.110 and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. The transgender inmate housed at the facility was interviewed and denied being examined or strip searched for the sole purpose of determining genital status to find compliance with this provision.

115.15 (f). Custody and Security in Corrections Part 2, Personal Searches: The Application of Search Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). All of the 27 randomly interviewed staff reported that they were trained how to conduct a cross-gender pat-down search and searches of transgender and intersex inmates while they attended the basic training Academy. Training records were reviewed and staff were all trained on proper cross gender search techniques according to these records. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of pre-audit sample training records relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of 7 of the random staff interviewed training records demonstrates compliance with provision (f) of the standard

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

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 18)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (EEE)
 - c. MDOC Identifying and Addressing Sexual Abuse and Sexual Harassment Braille (Cover)
 - d. Privacy Sign (Spanish)
 - e. Tri-fold (Spanish)
 - f. DVD “Taking Action” (CC)
 - g. Sexual Abuse Poster-Spanish Photo
 - h. Bi-lingual Privacy Notice Sign
 - i. Sexual Violence Tri-fold Pamphlet (Spanish)
 - j. Just Detention International (Spanish)
 - k. Bi-Lingual Informed Consent Poster
 - l. KCF Prisoner Guide Book (Spanish) (pp1-44)
 - m. KCF Prisoner Orientation packet (Spanish) (pp 1-13)
 - n. Documentation of Interpreter Services Purchase Order(pp 1-3)
 - o. Language services Memo

2. Interviews:
 - a. Disabled/Limited English Proficient Inmates
 - b. Random Staff
 - c. Informal interviews with line staff

3. Site Review Observations:
 - a. Teletype machine
 - b. Posted PREA reporting information-Spanish version
 - c. Spanish guide book
 - d. Kiosk

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

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

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

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

Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. Several LEP inmates were interviewed and they all report that PREA information is provided to them in a manner they can understand. The facility also provided the purchase order for the interpreter services they have with Pallero Translations, placing them in compliance with subsections (a) and (b) of the standard.

115.16 (c). Agency policy 03.03.140 and PREA Manual prohibit the use of inmate interpreters and were reviewed in determining compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, most staff appeared to understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. Staff generally said they would refer to the Inspector if an inmate was having difficulty communicating a PREA complaint and he would arrange for the services. This auditor did notice a different response from those officers working the 11-7 shift, with them not being aware that other inmates should not be used and a lack of knowledge if these services were available. Those staff on the first and second shift had

more familiarity however were not sure how to access the services, and therefore find this standard to need corrective action.

Corrective Action Recommendation:

The PREA Coordinator shall provide information to all staff on the importance of not utilizing inmate interpreters, inmate readers or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment. The staff should also be made aware of the procedures to contact the interpreter services if the need arises and the Inspector is not available. The PREA Coordinator will then provide documentation to the auditor that consists of the information shared, the date the information is shared, and verification that all staff received the information.

Post Interim Report Corrective Action:

Following the issuing of the interim report, the PREA Coordinator provided information to all staff via email and memo on August 29, 2019 on the importance of contacting the interpreter services if the need arises and the Inspector is not available. The information detailed the process a staff member would take on accessing Pallero Translations which is the vendor on contract. The memo also reiterated that the facility would NOT utilize inmate interpreters, inmate readers or other types of inmate assistants to assist inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment. The PREA Coordinator will also continue to reiterate the information at regular scheduled trainings for staff.

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

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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 18-20)
 - b. PD 02.06.111 Employment Screening (D, E, F, J, K, R, s)
 - c. PD 02.04.140 Human Resource Files (CC 1 and 6)
 - d. Corrections Officer Recruitment (#9, 10, 11, 12)
 - e. Corrections Supervisor Application Questions (#12,13,14,15)
 - f. Corrections Sergeant Application Question (#15)
 - g. Background checks for newly hired staff (pp1-8)
 - h. Background checks volunteers-contractors (pp1-2)
 - i. Documentation of Lien checks run on all employees (pp1-5)

- j. Corrections Officer Application Questions (pp1-5)
- k. Requests for information on employees applying to work (pp1-9)

2. Interviews:

- a. Human Resource Supervisor
- b. Warden

3. Site Review Observations:

- a. Review of online personnel files for promotional, new hires and current employees
- b. Verification of LIEN checks
- c. Verification of Questions on Applications being answered in the negative

115.17 (a 1-3). 02.06.111 EMPLOYMENT SCREENING (D) and the PREA Manual (pp 18-19) establish procedures for hiring and were reviewed in determining compliance with provision (a 1-3). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within provision (a) of the standard.

Corrections Officer job postings, application questions and a promotional application for Sergeant and Corrections Supervisor were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility conducts background checks on all staff every three years and on ammunition handlers every year. Through an interview with the Human Resource Director, these background screenings (LIEN checks) are conducted in the Records office, Control Center or the Captain's office. The facility conducts checks on those staff directly hired currently employed and those staff transferring into the facility, while the Department's central office staff complete the LIEN's (backgrounds) on all new hire custody staff. Human resource staff are required to review the criminal background (LEIN Check) verification form within files prior to issuing staff their identification to enter the facility.

A review of facility hiring records, agency application materials, interviews with the agency PREA Coordinator and Human Resource staff confirm that the Kinross Correctional Facility complies with provision (a 1-3) of the standard.

115.17 (b). Policy 02.06.111 (E), the PREA Manual (p 19) and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.

A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of new custody staff. This function is completed at the agency level by central

office staff. However, every applicant to the Michigan Department of Corrections must complete an electronic application process where sexual harassment screening takes place. Human Resource staff at the facility monitor responses in those application materials to consider the sexual harassment history of candidates for hire and promotion. Sample applications for a new hire and promotion were reviewed. Both employment application materials (questions #12 and #15) demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with this provision.

115.17 (c). 02.06.111 EMPLOYMENT SCREENING (F, K, R) and the PREA Manual (p 18) establish procedures for hiring and were reviewed in determining compliance with this provision. A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of newly hired custody staff. This function is completed at the agency level by central office staff and provided to the facility staff when they are hired. The auditor was able to verify the background checks for newly hired staff and background checks for volunteers and contractors that were directly hired through the facility as well as review the Authorization for Release of Information and Verification of Employment, potential employees/contractors are required to sign and included with an authorization for release of information to former institutional employers for information on substantiated allegations of sexual abuse/harassment or any resignation during a pending investigation of an allegation of sexual abuse or harassment.

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

115.17 (e). According to policy 02.06.111 EMPLOYMENT SCREENING (S), the PREA Manual (p20) and staff interviews, LEIN checks are completed by the records supervisor every 3 years. The pre-audit documentation demonstrated that all LEIN checks were completed by May 04, 2019. This auditor found that the facility exceeds the provision of this standard as it only stipulates every five years however, they complete them every three years for all staff and every year for all ammunition-qualified staff.

115.17 (f). The facility provided and the auditor reviewed sample applications for hires of new corrections officers (question#12) and two promotional applications (question #15) and the MDOC PREA Manual (p 19) to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion and during any self-evaluations. In addition to application materials, the PREA Manual requires that employees have an ongoing obligation to disclose any sexual misconduct. The facility demonstrates compliance with this provision.

115.17 (g). Agency policy 02.06.111 (J) and the PREA Manual, which were reviewed by this auditor, affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and the PREA Manual sufficiently cover provision (g)

of the standard. The facility indicates that there have been no instances where such material omissions have been noted.

115.17 (h). Agency policy 02.01.140 HUMAN RESOURCE FILES (CC 1&6), and the PREA Manual establish procedures for provision (h) of the standard to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees and were reviewed by this auditor. The facility provided Department documentation of responses provided to other facilities for review to assist this auditor in determining the MDOC's compliance with this provision.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 21)
 - b. Sample of CAH-135 Project Review and Approval (1)

2. Interviews:
 - a. PREA Coordinator/Inspector
 - b. Warden
 - c. Informal staff interviews

3. Site Review Observations:
 - a. Camera placement
 - b. Video monitor

115.18 (a) The PREA Manual (p 21), was reviewed in determining compliance and states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. Interviews with the PREA Coordinator/ Inspector and the Warden confirm that the reason this site was selected for KCF to relocate to was because the MDOC camera upgrades were already completed at this site, and with the expansion to the monitoring/camera technology, they took into consideration the sexual safety of the population. During the tour it was obvious that the camera placement, line of sight and safety were at the forefront of the project. It is important to note that the camera system was placed into this facility prior to the current occupation of the Kinross Correctional Facility. The current administration was not involved however this project was part of upgrades across the state, and MDOC took into consideration inmate safety.

115.18 (b) The facility Inspector stated in an interview that the facility's camera system expands coverage to include 202 cameras. Prior occupants carefully considered the placement of its cameras to cover virtually all common areas where viewing is permissible. The auditor observed the view from all cameras and was particularly impressed with their ability to black out areas to afford privacy to the offender while providing the staff the ability to assure safety and security. During the demonstration of the camera system, staff articulated that the cameras have significantly enhanced their visibility and deterred forbidden activity. The facility also has an electronic tour scan verification system that was observed during the tour. This system is in operation. Not only does this system ensure that rounds are being made, it also ensures that such rounds are done irregularly and by whom. The camera upgrade and tour verification system, even though installed prior to the occupation, demonstrates that the agency and facility are dedicated to compliance with this provision.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp26-30)
 - b. MDOC Crime Scene Management and Preservation Manual (all)
 - c. PD 03.04.100 Health Services (UU)
 - d. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 9-10, X)
 - e. Victim Advocate Memo and Training Curriculum Requirements, Records (16)
 - f. Diane Pepler Resource Center (Newberry, Kinross, Chippewa) (pp1-4)
 - g. Facility trained advocates pursuant to memo provided above

2. Interviews:
 - a. Medical staff
 - b. Investigators
 - c. Random staff
 - d. Informal staff
 - e. Staff Diane Pepler Resource Center
 - f. RN, War Memorial Hospital

3. Site Review Observations:
 - a. Review of investigations (pre site audit).
 - b. Facility staff have available to them a PREA Pocket Guide

115. 21 (a). According to the agency's Crime Scene Management and Preservation training manual (all) and the PREA Manual (pp28-29), the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.

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

During random staff interviews and informal interviews during the audit tour, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those

involved do not take actions that could destroy evidence. Basic Investigator Training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with this provision.

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

115.21 (c). Policy 03.04.100 (UU) and the PREA Manual (p 26), were reviewed by this auditor in determining compliance and specify that forensic examinations are provided without cost to victims of sexual abuse. The established protocol between the facility and the Hospital require that the facility notify the hospital that an inmate is being transported to the facility for an examination. War Memorial Hospital will arrange for victim advocacy services while the inmate is in transport to the facility. The auditor notes that the facility had no forensic exams conducted during this audit cycle.

Through a review of agency policy and an interview with an RN at War Memorial Hospital, this auditor determined that the facility complies with provision.

115.21 (d). The PREA Manual (p 27) the Victim Advocate Memo and Training Curriculum and those trained as well as the agreement with the Diane Pepler Resource Center were reviewed to determine compliance. Interviews were conducted with the Director of the Diane Pepler Resource Center and she reported and confirmed that they have provided services in the past for offenders from other Correctional Facilities in the area but have not specifically provided services to anyone from KCF however they are available if need be. The RN at the War Memorial Hospital also confirmed that they would contact the Diane Pepler Resource Center for Victim Advocacy if they had an offender in their facility for services that was assaulted. It is noted that the interviewed inmates did not report abuse that required a forensic examinations and of the two-interviewed one said they were and one was not offered outside services. The PREA Coordinator reported that they have not utilized the Diane Pepler Resource Center for victim advocacy and that they have their mental health staff trained to be advocates if necessary. .

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

examination and investigatory interviews. This advocate can be from the Diane Pepler Resource Center or a trained staff member from the Kinross Correctional Facility. The auditor finds that the facility has demonstrated compliance for this subsection.

115.21 (e). The facility has identified 16 mental health and medical staff to serve as qualified staff members to provide advocacy services during any investigatory interview in the absence of a rape crisis advocate. During the onsite portion of the audit, the agency PREA Analyst for the facility confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of providing advocacy services. The MSP memorandum confirms that the investigative agency has agreed to allow this individual access during forensic medical examinations and interviews consistent with standard 115.21. Consistent with the formal agreement with the Diane Pepler Resource Center, the facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with this provision of the standard; however, has not had to exercise these plans during this audit cycle.

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

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

115.21 (h). The facility attempts to make a rape crisis advocate available through their formal agreement with the Diane Pepler Resource Center and by utilizing their trained staff when necessary. The auditor called War Memorial Hospital and confirmed with the RN that the hospital can receive inmates from the Kinross facility for the purposes of conducting forensic examinations and the hospital would contact the Diane Pepler Resource Center to provide advocacy services during said examinations. In the event, ongoing follow up services are needed, the Diane Pepler Resource Center would follow up or the facility uses qualified mental health and medical staff. During the onsite portion of the audit, the agency PREA Coordinator and the Director of the Mental Health Office for the facility confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of providing advocacy services. Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training provides an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 28-30)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (All)
 - c. OP KCF 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners
 - d. PD 01.01.140 Internal Affairs (All)
 - e. 14 Investigation reports
 - f. MSP Memo regarding PREA Compliance (1)
 - g. MDOC Web page showing links to policies (pp 1-2)

2. Interviews:
 - a. Warden
 - b. PREA Coordinator
 - c. Investigator
 - d. Incident Review Team Member

115.22 (a). The auditor reviewed agency policies 03.03.140 (pp8-10), 01.01.140 (C, D, M, O) and the PREA Manual (p 30) when assessing compliance. The PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation by trained MDOC staff at the facility. An interview with the Warden confirms that all allegations of sexual abuse and sexual harassment are investigated by his staff and all sexual abuse cases are referred to MSP for criminal prosecution regardless if there is substantial evidence or not. A review of agency policy and interviews with the Warden, PREA Coordinator and Investigator confirms that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. The facility provided all (14) investigation referrals pre-audit, to include referrals from other facilities, grievance referrals and verbally reported incidents. Following the onsite portion of the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations, including grievances, verbal reports to staff, and observations of staff during security rounds, and notifications of sexual abuse from other facilities. The Michigan State Police (MSP) are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews and a review of facility investigations demonstrates that the facility complies with this provision.

115.22 (b). Michigan State Police investigate criminal allegations of sexual abuse and sexual harassment, involving staff as specified under the reviewed policy, 01.01.140(C) and interview with the Detective Sergeant assigned to the facility. The investigation is monitored and coordinated by the Internal Affairs Division. Policy 03.03.140 (AAA, BBB), which was reviewed by this auditor addresses referrals for criminal investigation to MSP for cases of inmate sexual abuse and sexual harassment should criminal behavior be observed during the facility's administrative response. The Agency publishes its policy on its public web page. This auditor finds the facility and department in compliance with this provision.

115.22 (c). This auditor reviewed and verified that policies 01.01.140 (p 1) and 03.03.140(pp1-3), which are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.

The auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance, however MDOC and MSP have a policy governing the conduct of administrative and criminal investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 9-10)
 - b. In-service Training Plan 2016, 2015 (p.10; pp 5, 9, 11-12, 1)
 - c. 2016 Menu Course Training Catalog (pp 7,9)
 - d. New Employee Training Plan, 2016, 2015
 - e. PREA Sexual Abuse and Sexual Harassment in Confinement Training Module (pp 1-99)
 - f. Program A, CFA Security Regulations Training Manual (pp 30-38)
 - g. 2016 PREA Training Module 1 (pp 1-84)
 - h. 2016 PREA Training Module 2 (pp 1-102)
 - i. Staff Training Records (pp 1-10)
 - j. CCM-W Training Module (pp 1-102)
 - k. Handout 1 Module 5 PREA (pp 1-4)
 - l. Handout 2 Module 8 Mothers Infants and Imprisonment 2009 (pp1-39)
 - m. Handout 3 CCM-W Implementation Kit 08-09 (pp 1-20)
 - n. Handout 4 Relational Approach Skill Steps (p 1)
 - o. Handout 5 CCMW Cog Skills (pp 1-3)
 - p. CCMW Module 3, What is Gender Responsive Training (WHV Only) (all)
 - q. PREA, CBT (pp 79-84 quiz)
 - r. KCF Training Documentation TADS New Staff Training Documents (pp1-10)
 - s. KCF Memo and Web Page

2. Interviews:
 - a. PREA Coordinator
 - b. Random Staff
 - c. Informal Staff

3. Site Review Observations:
 - a. Staff familiarity with PREA

115.31 (a 1-10) The agency's PREA Manual (9-10), PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 10 points required by the standard. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules. Informal interviews with staff during the audit tour confirm that individuals are informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).

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

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

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

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 10)
 - b. PD 03.02.105 Volunteer Services and Programs (E, Q, R-S)
 - c. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (all)
 - d. Program A Correctional Facilities Administration (CFA) August 2014 (pp 30-38)
 - e. Volunteer Training Records (pp 1-14)
 - f. Contractor training records (p 1)
2. Interviews:
 - a. Contracted staff
 - b. PREA Coordinator
3. Site Review Observations:
 - a. Review of LEIN checks
 - b. Review of additional training records
 - c. Familiarity of contracted staff with PREA

115.32 (a). Policy 03.02.105(E, R-S) addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 (all) and the PREA Manual (p 10), the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor interviewed two identified contractors from different disciplines to determine compliance with this provision.

115.32 (b) Policy 03.02.105(Q, R) addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge that they could be a first responder. The formal interviews with facility contractors demonstrated knowledge of facility reporting and first responder procedures. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with this provision.

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

Standard 115.33: Inmate education

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 11)
 - b. PD 04.01.140 Prisoner Orientation (A, E,)
 - c. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (EEE)
 - d. PD 04.01.105 Reception Facility Services (M)
 - e. RGC OP 04.01.140 Prisoner Orientation (pp 1-2, info section)

- f. WHV OP 04.01.140 Orientation of New Prisoners (p 2, info section)
- g. PREA Prisoner Education Verification (CAJ-1036) and Education Materials (pp 1-48)
- h. "Taking Action" DVD
- i. KCF OP 04.01.140 Prisoner Orientation (p 1)
- j. KCF Orientation Packet 2017 (English/Spanish) (pp 1-3)
- k. KCF Guidebook 2017 (English/Spanish) (pp 1-5, 40, 41)
- l. Deputy Director Language Services Memo (p 1)
- m. PREA Poster in Spanish (p 1)
- n. PREA Tri-fold in Spanish (pp 1-2)
- o. Privacy notice in Spanish (p 1)
- p. Tri-fold in Braille (p 1)
- q. Prisoner Guide Book in Spanish (p 2)
- r. Closed Caption DVD "Taking Action"
- s. Documentation of Interpreter Services Purchase order (pp1-3)
- t. CAJ-1036 Prisoner Education Verification
- u. MDOC Memorandum
- v. KCF LEP interpretation services
- w. JDI Poster English/Spanish
- x. Sexual Abuse Poster in Spanish
- y. An End to Silence

2. Interviews:

- a. Random inmate interviews
- b. Informal inmate interviews
- c. Prison Counselor interviews (PC)
- d. PREA Coordinator
- e. Intake Staff
- f. Staff who assess for Risk

3. Site Review Observations:

- a. Review of 22 random inmate files
- b. PREA signage

115.33 (a) Policies 03.03.140(EEE), 04.01.105 (M), 04.01.140(A, E) and the PREA Manual (p11), which were reviewed by this auditor, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. The training program consists of a PREA specific brochure and a PREA video presentation that is facilitated by a live person to allow for questions and answers. A review of these materials by the auditor, satisfies compliance with this element of provision (a).

Through interviews with the PREA Coordinator, and the Intake staff, it was reported that the agency provides comprehensive inmate education at the RGC (Reception and Guidance Center) and then again during orientation at Kinross Correctional Facility. The education process is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero- tolerance policy, the definitions of sexual abuse,

sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Inmates received at KCF will receive information about the zero-tolerance policy and Just Detention International at the facility's orientation that is within 7 days of reception and they will go over the PREA pamphlet with the inmate.

During the onsite portion of the audit, Intake Staff explained that upon reception at KCF, an inmate will receive a packet of information relative to orienting the individual to the facility. This packet of information contains the Department's PREA brochure. During facility orientation, intake staff handed out and reviewed the orientation packet, which included 3 different PREA specific documents in both English and Spanish, with all new receptions to the facility. Intake staff reported that facility training is completed within a week of reception to the facility and this auditor reviewed all of the signed documents showing that the orientation is conducted 2 to 3 times a week for those inmates that were new receptions.

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

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

Random inmate interviews confirm that education materials and the PREA video (Taking Action) were received and viewed. These inmates also report that information is continuously displayed throughout the housing units on posters, their kiosk/tablets and is available in handbooks. During the audit tour, random inmates were informally interviewed to determine if they received PREA education at any time and the majority of inmates recalled receiving the information. Inmate orientation was also observed and the inmates all received a packet of information specific to KCF, which also included three different documents (English/Spanish) specific to PREA. Inmate training receipts provided by the facility and reviewed by the auditor demonstrates sufficient compliance with this standard.

During the audit tour, the auditors randomly selected at least two random inmate files on all housing units for 22 files. While reviewing inmate education training records, the auditor was able to verify that comprehensive education was provided during their reception into RGC within 30 days of reception to that facility and the inmates received additional orientation and information within 7 days of reception into KCF. Of the 22 files reviewed, 21

of the files demonstrate reasonable compliance with this provision. The one file that was not within the 30 days was a long-term offender and did receive the education once PREA was established.

115.33 (c). Through interviews with the PREA coordinator and a review of agency materials, it was reported that the agency provides comprehensive inmate education at the RGC reception center. All inmates that are received at Kinross Correctional Facility will have passed through this facility for classification. Inmates who are transferred from that facility to the Kinross Correctional Facility will have received comprehensive education at RGC. During the intake processing, each counselor is required to complete an immediate file review to ensure that documentation of this education session is located within. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at Kinross. The Inmates receive the PREA pamphlet at the facility orientation and education about the facility's zero-tolerance policy within 7 days of arrival. A sampling of inmate education records, both pre-audit and onsite confirms that inmates within the facility have been educated and the facility has procedures in place to ensure that those inmates received at KCF have been provided education at the facility, consistent with provision (c) of the standard.

115.33 (d). The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. According to interviews with Intake staff, Mental Health staff are available to meet with cognitively disabled inmates if it is determined that they are not able to comprehend the material on their own or during the orientation process. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. The inmates at Kinross Correctional Facility also report that PREA information is emailed to them every Monday on their Tablets and Kiosks. The auditor reviewed these training materials, and verified that the Facility has contracted with Pallero Translation services which provides services, to determine compliance with provision (d) of the standard.

115.33 (e). The agency and facility maintain documentation of inmate education via form CAJ-1036. Sample records were provided and random inmate files were reviewed during the audit tour to confirm that inmate education records existed to the satisfaction of the auditor and consistent with the provision. This auditor was also able to observe the inmate orientation and the information provided to the new receptions.

115.33 (f). The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During a tour of the Kinross Correctional Facility, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish as well as the Sexual Abuse flyer and a document from Just Detention International during the intake process and these materials were observed to be available to inmates during the audit tour. The facility library and the Kiosks make the Prisoner Guide Book, the Orientation Packet, the PREA Standards, the agency PREA Manual, and educational materials available for the inmate population review. 21 of the 28 random inmates interviewed and the majority of the inmates spontaneously interviewed during the audit tour, reported receiving written materials for their retention and education upon their reception to Kinross Correctional Facility to allow this auditor to determine compliance with this provision. All of

the inmates saying they did not receive the information, except for one, did report that they are aware of how to report as they receive JPAY notifications weekly.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 10)
 - b. PD 03.03.14 PREA and Prohibited Sexual Conduct Involving Prisoners (RR)
 - c. KCF OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners
 - d. NIC Online Training Program (pp 1-8)
 - e. Basic Investigator Training Manual (pp1-152)
 - f. Investigator Training Logs (pp 1-6)
 - g. Michigan State Police memorandum regarding criminal investigations (1)
2. Interviews:
 - a. Investigator
 - b. PREA Coordinator
3. Site Review Observations:
 - a. Review of investigations (14) Pre-onsite

115.34 (a). The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that 2 active staff at the Kinross Correctional Facility completed the agency's investigations, satisfying this provision.

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

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

115.34 (d). The auditor is not responsible for auditing provision (d) of the standard. The facility did provide a memo from MSP demonstrating that they comply with this standard.

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.

The following evidence was analyzed in making the compliance determination:

1. Documentation:
 - a. MDOC PREA Manual; April 2017 (pp 10-11)
 - b. PD 02.05.101 In Service Training (A, C)
 - c. PREA CBT Health Care Training Module 2 (pp 1-25)
 - d. PREA CBT Mental Health Training Module 2 (pp 1-25)
 - e. KCF OP 02.05.101 In Service Training (p 3-4)
 - f. Facility documentation of medical and mental health care training (pp 1-2)
2. Interviews:
 - a. Mental Health staff

- b. Medical Staff
- c. PREA Coordinator

- 3. Site Review Observation
 - a. Staff familiarity with PREA

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

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

115.35 (b) Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required.

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

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

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 13)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (Q,R, W)
 - c. PD 05.01.140 Prisoner Placement and Transfer (Q, R, CC, DD)
 - d. PREA Risk Assessment Manual (all)
 - e. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p 5)
 - f. PREA Risk Assessment 2018/2019 Spreadsheet
 - g. CAJ-1023 PREA Risk Assessments Worksheet (OMNI Risk Assessment Tool)(pp1-2)

2. Interviews:
 - a. Prison Counselors
 - b. Intake staff

- c. Random Inmates
- d. PREA Coordinator

- 3. Site Review Observations:
 - a. OMNI (assistance of staff with access)
 - b. Inmate files

115.41(a). Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at intake screening and upon transfer to another facility within 72 hours and within 30 calendar days of the prisoner's arrival at a correctional facility, including intake. The Auditor also interviewed a staff member responsible for conducting the Risk Screening who reported that upon admission to the facility or transfer from another facility they screen inmates for risk of being a victim of sexual abuse or as an aggressor of sexual abuse. The staff member was able to demonstrate in their database that screenings are being completed within 72 hours and then again within a 30-day period. Randomly selected inmates who arrived within the last year and since the policy was changed, reported during their interviews that they recall having the assessments completed upon their reception and the PC's spreadsheet was evidence that this was occurring. The auditor is satisfied that this documentation demonstrates compliance for provision (a) of the standard.

115.41 (b). Pre-audit documentation in support of the standard demonstrates that 72-hour intake assessments were completed initially at the Charles Edgar Reception and Guidance Center (RGC) and then within 72-hours of reception at Kinross Correctional Facility. There were a number of instances where this did not occur shortly after the policy effective date of April 24, 2017 however, within the last 12 months of the audit cycle the facility staff have consistently completed the screenings upon intake. During the course of the onsite portion of the audit, through formal and informal interviews with the PREA Coordinator, facility intake and facility case management staff, and randomly selected inmates, it was determined that the Kinross Correctional Facility has been completing the 72-hour intake assessments for inmates transferred into the facility. Each PC has a spreadsheet that they document any "ride-ins" on, when the 72-hour assessment is completed and when the PREA review is completed. This spreadsheet was reviewed and verifies and is consistent with their on line system, "OMNI" that the screenings are being completed and allows this auditor to find them in compliance.

Out of all the Random interviews conducted with inmates 16 of them arrived in the last 12 months and 14 of them recalled being asked the screening questions when arriving at Kinross Correctional Facility while one could not recall and one said he was not. Through informal interviews during the onsite, tour the audit team spoke to inmates with the majority reporting that they do recall being asked questions upon their arrival, verifying and satisfying the auditor that the facility is in compliance with and meeting the requirement of this provision. Inmate files were also reviewed on each housing unit and unit counselors were asked to pull up the database to demonstrate that the 72 hour screenings were being completed. This review demonstrated that within the last 12 months the facility staff have consistently completed the screenings within 72 hours and made improvement from the previous 6 months when the policy had been updated. .

115.41 (c). The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by this provision. The assessment is an objective set of questions that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.

115.41 (d 1-10). Based on a review of the PREA Manual and the PREA Risk Assessment Manual, and staff who perform the screenings, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the Kinross Correctional Facility house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The staff who perform the screenings report having a logbook and OMNI (database) as well as the count sheet, which triggers them to complete the screening. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

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

115.41 (f). The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify that the reassessment be completed within 30 days of arrival. Screening staff report that the inmate is reassessed, not less than 10 days and no more than 30 days out after arrival. Randomly interviewed inmates who arrived within the last 12 months were able to recall when the interviewer prompted them with the questions and those who had arrived within the last 6 months responded affirmatively that they were reassessed. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. These reassessment procedures may cause those inmates being reassessed not to recall the assessment process during the random interviews.

During the tour, a minimum of 2 inmate files were randomly sampled on the housing units. These inmate numbers were then pulled up on the computer tracking system, OMNI and all but 2 were in compliance with the reassessment being completed. The auditor also reviewed the Assessment Spreadsheet which demonstrated that the facility overall consistently was completing the reassessments within the 30 days allotted by this provision and the auditor felt confident that although some cases were falling through the cracks, due to unforeseen reasons (transfers, illnesses...) more than the majority were being completed and the facility had a sound procedure and practice in place to assure the reassessments were being completed and were in compliance with this provision. This auditor did also note that while in the past the reassessments were being conducted relatively shortly (within 5 days) after the initial assessment, the last 6 months of documentation have shown that the reassessments are now

being completed approximately 13-20 days after the initial assessment, well within the 30 day timeframe established by the standard.

115.41 (g). Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. A staff member responsible for risk screening reported there are several reasons for reassessment such as misconducts, yearly assessments, additional charges and referrals from mental health. During the onsite tour, two inmate files were pulled from each housing unit and compared to OMNI (database) which documented the various screenings and reassessments completed on random individuals, demonstrating compliance with provision (g) of the standard. While most showed the initial screening, reassessment and annual review, there were three that depicted additional reassessments documented because of 1 investigation and 2 mental health referrals.

115.41 (h). The PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." The PREA Coordinator and staff responsible for conduct assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard. The intake staff interviewed assured that they would not be punished and that it would be inappropriate to punish them for not answering the questions.

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

Corrective Action:

The PREA Coordinator shall provide information to all staff conducting the assessments the importance of not disclosing assessment results. Assessment results are not to be shared with the inmate or staff who do not need to know. Staff conducting the screenings and reassessments will refrain from discussing the results with inmates and staff who are not in a role of needing to know the information. This information will also be shared with this auditor and documentation that the staff received the information and continue to educate staff at their regularly scheduled trainings.

Post Interim Report Corrective Action:

Prior to the issuing of the interim report, the PREA Coordinator provided information to all staff via email and memo on June 20, 2019 on the importance of all information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy.

The memo also stated that Risk Assessment information shall not be shared with prisoners. The PREA Coordinator will also continue to reiterate the information at regular scheduled trainings for staff.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 12,14)
 - b. PD 05.01.140 Prisoner Placement and Transfer (CC, II)
 - c. PD 04.06.184 Gender Dysphoria (G, K, L, N)
 - d. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 3, 4)
 - e. Documentation of risk based housing decisions (p1-28)

2. Interviews:
 - a. Identified Transgender Inmates
 - b. Random Staff

115.42 (a). The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of confidential transfer sheets that identifies housing assignments along with assessed risk which the auditor believed was a great tool to demonstrate use of the screening information for housing decisions.

The PREA Coordinator and the staff member who conducts the risk screenings at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing Aggressors or Potential Aggressors with victims or potential victims, as well as to inform programming and employment opportunities. An agency-wide memorandum was distributed prohibiting pairing of identified Aggressors and Potential Aggressors with Victims or Potential Victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse. The auditor is satisfied with the high level of supervision and minimal number of blind spots within the facility to ensure that any risk identified by the screening tool is outweighed by the staff to inmate ratio and direct observation. The housing of all units is dormitory style. The facility also provided documentation demonstrating housing decisions made at the facility based on risk which summed up the auditor's confidence in the compliance with this provision.

115.42 (b). 05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and an interview with staff responsible for risk screening demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. Screening staff report through the risk screening process and its use to determine proper housing assignments, there is a degree of flexibility to make individual accommodations. During the audit tour, housing unit staff stated that they have the ability to move those individuals they perceive to be vulnerable or aggressive within the housing units to areas where they are within earshot of the officer's station for an additional level of monitoring. Through informal interviews during the audit tour, staff charged with making housing decisions were well aware of the proper use of screening information for bed assignments. The agency demonstrates that it meets the requirements of provision (b) within its practices and the inmates appeared to feel safe in their environment.

115.42 (c). The PREA Manual, policy 04.06.184 Gender Dysphoria and the Individual Management Plan reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments based on the Gender Dysphoric management plan consistent with provision (c). The PREA Coordinator at the facility states that transgender inmates are reviewed at least twice per year; however, any decision to place a transgender inmate at a facility that is consistent with gender identification is not made locally at Kinross and would have to be approved at the agency level, with ongoing assessment of the individual's needs consistent with provision (c). The PREA Coordinator also provided the GD management plan for the only transgender at the facility which demonstrated a monthly review by medical staff and demonstrated review of facility placement, housing, toilet, shower and clothing provisions as well as medication review. During the formal interview with the identified transgender, she reported that she is not housed solely on her identified gender, however she feels that staff does not care. Documentation provided supports that ongoing assessment is taking place.

115.42 (d). The auditor reviewed policy 04.06.184 and the PREA Manual. While policy indicates that placement and programming assignments for transgender, intersex and GID (gender identity disorder) inmates will be reassessed twice yearly by facility medical or mental health staff. During the formal interview with the only transgender inmate at the facility, she reports that medical and mental health staff see her but the inmate feels that staff do not care about her. The inmate did report that she is not housed on a specialized unit and is given the provision to shower separately. The PREA Coordinator and staff responsible for screening, report that they utilize the assessment scores as well as the GD management plan to determine housing and programming and he mentioned that they only received their first transgender inmate approximately 1 month ago and that they are following the policy set in place. Screening staff report the inmate is seen more regularly than twice a month and the GD management plan on file demonstrates that the inmate was assessed 2 times in a 1-month timeframe. The GD management plan addresses facility placement, housing, toilet, shower and clothing provisions as well as a review of medications and mental health services. The facility also is providing the same programming to the transgender inmate as other inmates and feels that risks can be mitigated due to staff supervision and the use of cameras. This auditor feels this meets the requirements of this provision.

115.42 (e). The PREA Manual and policy 04.06.184 Gender Dysphoria policy were reviewed by the auditor. Both documents provides for a transgender or intersex inmate's own views to be considered in the placement process.

Policies indicate that these decisions are made by the Gender Dysphoria Collaborative Review Committee, chaired by the agency's chief medical and psychiatric directors.

Case management documentation supports the process outlined in policy. Case management reviewed documentation also highlights the frustration of the transgender inmate with the review process although the inmate was granted a provision for "relative privacy" when showering as requested. The formal interview with the transgender inmate verified that she was granted and is getting privacy to shower however; she still feels the staff do not care about her. The provision of "relative privacy" for showering as requested by the inmate implies that the offenders safety was considered as such an accommodation is required to be approved at the agency level. Based upon the formal interview with the transgender inmate, the facility PREA Coordinator and policy, it appears that the transgender inmate's view were considered when making determinations for housing and other programming determinations consistent with the provision (e) of the standard.

115.42 (f). Policy 04.06.184, the PREA Manual reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. During an interview with a transgender inmate, she reported she is able to shower separately and at a different time than others. During the onsite tour, the inmates were afforded a separate time to shower demonstrating the facility's compliance with provision (f).

115.42 (g). Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard. An interview with the PREA Coordinator at the Kinross Correctional Facility confirmed, that, the facility takes no steps to house LGBTI inmates in dedicated units or facilities. An interview with a transgender inmate revealed that she has never been placed in a dedicated unit but did state that she is housed in a unit that affords her more privacy to shower.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 16-17)
 - b. PD 04.05.120 Segregation Standards (J, K, BB, EE, p47)
 - c. PD 04.05.120B Segregation Standards (1)
 - d. PD03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners
 - e. KCF OP 04.05.120 Temporary Segregation (pp 1)
 - f. CSJ-686 Request for Protection Investigation Report (1)
 - g. Variance to PD 04.05.120 p 1 (point 2.4)

2. Interviews:
 - a. Temporary segregation staff
 - b. PREA Coordinator

3. Site Review Observation:
 - a. Observed the temporary segregation unit (only one inmate, housed for protective custody due to fighting)

115.43 (a). The agency PREA Manual, policy 04.05.120, KCF OP 04.05.120 Temporary Segregation and the Documentation of housing assignments were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in involuntary segregated housing consistent with provision (a) of the standard as they only have a temporary segregation unit consisting of 2 cells.

115.43 (b). Agency policy 04.05.120 KCF OP 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities.

In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. The Warden reports that an inmate needing placement due to risk of victimization, alternative housing unit placements would be made immediately. This could include movement within the facility or movement to another MDOC facility, he also reported they could place them in the temporary segregation unit however they do not keep inmates there longer than 4 days as verified through the interview with the staff member assigned to that unit, however, the policy says a maximum of 7 days. Kinross Correctional Facility has a temporary segregation unit and would transfer inmates if necessary for PREA purposes, the facility will be considered compliant with provision (b) of standard.

115.43 (c). The facility reports to the auditor through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization as they only have a temporary segregation unit. In an interview with the Warden, he stated that if an inmate needed placement due to risk of victimization, alternative housing unit placements would be made immediately. This could include movement within the facility or movement to another MDOC facility. The facility will be considered compliant with provision (c) of the standard.

115.43 (d) The facility reports through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, as there has not been the need, therefore, they are in compliance with provision (d) of the standard.

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

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 17-18, 22-25)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp5-7, X,Y)
 - c. PD 05.03.118 Prisoner Mail (pp 3-4)
 - d. MDOC Sexual Abuse on-line training (Module 2) (pp 31-32)
 - e. MDOC PREA Web Page, on line reporting
 - f. Prisoner PREA Brochure
 - g. MDOC Prisoner Guide Book (p.16)
 - h. MDOC PREA Poster
 - i. Legislative Corrections Ombudsman MOU (p1)
 - j. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp3)
 - k. Civil Immigration Memo
 - l. 14 PREA investigations (2018-2019)

2. Interviews:
 - a. Inmate Interviews
 - b. Staff interviews
 - c. Hotline
 - d. PREA Analyst
 - e. PREA Coordinator

3. Site Review Observations:
 - a. PREA signage through the facility

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

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

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

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

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

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

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

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

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

Standard 115.52: Exhaustion of administrative remedies

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 24-25)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoner (p 6, EE, KK, LL, MM, NN, OO, PP QQ)
 - c. Step 1 & Step 2 Grievance Forms, CAJ-1038A (pp1-2)
 - d. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoner (p 4)
 - e. Audit Cycle investigations (14)
 - f. Attachment B of PD 03.03.105 Class II Misconducts for Prisoners (pp 1-2)
 - g. MDOC Prisoner Guide Book (pp 12-13)
2. Interviews:
 - a. Inmates

- b. Staff
- c. PREA Coordinator
- d. Warden

3. Site Review Observations:

- a. No inmates in disciplinary action as a result of filing PREA Grievances

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

115.52 (b). The PREA Manual and Policy 03.03.140 along with the grievance forms were reviewed by the auditor in determining compliance with provision (b). This allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances.

115.52 (c). The PREA Manual, Policy 03.03.140, and sample investigations from the audit cycle, were reviewed by the auditor in determining compliance with provision (c). These documents allow for an inmate's grievance to be submitted to the appropriate custody supervisor. The policy specifies that the grievances will not be referred to the staff member subject to the complaint within. All grievances were investigated promptly.

115.52 (d) The PREA Manual, Policy 03.03.140, and sample investigations from the audit cycle, were reviewed by the auditor in determining compliance with provision (d). The PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal. A review of the agency policy and facility investigation demonstrates the facility practice complies with provision (d) of the standard

115.52 (e). The PREA Manual and Policy 03.03.140(MM, NN), which were reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be

processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. Through review of the policy and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

115.52 (f). Policy 03.03.140 (OO, PP), which was reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The policy states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (f) of the standard.

115.52(g). Policy 03.03.140 (QQ), which was reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden. Through review of the policy and attachment B of PD 03.03.105 Class II Misconducts for Prisoners and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (g) of the standard.

Standard 115.53: Inmate access to outside confidential support services

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p27)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp9-10)
 - c. PD 05.03.118 Prisoner Mail (R, S)
 - d. PD 05.03.130 Prisoner Telephone Use (B, E4, M, X3, attachment B)

- e. Prisoner Guide Book
 - f. JDI Poster English/Spanish
 - g. JDI An Inside Line Introduction Letter for MDOC Prisoners
 - h. MOU with JDI
 - i. An End to Silence Notice to Prisoners
 - j. PRC “An End To Silence, Inmate Handbook”
 - k. Diane Pepler Resource Center (pp 1-3)
 - l. Audit Cycle Investigations (9)
2. Interviews:
- a. Random inmates
 - b. Random Staff
 - c. Staff at Diane Pepler Resource Center
 - d. RN at War Memorial Hospital
 - e. PREA Coordinator
 - f. Warden
3. Site Review Observations:
- a. PREA signage through the facility

115.53 (a) Through informal interviews with PREA Analyst and the formal interview with the facility PREA Coordinator, it was determined by the auditor that the agency and facility worked collaboratively to establish a relationship with the Diane Pepler Resource Center and Just Detention International to provide outside support services in determining compliance with provision (a). The facility includes both these agencies’ information in the orientation packets in the form of a flyer as well as posts the flyers on the housing unit bulletin boards. If requested the Diane Pepler Resource Center would provide emotional support to victims, however have reported that they have not done so to date. JDI provides emotional services via their hotline or in writing. The facility and agency maintain a copy of the “An End to Silence” handbook published by American University Washington College of Law’s Project on Addressing Prison Rape and can also be found on the PREA Resource Center Website. This book is maintained in the facility library and is accessible to inmates. The facility does not house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring procedures when contacting any agency listed within the “An End to Silence” publication.

Randomly sampled inmates struggled to affirmatively identify the “An End to Silence” resource guide within the facility library. Out of the 42 randomly selected inmates only 4 were able to identify the resource, however the inmates who reported sexual abuse and the inmate who disclosed sexual victimization during risk screening both were able to identify the resource. The intake staff interviewed, reports going over with the receptions that the resource is available and the auditor did observe memos in the housing unit advising the inmates that the resource is available as well as the Prisoner Guidebook including the information, which is available to each inmate as well as on the inmate kiosks/tablets.

115.53 (b). Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook which were reviewed by the auditor in determining compliance with provision (b) of the

standard. Inmates are adequately made aware during orientation and are given handouts to include the non-recorded and non-monitored free emotional support line, provided by JDI, which is accessible through the inmate phone system by dialing the anonymous pin number provided to all MDOC inmates. JDI has also established a confidential mail address in which inmates may write to an attorney who will respond to them through legal mail. This allows the inmates to communicate confidentially with the staff from JDI. The agreement with the Diane Pepler Resource center requires the institutional staff to contact them, which can be done by the Mental Health staff at the facility, or the inmates may write to them. The random inmates interviewed indicated a generalized knowledge of having access to these services as they are provided with flyers and they are posted on housing unit bulletin boards. The inmates also were aware that the communication is to be confidentially, however, many of them questioned that stating, “they probably monitor everything here”.

115.53 (c). Through interviews with the PREA Coordinator and the Diane Pepler Resource Center and reviewing the MOU documentation for the Diane Pepler Resource Center and the MOU with JDI, as well as the documentation provided to inmates in the Prisoner Orientation, it was determined by the auditor that the agency and facility have worked collaboratively to establish relationships with outside support services, to determine compliance with provision (c) of the standard. The facility also has trained staff locally to be advocates and provides the JDI information to all inmates at orientation.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp22-23, 28)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p5-7)
 - c. Legislative Corrections Ombudsman MOU (all)
 - d. MDOC Website Reporting (pp 1-3)
 - e. CAJ-1038A PREA Prisoner Grievance Form
 - f. Publicly Distributed Information on How to Report.

2. Interviews:
 - a. Random inmates
 - b. Random staff

3. Site Review Observations:
 - a. Hotline signage through the facility
 - b. Attempted phone call to the hotline

115.54 Through a review of the Ombudsman MOU, and the online reporting the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. Based on a review of the aforementioned, the auditor found compliance with this standard.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 22-23, 28-29)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (BB,CC,DD, RR,W,X)
 - c. State of Michigan Department of Corrections Employee Handbook (WR, 38, 47, 50-52)
 - d. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 1-3)
 - e. Audit cycle investigations (14)

2. Interviews:
 - a. Random Staff
 - b. Health care staff
 - c. Mental health staff
 - d. Warden

3. Site Review Observations:
 - a. Compliance with reporting of PREA allegations

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

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

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

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

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p16)
 - b. PD 05.01.140 Prisoner Placement and Transfer (EE)
 - c. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners
 - d. Emergency Grievance Example

2. Interviews:
 - a. Random Staff
 - b. Warden

3. Site Review Observations:
 - a. Immediate action

115.62 Policy 05.01.140 (EE), PD 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with this standard state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.

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

The auditor determines compliance this standard based on the facility's immediate action in response to perceived threats of sexual abuse.

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

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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 23)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (DD,X)
 - c. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p3)
 - d. Emails Documenting Correspondence between Facility Heads
 - e. Investigative Samples
2. Interviews:
 - a. Warden
 - b. PREA Coordinator

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

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

115.63 (c). The PREA Manual and agency policy 03.03.140(X), which were reviewed by the auditor, require that such notifications are made within 72 hours. Both the Warden and PREA Coordinator confirmed that notifications are made immediately. The MDOC policy provides direction to all facilities in handling reports of sexual abuse, whether they had allegedly occurred within the facility and the inmate has since departed, or whether the inmate reports to his current facility that he was sexually abused at another facility, e.g. county jail, a federal facility, another MDOC facility, etc. MDOC and the Kinross Correctional Facility have policy which requires notification to another facility within 72 hours of receiving a report of sexual abuse alleged to have occurred there. Both the Warden and PREA Coordinator confer, the MDOC Regional PREA Analyst and the PREA Administrator would be notified, and consideration would be given to utilizing external PREA investigators or Internal Affairs investigators if necessary, to demonstrate compliance with provision (c) of the standard.

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

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

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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 25-26)
 - b. Audit Cycle investigations
 - c. PREA Pocket Guide (pp13-16)
2. Interviews:
 - a. Security staff/Non-Security Staff who have acted as a first responder
 - b. Random Staff
3. Site Review Observations:
 - a. Staff familiarity with their responsibilities as first responders

115.64 (a 1-4). The PREA Manual, the PREA Pocket Guide and the Eight allegations of sexual abuse, which were reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser. Although none of the cases were reported within a timeframe that required a collection of physical evidence, Inmate safety was addressed.

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

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

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

Standard 115.65: Coordinated response

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p25-26)
 - b. KFC Response Plan to Sexual Assault-2019

2. Interviews:
 - a. Warden
 - b. PREA Coordinator

3. Site Review Observations:
 - a. PREA pocket Guide available to all personnel

115.65 The facility has developed its own operating procedures for agency policy 03.03.140. The document titled KFC Response Plan to Sexual Assault and the MDOC PREA Manual, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interviews with the Warden and the PREA Coordinator/Inspector demonstrated to the auditor that the facility personnel, overall, were very responsive when addressing allegations or reports of sexual abuse or sexual harassments. They outlined the facility's coordination among first responders, medical staff, investigators and the review team to process an allegation from start to finish, allowing the auditor to find compliance with the standard.

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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p22)
 - b. MSEA Agreement (Labor and Trades and Safety and Regulatory Units) (Art 9)
 - c. AFSCME AFL-CIO Agreement (Institutional Unit)A (Art 9 Section A15)
 - d. Michigan Corrections Organization (MCO) Security Unit Agreement (pp8, 28)
 - e. SEIU Labor Agreement (Scientific and Engineering) (Art 7)
 - f. SEIU Labor Agreement (Technical Unit) (Art 10)
 - g. UAW Primary Agreement (administrative Support Unit and Human Services) (Art 5)

2. Interviews:
 - a. Warden

3. Site Review Observations:
 - a. Management-Line staff relations appeared amicable.

115.66 (a-b). The MDOC's PREA Manual's language, which was reviewed by the auditor, mirrors the language of provision (a) of the standard. A review of the six collective bargaining agreements entered into on behalf of the

agency since the effective date of the PREA standards, includes agreements with the Michigan State Employees Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. The auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with provision

(a) Specifically, it was confirmed 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.

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 17-18)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (C,LL,V)
 - c. Audit Cycle investigations
 - d. Facility Retaliation Monitoring Assignments (memo)
 - e. Completed CAJ-1022 (90 monitoring form) (pp1-12)
 - f. CSJ-686 Request for Protection/Investigation report

2. Interviews:
 - a. Prison Counselor (PC)
 - b. PREA Coordinator
 - c. Warden

3. Site Review Observations:
 - a. PCs and their offices on the units

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

115.67 (b) Through interviews with the PREA Coordinator and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse

and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard. The Warden reports that the facility can do a number of things to protect inmates and staff from retaliation. They retain the right to assign staff, they can make bed moves, and staff can monitor for misconducts or grievances. The use of cameras to monitor yards, phone calls and increasing the inmate's security level can also be considered. The MDOC has a matrix for staff and monitoring at the onset of any allegation for a minimum of 90 days, or more if needed. The PREA Coordinator will assign retaliation monitoring to the most appropriate person to monitor, e.g. unit counselor supervisor on the unit. They monitor work assignments, misconducts, and transfers. The form includes weekly visits with the inmate. The PREA Coordinator noted that suspicions of retaliation result in an investigation and a transfer of either the inmate or staff member to another housing unit.

An interview with the Warden confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at the facility. In an interview with the Warden, he expressed a commitment to employing housing unit changes and other protective measures such as transfers. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator noted that suspicions of retaliation result in an investigation and a transfer of either the inmate or staff member to another housing unit.

The PC advised the auditor during interview that they would monitor the inmate, watching for anything out of the ordinary, in addition to conducting the required retaliation monitoring for 90 days. The auditor determines compliance with provision (b) of the standard based on the cited interviews and policy provisions.

115.67 (c). Through interviews and review of completed investigations and MDOC policy, the PREA manual, which requires a 90-day retaliation monitoring period, with monitoring continued beyond 90 calendar days if the initial monitoring period indicates a need. The PC attested to this extension provision during the auditor interview. The CAJ-1025 forms, Sexual Abuse Investigation Worksheet, contained a specific section for retaliation monitoring, assignment of designated staff person to conduct retaliation monitoring upon receipt of an allegation, date assigned, and if subject is the reporting staff, reporting inmate, or alleged prisoner victim. The CAJ-1022 form, Sexual Abuse Retaliation Monitoring, includes weekly entries for Counselor-inmate face-to-face contact, and review of disciplinary reports, program changes, housing changes, performance evaluations and staff reassignments. This auditor reviewed samples of completed retaliation monitoring forms submitted by various PCs, as included in the PREA Sexual Abuse Report investigative packages. There have been no reports of retaliation during the last 12 months and the auditor has determined compliance with this provision.

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

115.67 (e). The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The Warden confirmed in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard.

115.67 (f). Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (f), Through staff interviews and review of investigations it is evident that there is 90 days of retaliation monitoring following an inmate's allegation of sexual abuse or sexual harassment unless the allegation is unfounded. Review of the CAJ-1022 forms verified that retaliation monitoring discontinued due to false allegations/no evidence.

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 following evidence was analyzed in making the compliance determination:

- Documents:
 - MDOC PREA Manual, April 2017 (pp17-18)

- b. PD 04.05.120 Segregation Standards (pp 2, 4-8)
- c. KCF OP 04.05.120 Temporary Holding Cell Areas
- d. Audit Cycle investigations

- 2. Interviews:
 - a. Warden
 - b. Officer in the Temporary Segregation Unit

- 3. Site Review Observations:
 - a. Temporary segregation cells (2)

115.68 The auditor reviewed the PREA Manual and policy 04.05.120 in determining compliance with the standard. The PREA Manual contains language consistent with conditions of standard 115.43. The facility indicates that no inmate victims of sexual abuse have been placed into their temporary holding cells in the last 12 months. Through a review of investigations, onsite tour and interviews, the auditor verified that no inmates were placed in segregated housing and are in compliance with the standard

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documentation:
 - a. MDOC PREA Manual, April 2017 (pp 28-30)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (RR,ZZ AAA, BBB, CCC)
 - c. PD 01.01.140 Internal Affairs
 - d. MDOC PREA Pocket Guide (p20)
 - e. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 6, 7,11)
 - f. Audit cycle investigations
 - g. Basic Investigator Training Manual (pp1-2, 142-152, hours 1 and 2, hour 2.20,)
 - h. NIC online PREA Investigations Training (summary)
 - i. PREA Administrator memo
 - j. AIM-MDOC Computerized Investigative Database
 - k. PREA MSP Letter
 - l. Investigator training records

2. Interviews:
 - a. PREA Coordinator/Inspector
 - b. Investigator

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

An interview with a facility investigator who coordinates all PREA investigations advised that investigations are started and processed immediately upon receiving an allegation of sexual abuse or sexual harassment. The investigator advised that third party and anonymous reports are processed for investigation the same as any other reports of sexual abuse or sexual harassment. All files reviewed evidenced a prompt initiation of an investigation, and thorough and objective investigative reports conducted by the assigned investigator, stated that investigations are initiated immediately upon receipt of the report. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made. In all investigations, the facility conducted its first subject and perpetrator interviews within a day of receiving the allegations.

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

Kinross Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has 2 current investigators on staff who completed the MDOC's Basic Investigator's Training course.

An interview with a facility investigator demonstrated a great degree of professionalism and knowledge of investigatory procedures consistent with the training provided by the agency and provision (b) of the standard. The interviewee demonstrated knowledge of the importance of interviews and interviewing techniques; which were evident in the completed investigative packets

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

The facility demonstrates that it makes its best efforts to preserve other potential evidence, whether that be in the form of video, shift rosters or log books, etc. The investigator advised that when staff receive an allegation, they remove the inmate from the situation, collect evidence, initiate investigative process, and use SANE services at the hospital if necessary. Evidence to be collected may include hair, semen, clothing, linens, phone conversations, video, mail, and J Pay. An investigative plan is developed, to include interviews of victim, perpetrator, and witnesses, collect evidence, work with MSP, combine the information and report to the Warden. In addition to the interview, the review of the Investigative packets demonstrated that all reports are initiated and proceed along the same format, in an organized and progressive manner, well documented at every step of the process. Direct and circumstantial evidence is considered and documented within the report. They have two trained investigators who conduct the process in a professional, unified, team approach.

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

115.71 (e). The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he would judge each person interviewed individually and their status would not affect credibility. He also confirmed that truth-telling devices are not used in the investigatory process. An inmate who reported sexual abuse confirmed that he was not subjected to any truth-telling device to allow this auditor to find compliance with provision (e).

115.71 (f). The auditor finds compliance with provision (f) based on the review of MDOC PREA Manual, the investigations the facility conducted in which all applicable parties participated, and the interview with the Investigator who state that he reviews all information present and makes the best decision he can, based upon the evidence. The investigator/coordinator reported that investigators document everything, all pertinent information, to include emails. The investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

115.71 (g). The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome. A review of

facility investigations by the auditor confirms these reports are written in a format that is consistent with provision (g) of the standard allowing the auditor to find compliance with provision (g).

115.71 (h). The auditor reviewed agency policy 03.03.140(AAA, BBB) and the PREA Manual. After a review of policy, coupled with an interview with the PREA Coordinator/investigator; the auditor is satisfied that Kinross Correctional Facility has sufficient procedures in place to refer substantiated allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

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

115.71 (j). Policy 03.03.140 (ZZ, CCC) and The PREA Manual, which were reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. There were no examples of the facility terminating an investigation based on the departure of an alleged victim or abuser. During an interview with a facility investigator, the facility makes every effort to keep applicable parties at the facility until the investigation is complete; demonstrating compliance with provision (j)

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

115.71 (l). Interviews with the Warden, PREA Coordinator/investigator, support the fact that facility staff are required to comply with outside investigators and the facility Inspector is the responsible party for ensuring coordination with the MSP, allowing this auditor to find compliance with provision (l). The Inspector advised that he is responsible for conferring with MSP, and normally does so through email, and these communications are cited in investigative reports. The investigator assists MSP by providing them information that is required.

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p22)
 - b. Basic Investigator Training (hour 2-3)
 - c. Audit cycle investigations

2. Interviews:
 - a. PREA Coordinator/Investigator

115.72 The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with this standard, specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, the facility appears to appropriately employ this standard. The PREA Coordinator/Investigator reports he and the other investigator use a preponderance of evidence as the standard of evidence required in order to substantiate sexual abuse or sexual harassment.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (pp 30-31)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners(7, AA, QQ, UU, VV)
 - c. CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action
 - d. Audit cycle investigations
2. Interviews:
 - a. Warden
 - b. PREA Coordinator/Investigator

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

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

115.73 (c). The PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the

investigatory outcome. Agency policy was updated and is consistent with provision (c) of the standard in that the facility will notify the inmate if the staff member is no longer posted within the inmate's unit, no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility or if the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, unless the allegations were unfounded.

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

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

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p31)
 - b. PD 02.03.100 Employee Discipline (E,N,O,P)
 - c. PD 02.03.100 Employee Discipline –Attachment A (pp1-3)
 - d. PD 03.03.140 PREA and Prohibited Sexual Conduct involving Prisoners (T,U)
 - e. Employee Handbook (rules 51-52)
 - f. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p2-3)
2. Interviews:
 - a. HR staff
3. Site Review Observations:
 - a. HR files

115.76 (a). Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.

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

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

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

Standard 115.77: Corrective action for contractors and volunteers

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p31)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (U)
 - c. Memo-Investigations of Contractual Employees
2. Interviews:
 - a. Warden

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

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

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p32)
 - b. PD 03.03.105 Prisoner Discipline (A, B, DDD-III)
 - c. PD 03.03.105 Prisoner Discipline-Attachment A (pp1-3)
 - d. PD 03.03.105 Prisoner Discipline-Attachment B (pp1-2)
 - e. PD 03.03.105 Prisoner Discipline-Attachment D (p1)
 - f. PD 03.03.105 Disciplinary Sanctions-Attachment A (code 052)
 - g. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (S)
 - h. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 3, 8)
 - i. KCF OP 03.03.105 Prisoner Discipline
 - j. KCF OP 03.03.105B Prisoner Discipline
 - k. Prisoner Guidebook (pp7-15)

2. Interviews:
 - a. Medical staff
 - b. Mental health staff
 - c. Warden

d. PREA Coordinator

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

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

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

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

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

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

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p14)
 - b. PD 03.04.100 Health Services (F, T(3))
 - c. PD 03.04.108 Prisoner Health Information (pp3-4)
 - d. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (BB,HHH, III)

- e. PD 04.01.105 Reception Facility Services (KK)*
 - f. RGC OP 03.03.140 (p3)*
 - g. CAJ-1028 Authorization for Release of Information
 - h. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p 5)
 - i. Informed Consent Poster
 - j. Victim Documentation Sample
 - k. Perpetrator Documentation Sample
- *These documents are relevant in the Charles Egler Reception Center (RGC), the initial intake/diagnostics facility.

- 2. Interviews:
 - a. Prison Counselor
 - b. Medical staff
 - c. Mental health staff
 - d. PREA Coordinator

115.81 (a). Agency policies 03.04.140, 04.01.105, 03.04.100 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Through a review of policy and an interview with the PREA Coordinator, the agency screening procedures relative to 115.41 indicate that a full intake-screening instrument is completed at reception centers and again when an inmate changes facilities. If sexual victimization is reported during that intake screening, medical and mental health services are offered at the reception facility and again at the receiving facility, therefore comply with provision (a) of the standard.

115.81 (b). Agency policies 03.04.140, 04.01.105, 03.04.100 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard, combine to form the agency's approach to providing the required medical and mental health services for perpetrators of sexual abuse. The agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is now completed at all facilities. If sexual perpetration is reported during the screening, medical and mental health services are offered at the facility.

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

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

115.81 (e). The auditor reviewed agency policy 03.03.140(BB) and the PREA Manual (p 14) when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information however have not had any instances in this facility, allowing this auditor to determine compliance with provision (e) of 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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p 26)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (Z)
 - c. PD 03.04.125 Medical Emergencies (F)
 - d. PD 03.04.100 Health Services (UU,VV)
 - e. PD 03.04.120 Control of Communicable Blood borne Diseases (L,N)
 - f. KCF OP 03.04.120A Control of Communicable Blood borne Diseases
 - g. KCF OP 03.04.125 Medical Emergencies (pp 1,3,4, A, G)
 - h. MDOC HIV Brochure
 - i. MDOC Hepatitis Brochure

2. Interviews:
 - a. Medical staff
 - b. Mental health staff
 - c. Inmate reporting sexual abuse
 - d. First responder

3. Site Review Observations:
 - a. Actions of staff when an inmate made allegations.

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

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

115.82 (b). The PREA Manual and policy 03.04.125, which were reviewed by the auditor, contain language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. Random staff interviews, interview with a first responder and informal interviews during the audit tour confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation, allowing the auditor to determine compliance with provision (b) of the standard.

115.82 (c). The PREA Manual, policies, 03.04.125, 100, and 120 as well as brochures for HIV and Hepatitis were reviewed by the auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services as well as information on the blood borne diseases. The health care staff advised that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted prophylaxis.

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

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Audit Manual; April 2017 (pp27,32)
 - b. PD 03.04.100 Health Services (A,B, C,UU, VV,WW, HHH, JJJ)

- c. PD 04.06.180 Mental Health Services (F,H,O,R)
- d. PD 03.04.125 Medical Emergency Health Care (F)
- e. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners
- f. KCF OP 03.04.125 Medical Emergencies (p1)
- g. KCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p3)
- h. Audit cycle investigations

2. Interviews:

- a. Medical staff
- b. Mental health staff

115.83(a). The auditor reviewed agency and facility policies OP 03.03.140, 03.04.125, 04.06.180, 03.04.100 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse.

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

The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. This medical provider also reiterated that should an alleged victim be transported to an outside hospital, a follow-up meeting with a physician would be scheduled upon return to further plan any applicable treatment. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication, crisis stabilization units, and involuntary treatment, outpatient therapy with goals and objectives, as well as safety plans with unit staff would be developed.

115.83 (b). The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner. It is noted that the medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases have been referred to medical and mental health staff's attention.

115.83 (c). Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner, with no rationing of necessary medical care. Mental health staff stated that they believe mental healthcare is provided at a level that exceeds community levels

of care due to the immediate availability of such services and the broad range of available services that are typically wait-listed in the community, allowing the auditor to determine compliance with provision (c) of the standard.

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

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

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

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

115.83 (h). The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuse, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. The auditor reviewed investigations where it was documented that when necessary, these evaluations occurred, demonstrating compliance with provision (h) of the standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p32)
 - b. Investigative Reviews

2. Interviews:
 - a. PREA Coordinator/Inspector
 - b. Deputy Warden

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

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

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

115.86 (d). Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Interviews with the Deputy Warden and facility PREA Coordinator confirms that Kinross Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. While the auditor was unable to find evidence of action taken because of the incident reviews during this audit cycle, it was evident that action was taken from past incident reviews where procedures were

developed for the kitchen coolers to promote a sexually safe environment. The Deputy Warden stated that any recommendation would be considered for implementation should an identified training need or security need be raised by applicable disciplines within the review process. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

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

Standard 115.87: Data collection

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual, April 2017 (p33)
 - b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p7)
 - c. SSV-2 (Survey of Sexual Violence)2014 (pp1-5)
 - d. SSV-2 2015 (pp1-5)
 - e. SSV-2 2016 (pp1-5)
 - f. 2016 Annual Statistics Report (p1)
 - g. 2015 Annual Statistics Report (pp1-2)

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

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

115.87 (b). As noted within the agency audit, the agency prepares an annual statistical report that is published on the agency's public website consistent with provision (b). This report aggregates information collected through the investigatory database and provides comparative summaries to the previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014, 2015, 2016 and 2017 at the time of this audit.

115.87 (c). As noted within the agency audit, the agency's annual PREA statistical report for 2017 and its surveys of sexual violence for 2013 through 2017 are posted on the agency's website to demonstrate compliance with provision (c) of the standard. The data collected allowed for the answering of all questions required by the Department of Justice's surveys.

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

115.87 (e). During the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. These contracts were not reported under 115.12, nor were the facilities' incident based and aggregate data included in its 2017 annual report; despite the fact that the contracted entities were under contract in 2017.

During the evaluation of 115.12, it was determined that there is insufficient evidence that the agency completes contract monitoring required by 115.12. Without established contract monitoring, it also appears that the agency does not have documented evidence of collecting data required by 115.87(e); evidenced by the exclusion of such data in its 2017 annual report. Based upon the absence of evidence of data collection for each of its contracted entities; there is insufficient evidence to support compliance with provision (e) of the standard.

Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture incident based and aggregate data for its contracted facilities.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

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

Standard 115.88: Data review for corrective action

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.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. MDOC PREA Manual; April 2017 (p33)
 - b. MDOC PREA Web Link (pp1-2)
 - c. MDOC-PREA Webpage-Annual Reports (pp1-2)
 - d. PREA Administrator's Annual Reports for 2014 (pp1-2)
 - e. PREA Administrator's Annual Reports for 2015 (pp1-2)
 - f. PREA Administrator's Annual Reports for 2016 (pp1-2)
 - g. PREA Administrator's Annual Reports for 2017 (pp1-11)

115.88 (a). The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2017 report identified its efforts to continue to provide an environment free from sexual victimization. The agency also reported that it began conducting PREA audits of its facilities during 2015, with the goal of enhancing compliance until all facilities in the agency have been audited, consistent with provision (a) of the standard. The Agency is currently in its final year of the three-year cycle and is on target to have all of their facilities audited.

115.88 (b). The agency's 2017 annual PREA report compares data from 2015. The auditor notes that the agency committed to PREA compliance in 2014; therefore, limited comparative data exists at the time of this audit. The 2017 annual report does summarize the agency's progress with achieving PREA compliance at its facilities, citing the implementation of additional processes into the PREA Risk Assessment process as well as providing refresher information regarding investigations and standards of proof for administrative investigations. They also updated

the policy and PREA Manual in addition to providing telephone access to prisoners to an outside entity and trained qualified staff to be victim advocates. (b).

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

115.88 (d). The agency does not redact information from its annual report consistent with provision (d).

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.

The following evidence was analyzed in making the compliance determination:

1. Documentation:
 - a. MDOC PREA Manual; April 2017 (p33)
 - b. MDOC PREA Web Page and Link to SSV Documentation (pp1-3)

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

115.89 (b). As noted under 115.87(e), the agency contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The facilities' aggregate data was not included in the agency's 2017 annual report; despite the fact that the contracted entities were under contract in 2017. Absent evidence that the agency collects and publishes aggregate data for its contracted facilities, the audit team does not find compliance with provision (b) of the standard.

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

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

Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture aggregate data for its contracted facilities, which is subsequently published within its annual report.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC's annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.401(a-n). The auditor was able to tour all areas of the facility, correspond with inmate and interview inmates privately. The auditor was able to observe all computerized and paper records requested. Copies of requested documentation was provided as requested. Interviews were permitted to take place in a private setting. The audit is performed under a consortium, where the auditing agency conducts all audits within the audited agency.

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.

115.403 (f). This auditor did access the public website and noted that reports are located at https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html. To date, the agency has demonstrated that it is willing to publish all audit reports on its public website. At the time of this audit, the agency had published all previous audit reports to its website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Traci Jacobson

November 12, 2019

Auditor Signature

Date

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

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