

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

Interim Final

Date of Report March 15, 2019

Auditor Information

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Telephone: 812-526-8434 ext. 220	Date of Facility Visit: July 10 to July 12, 2018

Agency Information

Name of Agency: Kansas Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Kansas	
Physical Address: 714 SW Jackson, Suite 300		City, State, Zip: Topeka	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 785-231-1111 or 800-311-0860		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: The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community, and by actively encouraging and assisting offenders to become law-abiding citizens.

Agency Website with PREA Information: <http://www.doc.ks.gov/facilities/prea>

Agency Chief Executive Officer

Name: Joe Norwood	Title: Secretary of Corrections
Email: Joe.Norwood@ks.gov	Telephone: 785-296-3310

Agency-Wide PREA Coordinator

Name: Peggy Steimel	Title: Corrections Manager II
Email: Peggy.Steimel@ks.gov	Telephone: 785-260-4658
PREA Coordinator Reports to: Johnnie Goddard, Deputy Secretary of Corrections	Number of Compliance Managers who report to the PREA Coordinator 10 + 10 Alternate PCMs

Facility Information

Name of Facility: Ellsworth Correctional Facility			
Physical Address: 1607 State Street, Ellsworth, KS 67439			
Mailing Address (if different than above): PO Box 107, Ellsworth, KS 67439			
Telephone Number: 785-472-6202			
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: The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community, and by actively encouraging and assisting offenders to become law-abiding citizens.			
Facility Website with PREA Information: http://www.doc.ks.gov/facilities/prea			

Warden/Superintendent

Name: Martin (Marty) J. Sauers	Title: Warden
Email: marty.sauers@ks.gov	Telephone: 785-472-6201

Facility PREA Compliance Manager

Name: Douglas K. Lawson	Title: Deputy Warden
Email: douglas.lawson@ks.gov	Telephone: 785-472-6202

Facility Health Service Administrator

Name: Amy Simmons	Title: Health Service Administrator
Email: Amy.simmons@EHR.doc.ks.gov	Telephone: 785-472-3557

Facility Characteristics

Designated Facility Capacity: 913		Current Population of Facility: 913		
Number of inmates admitted to facility during the past 12 months				498
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				440
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				476
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: None	Adults: 18 and 71		
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:				25.652
Facility security level/inmate custody levels:				Minimum, Low Medium, High Medium, Maximum, Special Management
Number of staff currently employed by the facility who may have contact with inmates:				Click or tap here to enter text.
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				Click or tap here to enter text.
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				Click or tap here to enter text.
Physical Plant				
Number of Buildings: 28		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		4		
Number of Open Bay/Dorm Housing Units:		1 open bay (Building #3); 1 dorm (East Unit)		
Number of Segregation Cells (Administrative and Disciplinary):		26 cells, 46 beds total (20 cells equipped for double-celling). All cells are available for Administrative or Disciplinary restrictive housing use, 10 beds allocated for long-term protective custody.		
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.):				
ECF Central combined with ECF East Unit totals 305 Cameras.				
Medical				
Type of Medical Facility:		Infirmary		

Forensic sexual assault medical exams are conducted at:	Salina Regional Health Center
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	102 Volunteers ## contractors
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.

An audit of the Prison Rape Elimination Act: Prison and Jail Standards was conducted at the Ellsworth Correctional Facility (ECF) in Ellsworth, Kansas as part of a PREA audit consortium between the Kansas Department of Correction (KDOC), California Department of Corrections and Rehabilitation, and the Indiana Department of Correction (IDOC). This auditor asserts that there is no conflict of interest in conducting this audit as the IDOC does not receive audits from the KDOC. The audit of ECF began with the notice of audit being emailed for posting on June 15, 2018 and the onsite audit occurring July 10 to July 12, 2018.

Pre-Onsite Audit

The PREA Audit Announcement posting, both English and Spanish, were emailed to the KDOC PREA Coordinator, to be forwarded to the facility PREA Compliance Manager on June 15, 2018 and posted throughout the facility for offender, visitor and staff review. The Pre-Audit Questionnaire and audit documents for ECF were provided to the audit team on June 18, 2018. The Auditor Compliance Tool was utilized during the document and Pre-Audit Questionnaire review. This auditor did not receive letters from offenders at ECF prior to the on-site audit. The documentation reviewed consisted of KDOC policies and samples of facility generated documents marked by the standard and sub-standard that was applicable for each document. Contact was made with Just Detention International via email on July 6, 2018 inquiring about contact from any ECF offenders with JDI. A return email was received on July 9, 2018 from Christian Vien stating that JDI had received no communication from ECF offenders in the past 12 months.

Onsite Audit

On July 10th the audit team arrived at ECF at 8 a.m. to begin the onsite audit of ECF Central and ECF East. The audit team consisted of myself, a DOJ certified PREA Auditor, and Wayne McWhorter, a probationary PREA Auditor. A meeting was held with the KDOC PREA Coordinator, Warden, Deputy Warden/PCM, Major, EAI Investigator, and other managerial staff. The audit team was provided a conference room in the Major's area of the security building as a work space.

The audit team was provided with an employee and contract staff list for the selection of specialized staff, random staff and contractor interviews. An offender list based on housing unit was provided and used for the random selection of offenders in each housing unit for interviews. All offenders were interviewed with the random offender interview questions. The audit team requested a list of offenders that were identified as one of the following categories:

- Disabled Offenders and LEP Offenders

- Gay and Bisexual Offenders
- Transgender and Intersex Offenders
- Offenders in segregated housing due to risk of sexual victimization or reported sexual abuse
- Offenders that reported prior sexual victimization during screening
- Offenders that reported sexual abuse

Facility Tour: The audit team conducted a thorough review of all offender housing units, program areas, service areas, segregation units, visiting room, warehouse, maintenance, workshops, and recreation areas at ECF Central and East. Auditors visited 22 buildings offenders were allowed to access. Informal questions were asked of both staff and offenders during the tour. Auditors focused observations on offender shower and toilet areas evaluating cross gender viewing; secured doors to mop closets, classrooms, offices and staff bathrooms in areas where offenders had access; video camera placement, staff presence in relation to blind spots; proper postings of PREA information in offender housing units and common areas; and windows in staff offices and classrooms. All housing units were visited by auditors, even when the floor plan was the same, to ensure PREA information was present and offender showers had proper modesty screens. Photos were taken and notes written in OneNote on iPads to document the tour.

Offender Interviews: Offenders from every housing unit were randomly selected from offender lists based on housing unit the facility provided auditors on the first day of the onsite audit. Offenders were identified by the facility for targeted interviews. The facility presented auditors with a list of Gay, Bisexual and Transgender offenders as identified during risk assessments. Auditors were provided with a space to interview offenders that had windows that allowed staff to monitor the interview but provided confidentiality. The interview protocols from the PRC website were used for random and targeted offender interviews. The random interview protocol was used for every offender interview. The population on the first day of the onsite audit was 917 requiring a minimum of 15 random and 15 targeted interviews per the Auditor Handbook. 33 offenders were interviewed with 17 being identified as random interviews and 16 identified as targeted interviews. There were no youthful offenders at ECF. The following is the breakdown of the total number of offender interviews completed:

Random	17
Transgender/Intersex	1
Gay or Bisexual	5
Reported Sexual Abuse	2
Reported Prior Victimization	2
Disabled or LEP	6

Staff Interviews: Based on information provided by the PCM. The audit team identified the specialized staff to be interviewed. The following specialized staff were interviewed:

- Warden
- PREA Compliance Manager
- Intermediate or Higher-Level Staff
- Human Resource Staff
- Medical Contract Staff
- Mental Health Contract Staff
- Investigative Staff
- Foodservice Contract Staff
- Volunteer
- Screening Staff

Incident Review Staff
Intake Staff
Retaliation Monitoring Staff
Staff that Conduct Strip Searches
Segregation Supervisor

A Sexual Assault Nurse Examiner was contacted by telephone for an interview. This auditor spoke to a Nurse in the forensic exam department of the Salina Regional Health Center. A victim advocate from the Domestic Violence Association of Central Kansas was contacted for an interview by telephone. The KDOC has a memorandum of agreement with the DVACK to provide VA services to offenders at ECF.

The KDOC Secretary, Contract Administrator and PREA Coordinator were interviewed by an IDOC PREA auditor at the Larned Correctional Facility audit in May 2018. Those interviews will be used for this audit as well.

Post Audit

Documents obtained at the onsite audit were reviewed and documented in the Auditor Tool. Interview notes were reviewed and discussed by auditors as needed. A summary of corrective actions was developed in coordination with the KDOC PREA Coordinator. Documentation to demonstrate completion of corrective actions were provided by the KDOC PREA Coordinator via email.

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.

Located on a 68.6-acre site, the ECF Central Unit currently provides housing for 832 multi-custody adult male inmates, while the East Unit provides housing for 95 minimum custody inmates. The East Unit is approximately 2 miles away from the Central Unit, both located in the town of Ellsworth, Kansas. Ellsworth Correctional Facility's mission is to safely and effectively contain and supervise inmates, while also providing for community, employee and inmate safety. Furthermore, the facility plays an integral role in reducing crime and its associated costs by providing inmates with a means to improve their conditions through involvement in traditional correctional programming, faith-based activities, cognitive-based activities, exposure to "real life" skills and effective staff-inmate interaction. Moreover, the inmate population is offered an opportunity to participate in a variety of facility-support and community-based work activities. ECF's ultimate goal is to encourage inmates to participate in the specific programs and activities that will best prepare each inmate for release and increase their opportunity for a successful law-abiding life, positively impacting not only the offenders' lives, but also their families' lives and the lives of all who reside in those communities

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: 2

115.31 Employee training
115.53 Inmate access to outside confidential support services

Number of Standards Met: 43

Prevention Planning

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
115.12 Contracting with other entities for the confinement of inmates.
115.13 Supervision and monitoring.
115.14 Youthful inmates.
115.15 Limits to cross-gender viewing and searches.
115.16 Inmates with disabilities and inmates who are limited English proficient.
115.17 Hiring and promotion decisions.
115.18 Upgrades to facilities and technologies.

Responsive Planning

115.21 Evidence protocol and forensic medical examinations.
115.22 Policies to ensure referrals of allegations for investigations.

Training and Education

115.32 Volunteer and contractor training.
115.33 Inmate education.
115.34 Specialized training: Investigations.
115.35 Specialized training: Medical and mental health care

Screening for Risk of Sexual Victimization and Abusiveness

115.41 Screening for risk of victimization and abusiveness.
115.42 Use of screening information.
115.43 Protective custody.

Reporting

115.51 Inmate reporting.
115.52 Exhaustion of administrative remedies.
115.54 Third-party reporting.

Official Response Following an Inmate Report

115.61 Staff and agency reporting duties.
115.62 Agency protection duties.
115.63 Reporting to other confinement facilities.
115.64 Staff first responder duties.

- 115.65 Coordinated response.
- 115.66 Preservation of ability to protect inmates from contact with abusers.
- 115.67 Agency protection against retaliation.
- 115.68 Post-allegation protective custody.

Investigations

- 115.71 Criminal and administrative agency investigations.
- 115.72 Evidentiary standard for administrative investigations.
- 115.73 Reporting to inmates.

Discipline

- 115.76 Disciplinary sanctions for staff.
- 115.77 Corrective action for contractors and volunteers.
- 115.78 Disciplinary sanctions for inmates.

Medical and Mental Care

- 115.81 Medical and mental health screenings; history of sexual abuse.
- 115.82 Access to emergency medical and mental health services.
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

Data Collection and Review

- 115.86 Sexual abuse incident reviews.
- 115.87 Data collection.
- 115.88 Data review for corrective action.
- 115.89 Data storage, publication, and destruction.

Auditing and Corrective Action

- 115.401 Frequency and scope of audits.
- 115.403 Audit contents and findings.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

115.13 Supervision and Monitoring
Central Unit

1. Staff Bathrooms were observed unlocked in several locations where offenders have access with minimal staff supervision. Instruct staff to secure all staff bathrooms where offenders can access them. The Warden directed all staff to keep all staff bathrooms locked in a memorandum. A copy of the memorandum and email were sent to the auditor via email to document completion of the corrective action.
2. Mop closets were unlocked in areas where offenders have access with minimal staff supervision. Instruct staff to secure all mop closets when they are not being accessed. The Warden directed all staff to keep mop closets secured when not being accessed in a memorandum. A copy of the memorandum and email were sent to the auditor via email to document completion of the corrective action.

3. Large Offender bathrooms in the program building had solid doors and not easily monitored. Remove the doors and add either mirrors or cameras to assist staff in monitoring the rest of the room. The doors were removed, and dome mirrors installed to aid staff in monitoring the blind spot without cross gender viewing. Photos were sent to the auditor via email to document completion of the corrective action.
4. The solid shower curtains on housing units covered the entire opening to the shower area blocking staff from seeing into the area completely. Change the shower curtains to only block the view from the knees to the chest area, allowing for staff to monitor the area but still provide modesty. The solid shower curtains were replaced with curtains that only block the view of the offender's genitals and buttocks. This allowed staff to monitor offenders to ensure safety without cross gender viewing. Photos were sent to the auditor via email to document completion of the corrective action.

East Unit

5. Stairwells in the East Unit provided areas where offenders could not be seen. Cameras or mirrors could be installed to aid in monitoring these areas. Domed mirrors were installed in the stairwells that increased staff's ability to monitor the stairwell. Photos were sent to the auditor via email to document completion of the corrective action.

115.17 Hiring and Promotion Decisions

The questions asked of staff on the application do not cover the requirements of sub-standard (a).

Supplemental questions need to be added to the hiring process and for new contract staff to answer prior to working at the facility. Documentation of the new practice on new hires or new contract staff will be reviewed.

The questions asked of applicants were revised and completed examples were sent to the auditor via email to document completion of the corrective action.

115.41 Screening for Risk of Victimization

The assessment does not ask if the offender has been convicted of a sex offense against a child or adult on the victim vulnerability. Add this to the victim assessment. Change the assessment to add the factor of sex offense against a child or adult to the vulnerability factors and submit a sample of assessments for review.

The assessment was revised and completed examples were sent to the auditor via email to document completion of the corrective action.

115.42 Use of Screening Information

Transgender offenders are being placed in a facility based on their genital status per policy.

There needs to be an evaluation process in place based on the FAQ from March 2016. A policy to evaluate the placement of an offender that identifies as transgender needs to be in place. The offender's own views need to be considered in this process. The process needs to be documented.

The policy was revised, and the evaluation of a transgender offender's placement was documented on the assessment. Documentation of the policy revision and assessment was sent to the auditor via email to document completion of the corrective action.

115.52 Exhaustion of Administrative Remedies

Based on information from offender interviews and observation during the facility tour, it was determined that offenders may potentially have to hand in grievances to the staff they are making a sexual abuse or harassment report against.

Develop a method for offenders to submit a grievance reporting sexual abuse or sexual harassment without having to hand it to staff directly.

The Warden sent all staff a memorandum informing them offenders may submit grievances through the facility mail and do not have to hand them directly to staff that are the subject of the grievance. This information was also distributed to all ECF offenders via JPay email. Both the memorandum and JPay email were provided to the auditor via email to document completion of the corrective action.

115.73 Reporting to Inmates

The Notice of Investigative Status does not report if an offender or staff are convicted as a result of an incident of sexual abuse. The policy and Notice of Investigative Status must be revised to include notifying an offender of staff and offender convictions for charges related to sexual abuse in a facility. The Agency must provide the change in policy and form for review.

The Notice of Investigation Status form was revised to include information about conviction of the perpetrator. Completed examples were sent via email to the auditor to document completion of the corrective action.

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 Internal Management Policy and Procedure (IMPP) 10-103D Coordinated Response to Sexual Abuse and Harassment and ECF General Order 20-101 Offender Sexual Abuse and Harassment Prevention/Intervention were provided for review. Both policies provide the agency and facility policy of zero tolerance for all forms of sexual abuse and sexual harassment. These policies also outline the plan for preventing, detecting and responding to reports of sexual abuse and sexual harassment by offenders. During interviews with 12 random staff and 17 random offenders most all knew there was a zero tolerance of sexual abuse and sexual harassment as a policy. All were asked to define zero tolerance and described it as no sexual contact or sexual harassment of any kind is allowed, regardless of consent.

The KDOC Facilities Management organizational chart was provided with the PREA Coordinator highlighted. The PREA Coordinator is a Corrections Manager II and reports directly to the Deputy Secretary of Facilities Management. The PREA Coordinator indicated during her interview on a previous audit she had sufficient time and authority to develop, implement and oversee the Agency's efforts to comply with PREA standards in all facilities. She feels she has the support she needs from the Deputy Secretary to ensure the agency complies with the PREA standards. The PREA Coordinator

provided a list of 10 PCM's that report to her with 10 alternates. A PCM is assigned to every facility in KDOC.

General Order 20-101 Offender Sexual Abuse and Harassment Prevention/Intervention assigns the ECF Deputy Warden as the PREA Compliance Manager and the Correctional Facilities Specialist as the alternate. The facility provided a copy of the ECF organization chart showing the PREA Compliance Manager reporting directly to the Warden.

The PCM was interviewed. He reported having enough time and authority to coordinate the facility's efforts to comply with the PREA standards. He makes rounds in the facility once a week monitoring for compliance. He also discusses standards in focus with the executive staff at meetings and coordinates PREA incident reviews. The PCM also provides PREA training to staff.

Based on the auditor's review of policies, organization charts and interview notes, the facility and agency are found to meet this standard.

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.

Current contracts were provided for the confinement of KDOC offenders in Cloud County Jail, Jackson County Jail and Washington County Jail. All contracts required the contractor to agree to comply with the requirements of the Prison Rape Elimination Act. All three counties had completed a PREA audit with a certified PREA auditor. The final reports for Jackson County, Washington County and Cloud County were provided to this auditor.

The Agency Contract Administrator stated in her interview that she ensures all contracts for confinement require compliance with PREA and she monitors for compliance by visiting the county jail to review their PREA policy and procedures once or twice per month. She makes announced and unannounced visits to the jails. She interviews offenders and staff to determine their knowledge of PREA.

A memo from the PREA Coordinator states that ECF does not contract for the confinement of offenders directly.

It has been determined the agency to meets this standard based on the auditor's review of interviews, contracts and PREA audit reports provided.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management was provided for review. This policy provides a description of the required content of a staffing plan; the requirement for every facility to have a staffing plan; the process to develop and review the facility staffing plan; and the requirement to document deviations from the staffing plan. IMPP 12-137D also requires the staff analysis report and review of the operational staffing plan to be forwarded to the PREA Coordinator for review by January 1 each year. Attachment C Staff Analysis to Ensure Protection Against Sexual Abuse is used to document the review. IMPP 12-137D requires staff to make documented

unannounced rounds on every shift to identify and deter sexual abuse and sexual harassment. IMPP 10-103D was provided for review and requires the facilities to write general orders that specify the policy and practice of intermediate and higher-level supervisors to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

The facility provided a Staff Analysis form for 2016, 2017 and 2018. These were signed by the Warden and the PREA Coordinator. The staffing plan is a plan for the security staff that have the direct responsibility for monitoring offenders on each shift with a relief factor. This plan is documented on a Security Post Analysis form. The Warden stated during his interview that staffing is reviewed weekly with the Major and HR to evaluate vacancies and absences. They determine if there is a level of coverage to ensure effective supervision of the offenders. The Warden explained that the staffing plan is based on mandatory posts that cannot be closed without implementing emergency procedures. Deviations would only occur in this scenario and that has not happened. He reported a staffing analysis based on the NIC model was conducted by the KDOC administration a couple of years ago. The ECF staffing plan is based on the results of that analysis.

During the tour, auditors evaluated staffing levels in relation to monitoring offenders and reducing the potential for sexual victimization. In most areas staffing was found to be at an appropriate level for effective monitoring of offenders. Cameras were seen throughout the facility. However, there were a few areas of concern identified by auditors. These areas included:

1. In several areas where offenders had access, staff restrooms were found unlocked that had lock knobs on the inside and no windows.
2. Several janitor's closets with solid doors were found unsecured and open with no staff monitoring access.
3. Two large offender bathrooms located in the program building had solid doors and no way to see all the way into them.
4. The shower curtains in every housing unit in Central were solid and covered the entire opening of the shower room preventing staff from monitoring without opening the curtain.
5. Stairwells in the East Unit had no camera coverage and doors that obstructed the view into them. One stairwell that was not used for regular offender movement but could not be completely locked due to a door staying unlocked from inside the kitchen.

ECF General Order 20-101 page 2, section D was reviewed and requires supervisory staff to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Rounds are to be conducted on each shift and in areas where offenders have access. During the facility tour housing unit log books were checked and unannounced rounds by supervisors were found documented on each shift. Unannounced rounds are also documented on the Shift Supervisor Daily Check Sheet. Auditors asked for a copy to be provided of log book entries for three consecutive days from every housing unit log book and the Shift supervisor's Daily Check Sheet. The review found all unannounced rounds by supervisors logged for each shift as required.

Corrective Action Recommended:

1. Staff Bathrooms were observed unlocked in several locations where offenders have access with minimal staff supervision. Instruct staff to secure all staff bathrooms where offenders can access them. Provide documentation that all staff received this directive.
2. Mop closets were unlocked in areas where offenders have access with minimal staff supervision. Instruct staff to secure all mop closets when they are not being accessed. Provide documentation that all staff received this directive.

3. Large Offender bathrooms in the program building had solid doors and not easily monitored. Remove the doors and add either mirrors or cameras to assist staff in monitoring the rest of the room. Provide pictures to the auditor when this is completed.
4. The solid shower curtains on housing units covered the entire opening to the shower area blocking staff from seeing into the area completely. Change the shower curtains to only block the view from the knees to the chest area, allowing for staff to monitor the area but still provide modesty. Provide pictures to the auditor when this is completed.
5. Stairwells in the East Unit provided areas where offenders could not be seen. Cameras or mirrors could be installed to aid in monitoring these areas. Provide pictures to the auditor when this is completed.

Corrective Action Completed:

A memorandum from the Warden was sent to all ECF staff on 8/3/18 informing them of the directive for “all porter’s closets, caustic closets and staff restrooms shall be secured. Staff must be present when issuing supplies to offenders, and the closet shall be secured.” The memorandum and email were sent to this auditor on August 3, 2018 as verification. This completes the corrective action for items 1 and 2.

On January 4, 2019, photos were sent via email to this auditor that showed the door removed from the large bathrooms in the program building with a dome mirror installed to assist staff in viewing the blind spot in the bathroom without creating cross gender views. This completes this corrective action for item 3.

On February 7, 2019, photos were sent via email to this auditor that showed the installation of dome mirrors on the stair wells of the East Housing Unit. This completes the corrective action for item 5.

On February 11, 2019, photos were sent via email to this auditor that showed the installation of shower curtains on in housing units that previously had solid curtains covering the entire opening of the shower area. The new curtains provided modesty that prevented cross gender viewing without compromising staff monitoring for offender safety. This completes the corrective action for item 4.

Based on the auditor’s review of policies, documents, interview notes, corrective actions, and observations during the facility tour, it has been determined the facility meets this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 5, section E was reviewed and requires youthful offenders to be housed in the Kansas Juvenile Correctional complex until the offender turns 18. They are then transported to EDCF RDU for intake to the adult system. As a result, ECF does not house offenders under 18 years old.

Based on the auditor's review of documents and observations during the tour has been determined the facility meets 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

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.

Policy IMPP 12-103 Offender and Facility Searches allows for cross gender strip searches under exigent circumstances and these must be documented. Body cavity searches must be conducted by medical staff only. This policy also allows cross gender pat searches of male offenders and requires pat searches of transgender and intersex offenders to be conducted in a respectful and least intrusive manner as possible. Training curriculum for PREA Pat Searches and Search Procedures were provided for review. These training curriculums covered all required searches. Training records were reviewed for completion of search training. All records reviewed documented staff had completed the training. During random staff interviews, staff demonstrated knowledge of the cross-gender searches and searches of transgender offenders based on the curriculum.

IMPP 10-301D page 4 C requires staff of opposite gender to announce their presence when entering a housing unit and when entering an offender restroom/shower area. Offenders are to be allowed to shower and perform bodily functions without nonmedical staff of the opposite gender seeing them in a state of undress except when viewing is incidental to security checks. This policy requires the presence of opposite gender staff to be announced prior to entering a housing unit and announcements will be documented in housing unit log books.

During the facility tour, auditors observed female staff making announcements. These announcements were also found to be documented in housing unit logs. Signs were observed in the housing units warning offenders that female staff are on duty. A doorbell for the hearing impaired was utilized for offenders that were deaf to notify them female staff had entered the housing unit. Most offenders reported hearing these "female on floor" announcements during random interviews. Two deaf offenders were interviewed and report seeing the light come on when female staff entered their housing

unit. Signs were also posted at the entrance to housing units to remind female staff to make the announcement. Staff stated during random interviews they were aware of the requirement for female staff to make an announcement and do observe them make the announcements.

Cross gender viewing was reviewed by auditors during the facility tour and not found to be an issue in shower and toilet areas in any housing unit or program area. Offenders stated during random interviews that they could shower or use the toilet without female staff seeing them. Facility rules do not allow the offenders to be completely undressed outside of the shower area.

It has been determined the facility meets this standard based on the Auditor's review of policies, training documents, observations on the facility tour, and interviews with staff and offenders.

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.

IMPP 10-103D Coordinated Response to Sexual Abuse page 7, E requires the facility to provide PREA education in formats accessible to all offender including LEP, deaf, visually impaired, disabled, and limited reading skills. IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency page 2, section IV states that KDOC staff may use either KDOC bilingual staff or an outside interpreter service. The current contract is with The Big Word. The PREA Coordinator provided the Big Word access code for ECF. A memorandum from the Deputy Warden to the facility Classification Administrator and Major lists the staff identified as translators and the language they are able to speak, read or write. Two staff were identified as being capable of communicating in sign language. The facility provides the PREA brochures in Spanish and posters are provided in a Spanish version as well. The posters were seen throughout the facility during the tour.

Three LEP offenders were interviewed with the using staff as an interpreter. All 3 offenders spoke Spanish and said they were provided the PREA information in Spanish. Staff interpreters assisted with their orientation. None of the offenders have made a report since arriving at ECF.

During random staff interviews staff were asked how they would communicate with an LEP offender. Most staff knew there were staff identified as interpreters and there is an interpretive service that can assist if there were no interpreters available. The staff that provided PREA education at intake was interviewed and described how she identifies LEP or disabled offenders through classification information. She meets with these offenders individually to ensure they understand the information. Interpreters are used for LEP offenders.

The facility has been found to meet this standard based on the auditor's review of policies, documents; interviews conducted with offenders and staff; and observations made on the tour.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 02-126D Human Resources: Recruitment and Selection Process pg. 9 states the KDOC shall not hire or promote anyone into a position that may have contact with offenders where one of the three factors in (a) is applicable and incidents of sexual harassment perpetrated against an inmate shall be considered in making hiring and promotion decisions. 10 staff records were reviewed at random for documentation of questions asked of applicants regarding 1-3 of (a). Three questions were on the application for staff to answer that only covered prior perpetration of sexual abuse or sexual

harassment of an inmate in an institution. There were no questions regarding prior criminal convictions or civil judgments for sex offenses committed in the community. Three contract staff records were reviewed after being selected from a list at random. Contract staff were asked the same questions as staff prior to working around offenders. HR staff indicated during an interview that applicants are asked questions about prior PREA allegations, however documentation does not support that all of the questions in (a) 1-3 are asked. This does not meet (a) & (b) of the standard.

IMPP 02-126D also requires criminal background checks to be completed on all new hires and employment checks with prior institutional employers. All applicants are asked if they previously worked for an institutional employer. If the applicant indicates they have then HR staff send a form letter inquiring about prior substantiated investigations for sexual abuse or sexual harassment or resignations during such investigations. Three staff had indicated prior institutional employment on their application. Requests for information on sexual abuse investigations or resignations during investigations was sent to the prior institutional employer. Two provided a response and one did not respond. A criminal background check was completed for all staff and contract staff prior to employment or within the last 5 years.

HR staff reported in an interview that a criminal background check is completed on all new hires, promotions and new contract staff. A criminal background check is also completed for all current staff and contract staff annually. She stated one applicant, who had previously worked for the Oklahoma DOC, was not hired because the Oklahoma DOC reported the employee had a substantiated offender sexual harassment investigation. If a request for information about prior PREA investigations were received from an institutional employer on a former ECF employee, the HR staff indicated she would provide the information but there were no requests made in the previous 12 months.

IMPP 02-126D also indicates that employees are subject to termination if they provide a false response to a question on the application or make materially false statements during application, screening or the interview process.

Corrective Action Recommended:

The questions asked on the KDOC application do not address substandard (a) number 2 or 3. Contract staff are not being asked these questions either. It is recommended that questions addressing (a) 2 and 3 be added to the application or the questions be provided in a supplement document. All contract staff should be asked to answer questions regarding (a) 1-3 prior to working with offenders. Documentation of the new practice should be provided for all new hires and new contract staff.

Corrective Action Completed:

The PREA Coordinator sent this auditor a new form used to ask applicants the required pre-employment questions in (a) 1-3 and (b) regarding sexual harassment of offenders. The form was found to meet the requirements of the standard. Four samples of the completed form were provided demonstrating practice that meets the standard. Three were for staff new hires and a promotion. One was for a new contractor.

Based on this auditor's review of policies, documents and corrective actions completed, the facility has demonstrated substantial compliance and found to meet this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 01-123D Authorization for Construction, Renovation or Demolition of Physical Structures page 2, A. 4. requires new construction, renovation or expansion of a facility to comply with the Prison Rape Elimination Act standards and consideration of the effect of changes to protect offenders from sexual abuse.

The Secretary of KDOC stated during an interview on a previous audit that KDOC PREA guidelines are considered on any renovations or additions to facilities. He said camera systems are regularly being evaluated, upgraded and expanded when a need is indicated in routine security audits.

The Warden stated during his interview that there have been no additions or renovations to the facility. There have been additional cameras added in East Unit prior to the last PREA audit. The facility has a Camera Committee that reviews areas of the facility recommended for additional cameras to assist with offender monitoring. The PCM is a member of that committee. Auditors observed camera placement in blind spots throughout the facility. The Major pointed out areas that they were considering placing additional cameras when they get more funding.

Based on the auditor's review of the policy, interview notes and observations during the tour, it has been determined the facility meets this standard.

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.

IMPP 10-103D was reviewed and requires a SANE exam when medically and procedurally appropriate for victims and perpetrators of sexual abuse at no cost to the offender. Attachment A page 2 outlines the procedures for arranging a SANE examination and for protecting evidence until the exam can be performed. Kansas Statutes Chapter 65-448 was reviewed and describes the requirements for qualified physicians and nurses to provide a forensic examination at no cost to the victim. The facility reported no forensic examinations have been conducted during the review period.

The Salina Regional Health Center was identified as the hospital that would provide a forensic examination for offenders at ECF by the PREA Coordinator. A phone interview was conducted with a Nurse at the Salina Regional Health Center in the forensic examinations department. She reported that she was certified as a SANE through the International Association of Forensic Nurses based on the 2013 National Protocol. She said the Salina Regional Health Center would provide forensic examinations for offenders from ECF in the emergency care center. The hospital has 2 certified SANE's and can also use 5 SANE's from other hospitals in the area if needed. This allows them to provide 24/7 coverage. The forensic exam department would contact a victim advocate from the Domestic Violence Association of Central Kansas.

A victim advocate at the Domestic Violence Association of Central Kansas was contacted and interviewed by telephone. She stated victim advocate services would be provided to any ECF offender for a forensic examination at the SRHC if they were called by the hospital. She said the hospital would call them when they receive an offender for a forensic exam. She said she was contacted in 2014 when an offender from ECF arrived at SRHC for a forensic exam.

It has been determined the facility meets this standard based on the auditor's review of policies and interview notes.

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.

IMPP 22-103 Investigation Procedures page 3, D was reviewed and requires all allegations of sexual abuse, sexual harassment and non-consensual sexual acts to be assigned for investigation immediately and shall follow a uniform evidence protocol. IMPP 10-103D was reviewed and requires administrative and criminal investigations to be completed for all allegations of sexual abuse and sexual harassment. This policy is posted on the agency website.

The secretary for KDOC stated during his interview that all allegations of sexual abuse and sexual harassment were to be investigated according to their policy. EAI investigators at each facility are responsible for conducting those investigations. Investigations are tracked in a centralized data base.

An ECF investigator was interviewed by an auditor. He stated that all allegations of sexual abuse and sexual harassment are referred to his office for investigation.

The facility reported 7 allegations of sexual abuse and sexual harassment during the review period. 3 of these allegations were determined to be sexual abuse. The other 4 were determined not to meet the definition of a PREA incident. The 3 sexual abuse reports were investigated, and the investigation was documented in an investigation report. These reports were reviewed by auditors.

It has been determined the facility meets this standard based on the auditor's review of policies, documents and interview notes.

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.

IMPP 10-103D Page 5, section II was reviewed and requires all KDOC employees to receive the brochure "Undue Familiarity and Sexual Misconduct" and receive training in all of the topics required by the standard. The policy requires the training to be tailored to the gender of the offenders at the facility. Staff that are reassigned to a facility opposite of the gender of their previous facility are required to receive additional training. Refresher training is required to be completed annually. Training is documented by staff signature or electronic signature verifying that they understand the training. IMPP 03-104D Minimal Departmental Training Standards was reviewed and requires all staff categories to complete the curriculum "Offender Sexual Assault Prevention/PREA" annually. This exceeds the two-year requirement of the standard.

The PREA Employee Basic Training lesson plan was reviewed and found to cover all 10 of the required topics in the standard. IMPP 10-103D states the refresher training shall include a review of IMPP 10-103D and staff responsibilities to prevent and report sexual assaults and other relevant PREA-related material. The Training Coordinator at ECF reported that the PREA Employee Basic Training Lesson was used for both Orientation training for new hires as well as annual training for all employees. The orientation training is in classroom and the annual training is either in a classroom or an online training module. The classroom training is documented by signature on the PREA Training Acknowledgement form that states they received and understand the training. The online training is documented by staff checking a box that acknowledges they received and understand the training at the end of the module. The Training Coordinator showed the auditor the screen for online acknowledgement.

ECF staff training records were reviewed at the onsite audit. The training calendar for KDOC starts on July 1 and ends on June 30. At the time of this audit all staff had completed their annual training to include the PREA module. Records reflected that all staff had completed the annual PREA training, most in January of 2018. A sample of 8 PREA Training Acknowledgement forms signed by staff was reviewed by the auditor. A print out of the electronic training record for PREA training was also provided to the auditor.

12 staff were asked if they received training on the topics required in this standard during random interviews. All staff interviewed stated they received training in all topics required by this standard to include: zero tolerance and their responsibilities to detect, prevent, deter, and respond to reports of

sexual abuse. Most reported receiving the training in January of this year which was verified by the training records.

It has been determined the facility substantially exceeds the requirements of this standard based on the auditor's review of training curriculum, training records and interview notes.

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.

IMPP 10-103D page 5, E was reviewed and requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They are also to be notified of the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. 3 contract staff PREA Training acknowledgement forms were reviewed at random. The Training Coordinator provided the training report from the training data base for all contract staff. A review of this report shows all contract staff at ECF have completed the PREA training during the last 12 months. Contract staff complete the PREA training annually and sign the same PREA Training Acknowledgement form as staff.

A Chaplain acts as the Volunteer Coordinator for the facility. The Chaplain ensures all regular volunteers complete the PREA training as required. 10 volunteer names were selected at random from the volunteer list. All volunteer records reviewed had completed the PREA training during the last 12 months. Volunteers sign a form called Mentor/Volunteer Acknowledgement Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program that reiterates the KDOC zero tolerance policy and the volunteer's responsibilities. It also indicates they have received and understand the PREA training. The training curriculum for volunteers was provided to the auditor for review and found to cover the requirements of this standard.

Two contract staff and one volunteer were interviewed. All reported completing the training during the last year and that they receive the training annually. All demonstrated knowledge of the agency zero tolerance policy, their responsibilities to detect, prevent, deter and respond to a PREA report.

It has been determined the facility meets this standard based on the auditor's review of policy, training curriculum, training records, and interviews.

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.

IMPP 10-103D page 6, section III was reviewed and provided the agency's requirements for offender PREA education. This policy requires information about the department/facility policy regarding sexual abuse and sexual harassment; zero tolerance policy; offender rights to be free from sexual abuse and sexual harassment; free from retaliation for reporting; and how to report incidents be included in each facility's offender orientation program. This orientation will be provided within 30 days of arrival at the facility. This orientation is required to be provided upon transfer to another facility as well. An acknowledgement of PREA orientation must be signed by the offender and imaged in the electronic offender record. The facility provided PREA orientation documents for review. These consisted of the inmate education brochure, offender orientation handout, PREA signs, sexual assault brochure. All were provided in English and Spanish versions.

The staff responsible for PREA education was interviewed. She stated that offenders housed at the East Unit receive the PREA education at the Central Unit before being housed in the East Unit. The information that is handed out to offenders was provided for review. The PREA education is provided every Friday for offenders that have arrived that week. The video from the PRC website is shown to offenders in a group. Two PREA brochures are handed out that provide information to offenders about the KDOC zero tolerance policy, their rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation, how to avoid sexual assault, and how to make a report. The brochure is provided in English and Spanish. The staff provide a verbal explanation of the information in the brochures and answer questions. Information about external reports to the Legal Services and DVACK victim services are provided as well. The staff that provide the orientation use classification information to determine if an offender has a disability that would require accommodation to ensure they receive the PREA education information. She stated if they determine an offender is limited English proficient, a staff interpreter or the telephonic interpreter would be utilized to provide an individual orientation.

18 offender records were randomly selected from the list of offenders that were also interviewed. Many of these offenders had trouble remembering the content of the PREA education given to them. Most admitted they just didn't pay attention, and some said they just didn't care. Every offender interviewed knew at least one if not two ways to report sexual abuse or sexual harassment. The review of records showed that every offender had signed a document acknowledging they received the PREA education within a week of arrival.

It has been determined the facility meets this standard based on the auditor's review of policies, documents and interview notes.

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.

IMPP 10-103D page 6, F was reviewed and requires specialized training to be provided to Special Agents in conducting sexual abuse investigations in confinement settings, techniques for interview sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the evidentiary standard for administrative and criminal cases.

ECF has two investigators that conduct all sexual abuse and sexual harassment investigations. KDOC investigators are provided with the NIC training module Investigating Sexual Abuse in a Confinement Setting. Certificates were provided for both investigators for completion of this training. The course curriculum was reviewed and provide information on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and evidence required to substantiate a case for administrative action or prosecution. The training is provided by the KDOC with the NIC training materials.

An Investigator was interviewed and could articulate the information he received in the NIC training in 2015. He stated he had also completed other training provided to all KDOC investigators as well. His description of the investigative process covered interviewing the victim and perpetrator; collection of evidence; interviewing potential witness; reviewing video, phone calls and JPay emails. The interview with the victim would be without judgment and as a person.

It has been determined the facility meets this standard based on the auditor's review of policies, training curriculum and interview notes.

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.

IMPP 10-103D page 6, section F, #3 was reviewed and found to require medical and mental health staff to receive specialized training in the 4 topics required in this standard as well as the training that

all KDOC employees receive. A copy of the KDOC Specialized Training Medical & Mental Health Professionals was provided for review. This training covered the topics required in this standard. Additionally, a copy of the training curriculum provided by Corizon, the medical contractor for KDOC, to their medical and mental health staff was provided for review. This curriculum also provided material that covered the topics required in this standard. The KDOC does not employ medical or mental health staff. All medical and mental health staff are contracted through Corizon.

Training records were reviewed for 36 contract medical and mental health staff. All were found to have completed the specialized PREA training. In addition, medical and mental health staff are required to complete the same PREA training all KDOC staff must complete for 115.31. The specialized curriculum was provided for review and was found to cover how to detect signs of sexual abuse and sexual harassment; preserving evidence of sexual abuse; how to respond to victims of sexual abuse; and how to report sexual abuse and sexual harassment. Contract medical staff do not conduct forensic examinations. All forensic examinations are conducted by a SANE at the hospital in Salina, Kansas.

A medical and mental health staff were interviewed by an auditor. Both reported receiving specialized PREA training as well as the PREA training all staff receive annually. Both staff could describe how to detect sexual abuse; protect evidence; how to respond to victims of sexual abuse; and what to do if an offender were to report sexual abuse to them.

It has been determined the facility meets this standard based upon the auditor's review of policy, training curriculum, records, and interview notes.

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.

IMPP 10-139D Screening for Sexual Victimization and Abusiveness was provided for review. This policy requires offenders to be assessed for their potential for being a victim or aggressor with an assessment instrument known as the Sexual Victimization and Abusiveness Assessment (SVA) electronically in the Total Access PREA System (TAPS). The SVA provides a score that can designate offenders as Unrestricted (UN), Victim Incarcerated (VI), Victim Potential (VP), Known Aggressor (KA), Aggressor Potential (AP). These designations are then considered in the placement of offenders in housing, programs and job assignments. The PREA Application User Manual was provided for review. This manual provides detailed instructions to staff for completing the SVA. The SVA is to be completed within 72 hours on all offenders at intake to the agency or transferring into a facility. The SVA is to be reviewed within 30 days of intake or transfer. The policy also requires an offender's SVA to be re-assessed annually or when there is a triggering event. Transgender/Intersex offenders are to be re-assessed twice per year to review appropriateness of placement and programming assignments and to assess for threats to the offender's safety.

The SVA was reviewed for the criteria required in the standard. The KDOC PREA Application Manual states that KDOC does not house offenders solely for civil immigration detainers. Therefore, this criteria is not applicable to the KDOC and not covered on the SVA as a factor for victimization. A criteria for victimization that is applicable was not assessed on the SVA. The SVA did not assess for prior conviction for sex offenses against a child or adult in the victimization assessment. Instead this was assessed on the risk for being sexually abusive. All criteria required by the standard were being assessed on the SVA for risk of being sexually abusive or an aggressor. Overall the SVA is assessing for most of the required criteria in this standard but does not meet the standard as a result of not assessing for one victimization criteria.

30 offender records were randomly selected from the offender list and reviewed for SVA's being completed within 72 hours after arrival. All 30 SVA's reviewed were completed in the required time frame. These same 30 records were also reviewed for the 30-day reassessment. 22 reassessments were completed within the 30-day time frame as required. Seven reassessments were not completed because the offender had arrived at the facility less than 30 days before the record was reviewed. These were scheduled for reassessment. One was paroled prior to being at the facility for 30 days.

Staff that complete SVA's was interviewed by the auditor. She stated that she completes an initial assessment on the day of arrival at ECF or the next day. She reviews the offender record and interviews the offender to gather the information to complete the SVA. The information collected during the offender interview includes LGBTI, gender nonconforming, and prior victim or prior perpetrator. The offender would not be disciplined if he refuses to answer questions. If an offender doesn't score as a Vulnerable and she

feels he is then she can ask for an override. She does a reassessment of the victim and perpetrator if there is a substantiated finding in an investigation. She stated that information from the assessment is only shared with staff that need to know for medical/MH follow up and housing or program assignments. Offenders that identify as transgender or intersex are reassessed every 6 months. During these meetings she asks transgender offenders if they feel safe. If an offender reports being a prior victim or perpetrator of sexual abuse a referral form is sent to mental health.

The PREA Coordinator stated in her interview that information gathered from the SVA is limited to staff that make housing and program decisions as well as medical and mental health staff. The PREA Compliance Manager stated the Counselor reviews the SVA status of every offender prior to placing them in a housing assignment. The Shift Supervisors are provided with a list of the SVA status for all offenders on the weekends in case there is a need to move them. The SVA status of offenders is confidential and staff that do have access to them are told not to tell the offenders.

The Counselor that makes housing assignments for offenders was interviewed. She stated she maintains a data base with the SVA status of all offenders. All changes in housing assignments go through her. She gets the SVA status on incoming offenders from the PREA Coordinator because she cannot see their SVA status until they are at ECF.

Corrective Actions Recommended:

The SVA is not assessing for prior convictions for sex offenses against a child or adult on the vulnerability assessment. This must be added to the factors for vulnerability on the SVA for it to meet the standard.

The SVA revision and completed samples must be submitted for review.

Corrective Actions Completed:

The SVA was revised on 11/9/18 and submitted to this auditor for review. The revision added the criteria for prior conviction for sex offense against a child or adult to the victimization factors. The assessment was found to cover all required factors in the standard. On 1/3/19 this auditor received assessments for 12 offenders for review. All had been completed using the revised SVA. Each offender had two assessments within 72 hours and 30 days of arrival at the facility as required by the standard.

Based on this auditor's review of interview notes, documents, policies and corrective actions completed, it has been determined the facility has demonstrated substantial compliance and meets this standard.

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.

IMPP 11-106 Case Management page 2 was reviewed and states the offender's status as a Known Aggressor (KA) or Known Victim (KV) per the screening at admission shall be considered when making program referrals. IMPP 10-139 page 3, section V was reviewed and prohibits the housing of offenders with a VI or VP to only be housed with offenders that are the same or UN and offenders with a KA or AP can only be housed with offenders that are the same or UN.

IMPP 10-139D page 4, section VI was reviewed and requires a transgender/intersex offender's own views of his or her safety to be given serious consideration. The policy does not state what that

consideration is for. The policy does prohibit placing LGBTI offenders in dedicated housing units and provides transgender/intersex offenders the opportunity to shower separate from other offenders.

This auditor was provided with GHSP Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria by the PREA Coordinator at a previous audit. The guidelines cover diagnosis and treatment plans, to include hormone therapy and quarterly reviews of the offender submitted to the Director of Health Care Services, the Secretary of Corrections and the Deputy Secretary of Corrections.

In the section covering management and placement it reads, "An inmate who is committed to the KDOC shall be placed in an institution according to the inmate's biological gender presentation and appearance. This shall include the inmate's intact, external genitalia and secondary sex characteristics. Specific cases with partial completion of sex reassignment surgery, removal or augmentation of breasts, removal of testicles, etc. shall be evaluated on a case-by-case basis."

KDOC's policy places transgender/intersex offenders in facilities based on their genital status. The FAQ dated March 24, 2016 states that placement of transgender/intersex offenders based on solely on their genital anatomy does not meet the standard.

Corrective Action Needed:

To meet this standard, the KDOC must have a policy that outlines procedures for evaluating the facility placement of transgender and intersex offenders on a case by case basis that considers their views of their own safety and whether a placement would present management or security problems. The new policy and documented reviews of facility placement for transgender or intersex offenders must be submitted for review.

Corrective Action Completed:

A revision of IMPP 10-139D Programs and Services: Screening for Sexual Victimization was authorized by Policy Memorandum Issuance #18-10-002 signed 10/25/18 and a copy provided to this auditor on 11/5/18. The revision was made to section VI. Transgender/Intersex Offenders with the following:

B. Housing and programming considerations for transgender or intersex offenders who are committed to the KDOC shall include, but not be limited to:

- 1. The general programming needs;*
- 2. The offender's health and safety; and*
- 3. Whether the placement in a facility for male or female offenders would present management or security concerns.*

C. A transgender or intersex offender's own views with respect to his or her own safety shall be elicited and factored into the decision-making process.

- 1. During the initial placement evaluation and bi-annual assessments, offenders will be interviewed regarding their views on their placement and programming assignments as well as any threats to safety.*
- 2. Documentation of the interviews should indicate the offender's view as being (one of the following):*
 - a. The offender has no safety, placement or programming concerns at this time.*
 - b. The offender expressed concerns with housing and programming needs or expressed safety concerns.*

c. The offender refused to participate in the interview, instead all available information was reviewed and either:

- (1) There are no apparent programming or safety issues evident, OR
- (2) There are some programming and safety issues to be considered.

D, Final determination regarding housing placement is the responsibility of the KDOC and the facility wardens, but clinical input provided by the site Behavioral Health or Counseling staff regarding any issues or concerns will be factored into the decision.

GHSPG Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria was revised on 10/30/18 and a copy provided to this auditor on 11/5/18. Section 8 Management and Placement was revised to remove the language referring to placement based on external genital anatomy. It now states: "Determination regarding housing placement is the responsibility of the KDOC and the facility wardens, however; clinical input by the site Behavioral Health or Medical staff regarding any issues or concerns will be factored into the decision."

An internal Classification Checklist documenting an SVA was provided for review on 12/26/18. The offender identified as transgender during the assessment interview with the Counselor. The SVA indicated the offender's programming needs could be met in a male facility and this placement did not currently present management concerns. The offender's feelings about sexual vulnerability were taken into consideration.

Based upon the auditor's review of documents and policies, interview notes and corrective actions completed, the facility has demonstrated substantial compliance and meets this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-139D page 4, section VII was reviewed and covers the use of involuntary segregation for offenders at high risk of sexual victimization. This policy requires an assessment of all housing alternatives prior to placement in involuntary segregation. Placement in segregation will be made if no alternative housing can separate the offenders from likely abusers. If an assessment cannot be immediately made, then the offender may be housed for less than 24 hours in segregation while the assessment is completed and shall not ordinarily remain in segregation for more than 30 days.

IMPP 20-105 Basis Operations of Administrative Segregation concerns placement of an individual on involuntary segregation. The facility uses an "Administrative Segregation Report" to document (1) the basis for the facility's concern for the inmate's safety (2) the reason why no alternative means of separation can be arranged.

If an offender were placed on involuntary segregation, the IMPP 20-105 outlines the requirement to assess if access to programs, privileges, education, or work opportunities have been restricted. If limited, the facility shall document: (1) the opportunities that have been limited, (2) the duration of the limitation, (3) the reason for such limitation.

IMPP 20-106 Administrative Segregation Review Board reads, "The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter."

The facility reported no offenders were involuntarily placed in segregation during the review period. A review of the investigation files did not show any victim being placed involuntarily in segregation. Two offenders that reported sexual abuse did not report being placed in segregation during interviews. The Warden stated he would prefer to keep offenders in population when they make a report of sexual abuse as long as the facility and offender felt it was safe to do so. A staff that supervises segregation was interviewed and said there were no offenders placed in segregation involuntarily for protective custody as a result of a report of sexual abuse. If an offender were to be placed in protective custody as a result of a report of sexual abuse, there would be a review of the placement within 3 days to determine if the offender can be placed back in general population. He stated that offenders placed in segregation are not restricted from property or access to the phones.

It has been determined the facility meets this standard based on the auditor's review of policies and interview notes.

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.

IMPP 10-103D page 7, section IV Reporting of Sexual Abuse C was reviewed and lists the multiple methods an offender may report sexual abuse or sexual harassment. Offender may make a verbal report to any staff, a written report through a Form 9 "Offender Request to Staff" and a grievance, call on the offender phone system to #50 to report to investigators on the KDOC Sexual Assault Helpline. An MOU with the Legal Services for Prisoners and KDOC was provided for review and covers the external reporting requirement of the standard. Offenders may call or write the Legal Services for Offenders confidentially and anonymously. Correspondence to the Legal Services for Offenders may be turned in sealed and does not need the offenders name on it to be mailed. Third party reports may be made through a hotline or email for sexual abuse reports on the KDOC webpage. These reports go directly to the PREA Coordinator which was reported to this auditor during her interview. This auditor called the hotline and left a message requesting a call back to verify the hotline for the audit. My call was returned two days later. The staff that returned the call said there had been a problem with the voicemail resulting in the delay. This auditor also sent a test email to the email address on the KDOC webpage requesting an email back to verify for the audit and was emailed back the same day.

Posters with information regarding the Sexual Assault Hotline and Legal Services for Offenders were seen during the facility tour throughout the facility in housing units and other areas offenders congregate. Brochures were provided for review and contain information telling offenders all of the methods for reporting sexual abuse and sexual harassment. These brochures are provided to offenders at the PREA orientation.

All staff demonstrated knowledge of several methods an offender can make a report of sexual abuse or sexual harassment during random interviews with auditors. All offenders demonstrated knowledge of at least two ways to make a report and some knew several methods of reporting sexual abuse and sexual harassment during random interviews with auditors. The most well-known methods were calling #50, telling any staff or writing it on a Form 9. Some offenders knew that their family could make a report for them as well. Posters were seen throughout the facility providing offenders with information about reporting sexual abuse or sexual harassment by calling #50 and calling or writing Legal Services.

It has been determined the facility meets this standard based on the auditor's review of policy, documents, interview notes, and observations made during the tour.

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 file 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.

Kansas Administrative Regulation (KAR) 44 Article 15-204 provides the rules and procedures for offenders to submit "Sexual Abuse Grievances" and "Sexual Harassment Grievances". A review of KAR 44-15-204 found the time frames of the policy to be compliant with the time frames of the standard. This policy covers the following parts of the standard: the agency not requiring a time limit on when a grievance must be filed after the alleged incident; the agency may apply normal time frames to any portion of the grievance that does not allege sexual abuse; the agency shall not require an informal grievance process or to require the offender to resolve the issue with staff that are the target of the report; allows the agency to defend against an offender lawsuit on the ground that the statute of limitation has expired. The policy does not require the offender to submit or refer the grievance to the staff that are the subject of the complaint. Third party grievances may be filed on behalf of the offender and another offender may file the grievance for an offender. The offender may decline to have the grievance processed. Offenders that file a grievance in bad faith may be disciplined only if it can be shown the offender filed the grievance in bad faith. A grievance that indicates a risk of imminent sexual abuse shall be treated as an emergency grievance with the initial answer in 48 hours and final decision within 5 calendar days.

The facility reported not receiving a sexual abuse report during the review period. Grievances were not used as the method of reporting sexual abuse in the sexual abuse investigation files reviewed. During interviews, Offenders said to submit a grievance they had to hand grievances directly to staff on the unit. If they were to want to make a report of sexual abuse against the security staff on their unit, they would have to submit the grievance to that person directly. There were no grievance boxes seen during the tour of the facility. Based on information from offender interviews and observations during the facility tour, it was determined that offenders may potentially have to hand in grievances to the staff they are making a sexual abuse or harassment report against.

Corrective Action Recommended:

Develop a method for offenders to submit a grievance reporting sexual abuse or sexual harassment without having to hand it to staff directly and provide documentation of the change to the auditor for review.

Corrective Action Completed:

The ECF Deputy Warden provided a memorandum to all ECF staff and offenders that states offenders are not required to submit a grievance to a staff member named in the complaint and that the offender may place the grievance through the intra-facility mail. This information was also broadcast to the offender population through the JPay offender email system as well. A copy of the email blast from the JPay system was provided to this auditor via email. The information is also being provided during the offender orientation for new offenders.

Based on the auditor's review of policies, documents and corrective actions completed, the facility has demonstrated substantial compliance to meet this 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.

IMPP 10-103D page 11, section H was reviewed and covers the requirement for victim advocate services to victims of sexual abuse. The KDOC is required to attempt to make arrangements with local rape crisis centers to provide victim advocate services to facilities through agreements. If these arrangements cannot be made, then the efforts will be documented. In cases where a victim advocate cannot be available, a qualified staff member will act as the victim advocate.

An MOU with the Domestic Violence Association of Central Kansas and the Ellsworth CF was provided for review. In this agreement the DVACK is to provide victim advocate services to offenders that have been victims of sexual abuse. These services may be provided during a forensic examination or at the facility for offenders who have experienced sexual victimization in the past or while incarcerated. Communications between the offender and DVACK are confidential. A list of victim advocate service providers for all KDOC facilities was provided for review. This document shows that every prison in the KDOC has an agreement with a local rape crisis center. Given the remote location of some prisons, like EDCF Southeast Unit in Oswego, it is remarkable that agreements have been arranged for services at every prison.

A Victim Advocate from DVACK was interviewed by telephone. She reported meeting offenders at ECF and talking to them on the telephone after being contacted by the staff to arrange for services. During the visit with an offender at the facility, she was provided with a place to meet with the offender that allowed confidential communication with the offender but was observed by staff for safety. She reported good communication with the facility. She said DVACK provides annual training to staff that covers empathy for offender victims and recognizing when someone has been through trauma. An email was sent to Just Detention International by this auditor to determine if any offenders at ECF had contacted them. An email was received indicating there had been no contact with an offender at ECF.

During the tour posters providing information about the Domestic Violence Association of Central Kansas and how to contact them were seen through the housing units and areas offenders congregate. Most offenders were aware of services being available to victims during random offender interviews. This information is also provided to all offenders during the PREA orientation. The staff that provide

PREA education stated during her interview that information about DVACK was provided as part of the PREA education.

It has been determined the facility exceeds this standard based upon the auditor's review of policy, MOU provided; interview notes; and the relationship the facility and KDOC has established with local victim advocate organizations like DVACK.

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.

IMPP 10-103D page 8, section C #2 provides the ability for staff, an offender's family or others to make a report of sexual abuse or sexual harassment by calling a toll-free telephone number that is published on the KDOC website. These calls are referred to the KDOC PREA Coordinator or the Director of EAI for the KDOC. This auditor verified the hotline is published on the KDOC website and tested this method of reporting by calling and leaving a message to return a call to my cellphone. A return call was received two days later. The caller stated the delay was because the voicemail system had just experienced technical issues and was corrected. The website also provides an email address to submit a third-party report. This auditor tested the email report system by sending an email and asking for a response when received. The response was received within 2 hours.

The PREA posters that were observed throughout the facility during the tour inform offenders that their family may make a report on their behalf through the phone number on the KDOC website and may ask to remain anonymous. These posters were observed in the visiting rooms at both ECF Central and East Unit. They are provided in both English and Spanish. During random offender interviews some offenders were aware of a number on the KDOC website, however most just assumed their family could contact the facility to make a report on their behalf. The PREA Coordinator stated the reports are immediately forwarded to the facility EAI investigator and Warden.

It has been determined the facility meets this standard based on the auditor's review of policies, interview notes, observations during the tour and content on the KDOC website.

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

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IMPP 10-103D page 7, section IV, A was reviewed and requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment involving an offender or a staff member. Staff are instructed to report to their supervisor, appointing authority or EAI. Failing to report may result in administrative or disciplinary sanctions. Failing to report suspected abuse of an offender is a class B misdemeanor. If the offender is under 18 a report must be made to the Kansas Protection Report Center when the offender has reported sexual abuse. Staff are prohibited from revealing any information related to sexual abuse reports to anyone that is not involved in the response or investigation. The policy also requires medical and mental health staff to report sexual abuse and must inform offenders of their duty to report at the initiation of services. A Corizon General Health Services Policy & Procedure titled Federal Sexual Assault Reporting Regulations was reviewed and found to require medical and mental health staff to inform offenders of their duty to report sexual abuse to facility investigators if an offender were to inform them of an incident.

During random staff interviews, all staff stated they are required to report all knowledge or suspicion of sexual abuse and sexual harassment immediately to their supervisor, the shift supervisor or EAI directly. Staff were aware of confidentiality and would only share information from a report of sexual abuse with staff that need to know, such as shift supervisors, immediate supervisors, the PCM, EAI investigators. During medical and mental health staff interviews it was clear that staff had knowledge of

the duty to report sexual abuse that occurs in an institution and stated they inform offenders of this duty. The Warden stated during his interview that all reports of sexual abuse and sexual harassment are referred to the facility investigators in EAI. A review of investigation files indicated that when offenders made a report to staff, the information was being sent to investigators immediately as required by the policy and the standard.

It has been determined the facility meets this standard based on the auditor's review of policies, documents and interview notes.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D page 9, section V was reviewed and states the victims in a report of sexual abuse and sexual harassment are to receive immediate protection from the alleged assailant. Staff are not to make judgements or assumptions about the credibility of a victim, suspect or witness of sexual abuse. General Order 20-101 page 2 was reviewed and states the alleged victim of sexual abuse will be offered immediate protection and separation from the alleged assailant.

The facility reported no instances of imminent risk during the past 12 months. During interviews with random staff, all staff indicated they would protect the offender and take them to a safe area until the shift supervisor arrived. The Agency Head indicated during his interview that offenders who are at risk of imminent sexual abuse would be separated so that an investigation could substantiate if there was a viable risk. The Warden stated during his interview that the goal is to protect an offender when they

make a report. They will remove the alleged perpetrator and move the victim if they have to in order to keep the offender safe. Protective custody will only be used as a last alternative if needed to keep the offender safe. Three investigation files were reviewed. The victim was not placed in protective custody in any case.

Based on the auditor's review of policy, interview notes and documents, it has been determined the facility has demonstrated substantial compliance and meets this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D page 9, section D was reviewed and covers the procedures the facility head is to follow when an offender reports sexual abuse occurred while incarcerated at another facility or under the supervision of another agency. The facility head is required to notify the facility head of the facility where the alleged sexual abuse occurred within 72 hours of receiving the report. All reports of sexual abuse received from another facility head are to be investigated, disciplined and referred for prosecution when warranted.

The Warden reported not receiving a report of sexual abuse from an offender that occurred in another facility or receiving a report of sexual abuse that occurred at ECF from the facility head of another institution as reported by an offender. However, he did say if he were to receive a report from another facility, he would have his investigators conduct an investigation based on the information provided and have them go interview the offender for additional information. The Warden stated if an offender at ECF were to report an incident that happened at another prison or jail he would have an ECF investigator interview the offender, then he would contact the facility head within 72 hours with the information provided by the offender.

It has been determined the facility meets this standard based on the auditor's review of policy and the notes of the interview with the Warden.

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.

IMPP 10-103D page 9, section A requires the response to a report of sexual abuse to include providing immediate protection to the victim, immediate medical care and ensure that investigators are able to obtain usable evidence. IMPP 10-103D Attachment A, Coordinated Response was reviewed and covers the responsibilities of first responders. Under the section Discovery, first responders are to call for immediate assistance and notify the shift supervisor, keep the victim and alleged perpetrator separated, secure the scene, complete and submit written reports prior to departing the shift. Under the section SAFE Examination, staff are to ensure the alleged victim or perpetrator do not defecate, urinate, wash their hands, brush teeth, gargle, rinse mouth, eat or drink, shower, or change clothes prior to the examination.

During random staff interviews, all staff, both custody and non-custody, stated they would keep the alleged victim separate from the alleged perpetrator; secure the crime scene or ask someone else to secure it; not allow the victim or perpetrator to shower, eat, drink, use the bathroom; or change clothes to preserve evidence. There were no staff that acted as a first responder in the three investigations that were submitted by the facility for review.

It has been determined the facility meets this standard based on the auditor's review of policy and interview notes.

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

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IMPP 10-103D Attachment A, Coordinated Response was reviewed and is a template for facilities to develop their institutional plan. It covers responsibilities for first responders, the Shift Supervisor, Medical Staff, Behavioral Health, forensic examinations, Investigators, and PREA Compliance Managers in response to a report of sexual abuse. ECF General Order 20-101 Offender Sexual Abuse and Harassment Prevention/Intervention was reviewed and found to provide the facility plan for responding to reports of sexual abuse. It covers the responsibilities of executive staff, response by first responders, shift supervisors, medical and mental health staff, and EAI investigators.

During the interview with the Warden, he demonstrated knowledge of the facility's coordinated response to a report of sexual abuse when asked what would be done by staff if an offender reported being sexually assaulted. Additionally, interviews with random staff verified that everyone knew their role in the facility's plan for response to a report of sexual abuse. A shift supervisor was interviewed by an auditor and provided a description of his responsibilities in response to an offender reporting sexual abuse that followed the facility's plan.

It has been determined the facility meets this standard based on the auditor's review of policies and interview notes.

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

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The Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees covering 7/1/2010 to 6/30/13 (with automatic annual renewals outlined in Article 24 – Duration), directs that the agency is not limited in its ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

The MOA does not restrict the conduct of the disciplinary process and whether a “no-contact” assignment imposed during the investigation is expunged from or retained in the staff member's personnel file.

The Agency Head verified in an interview with an auditor that the agreement entered into with the Kansas Organization of State Employees permits the agency to remove alleged staff abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

Based on the auditor's review of the MOA and agency head interview notes, it has been determined that the facility and agency meet this 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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IMPP 10-103D page 8, section D was reviewed and requires retaliation monitoring of the alleged victim, any offenders or staff that make a report or are witnesses. The monitoring is to occur for at least 90 days and can be extended if there is a continuing need. Monitoring shall include offender disciplinary records, housing, or program changes, or negative performance reviews or reassignments of staff.

Monitoring of offenders shall include periodic status checks. Monitoring shall end when the allegation has been determined to be unfounded. Staff and offenders are instructed to report any information about retaliation to EAI investigators. The facility can employ multiple protection measures, such as housing changes or transfers of the alleged victim, and removal of staff and offender perpetrators.

The Secretary of KDOC reported during his interview that it is agency policy for staff to be designated at the facility to monitor for retaliation against offenders and staff that report sexual abuse or cooperate with investigations. Any report of retaliation would be investigated, and action taken as warranted. The Warden also stated during his interview he would open a new investigation if there were retaliation reported.

A staff identified as being designated to provide monitoring for retaliation was interviewed. EAI assigns monitoring to Unit team Staff within a few days. She has an initial meeting with the victim and instructs the offender to contact her between meetings if there are any issues of retaliation. If there is a serious issue, she tells the offender to call #50. She monitors for disciplinary reports, housing assignment changes and job assignment changes for possible retaliation. Monitoring would be extended beyond 90 days if she felt it was needed. Retaliation monitoring was conducted in all three investigation files reviewed.

It has been determined the facility meets this standard based on the auditor's review policy, interview notes and retaliation monitoring documents.

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*)

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

IMPP 20-105 Basis Operations of Administrative Segregation concerns placement of an individual on involuntary segregation. The facility uses an “Administrative Segregation Report” to document (1) the basis for the facility’s concern for the inmate’s safety (2) the reason why no alternative means of separation can be arranged.

If an offender were placed on involuntary segregation, the IMPP 20-105 outlines the requirement to assess if access to programs, privileges, education, or work opportunities have been restricted. If limited, the facility shall document: (1) the opportunities that have been limited, (2) the duration of the limitation, (3) the reason for such limitation.

IMPP 20-106 Administrative Segregation Review Board reads, “The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter.”

The facility reported no offenders were involuntarily placed in protective custody during the review period in a memorandum from the Warden. A review of the investigation files did not show any victim being placed involuntarily in segregation for protective custody. Two offenders that reported sexual abuse did not report being placed in segregation during interviews. The Warden stated during an interview he would prefer to keep offenders in population when they make a report of sexual abuse as long as the facility and offender felt it was safe to do so. A staff that supervises segregation was interviewed and said there were no offenders placed in segregation involuntarily for protective custody as a result of a report of sexual abuse. If an offender were to be placed in protective custody as a result of a report of sexual abuse, there would be a review of the placement within 3 days to determine if the offender can be placed back in general population. He stated that offenders placed in segregation are not restricted from property or access to the phones.

It has been determined the facility meets this standard based on the auditor’s review of policies and interview notes.

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

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KDOC utilizes its own investigators to conduct sexual abuse and sexual harassment investigations. IMPP 10-103D page 6, section F was reviewed and requires investigators to receive specialized training required in 115.34. IMPP 22-103 Investigative Procedures page 3, section D was reviewed and requires all allegations of sexual abuse, sexual harassment and nonconsensual sex acts have an investigation initiated immediately and follow a uniform evidence protocol as set forth in the EAI manual. This policy provides direction for the general conduct of an investigation to include the preservation of the crime scene, evidence collection, interviews, audio/video surveillance, computer forensics, and polygraph examination. This policy states that “absolutely no polygraph examinations shall be administered to alleged victims of sexual abuse.” Investigations are to be documented on the Standard Investigation Report form and completed within 7 days of the conclusion of the investigation.

IMPP 22-103 states that suspects in criminal cases shall be advised of their rights under Miranda (d). Staff that are suspected of administrative and criminal violations may be required to answer questions under penalty of disciplinary action. They will be presented with the Garrity Warning to sign that is an attachment to the policy. If the decision by the County Attorney/District Attorney is that criminal charges will not be pursued, then the employee will be informed and advised they will be required to cooperate in the investigation or be subject to disciplinary actions.

During the review period the facility reported 3 investigations and presented the investigation files for review. All 3 were reports of sexual abuse. Two were unsubstantiated and one was unfounded. Investigations were found to be initiated promptly, two on the same day as the report and one was referred for investigation 5 days after the incident. Investigations were thorough and objective. Interviews with the victim, perpetrator and witnesses were documented in the report. Video evidence was reviewed and then documented in the report. Preponderance of the evidence was the standard used to determine the outcome of all investigations. There were no substantiated findings, so there were no referrals for prosecution. There were no compelled interviews, however the investigator stated during his interview that he would contact the local prosecutor prior to conducting those interviews.

One of the two EAI Investigators at ECF was interviewed. He reported completing the NIC sexual abuse investigations training during 2015. This was verified with certificates of completion. He described the investigation process covering interviews with the victim, perpetrator, witnesses; reviewing video, phone calls and JPay emails, reviewing any DNA evidence collected and photos of the crime scene or injuries to the victim. The PCM/Deputy Warden usually refers the case to an investigator. Investigations are documented in the EAI case log. If staff are the target of the investigation and leave employment prior to concluding the investigation, he would contact local law enforcement to assist with finding them and interviewing.

It has been determined the facility meets this standard based on the auditor’s review of policies, investigation files and interview notes.

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.

IMPP 22-103 Investigative Procedures supports that the investigations use the preponderance of evidence standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. This standard is used for all investigations, to include criminal.

The auditor interviewed one of the two EAI Investigators at ECF. The Investigator reported during his interview that preponderance of the evidence was the evidence standard used for a substantiated finding. The three investigation files reviewed by the auditor were found to follow this evidence standard.

It has been determined that the facility meets this standard based on the auditor's review of policy, investigation files and the interview with an Investigator.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 10, section E was reviewed and covers reporting to offenders. The policy requires investigators or designated staff to notify the offender of the disposition of the investigation (substantiated, unsubstantiated, or unfounded). The policy also requires, in cases of staff sexual abuse, the offender shall be informed when the staff are no longer posted in the offender's living unit; the staff is no longer employed at the facility; and/or the staff has been indicted related to the sexual abuse. However, the policy does not cover when the agency/facility learns that the staff has been convicted on a charge related to sexual abuse within the facility. In cases of sexual abuse committed by another offender, the facility is required to notify the offender when the alleged abuser is indicted or convicted on a charge related to sexual abuse within the facility.

A "Notice of Investigative Status" document was provided for review. This document is Attachment H to policy IMPP 22-103 Investigation Procedures. This document is used to notify the alleged victim of the outcome of the investigation of sexual abuse. All of the required factors were covered except notifying the offender when staff or the alleged abuser have been convicted on a charge related to sexual abuse within the facility.

Three sexual abuse investigations were completed during the review period. All three documented the outcome of the investigation on the Notice of Investigative Status form within 30 days of the investigation concluding.

Corrective Action Recommended:

The Notice of Investigative Status must be revised to include notifying an offender of staff convictions for charges related to sexual abuse in a facility.

The Agency will need to provide the change in the Notice of Investigative Status form for review and examples of practice with the new form.

Corrective Action Completed:

On 10/4/18, the PREA Coordinator sent this auditor a revised Notification of Investigation Status form that added the outcome regarding staff convictions and the memorandum sent to all facilities notifying them of the changed form.

On January 22 and 29, 2019, this auditor received completed Notification of Investigation Status forms for two investigations that were completed after the onsite audit. Both were on the revised form and within 30 days of completion of the investigation. The auditor verified this by reviewing the investigation report for both cases to determine the date of completion in comparison to the signature date by the offender on the Notification form.

Based on this auditor's review of policies, Interview notes and documents provided during the corrective action period, the facility now meets 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.

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment page 9, Section D #3 was reviewed and states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

IMPP 02-118D Employee and Volunteer Rules of Conduct and Undue Familiarity Attachment B, "Kansas Department of Corrections Acknowledgements" Under Rules of Conduct for Employees, Contract Personnel and Volunteers...acknowledge that they have read and understand IMPP 10-103D, including engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal. It is also understood that termination shall be the presumptive disciplinary sanction for employees who engage in sexual abuse of an offender. Staff sign, date and a witness signs and dates the form under this section.

IMPP 02-120 page 4, section A, #5 covers the factors to be considered by the appointing authority prior to proposing formal disciplinary action. One factor is the "type of disciplinary action taken with other employees under similar circumstances."

The facility reported no staff being dismissed or disciplined during the review period. This is verified by no substantiated cases against staff in the investigation files. The Warden reported during his interview there were no staff dismissed or disciplined for a PREA violation during the review period.

Based on the auditor's review of policies, case files and the Warden interview notes it has been determined the facility meets this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment, indicates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

IMPP 02-118D Employee and Volunteer Rules of Conduct and Undue Familiarity Attachment B, "Kansas Department of Corrections Acknowledgements" Under Rules of Conduct for Employees, Contract Personnel and Volunteers...acknowledge that they have read and understand IMPP 10-103D, including engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to an including dismissal. It is also understood that termination shall be the presumptive disciplinary sanction for employees who engage in sexual abuse of an offender. Staff sign, date and a witness signs and dates the form under this section.

IMPP 01-106D Denial of Entry for Contract Personnel was reviewed and covers the process for removal of contract staff from a facility by the appointing authority for violation of KDOC and facility rules. IMPP 13-101D Volunteering page 9, section XI was reviewed and allows for a volunteer to be removed from the facility and prohibited from contact with offenders if the volunteer engages in sexual abuse of an offender.

The facility reported no contract staff were disciplined or removed from the facility related to a PREA incident during the review period. A review of investigation records found there were no substantiated findings against contractors or volunteers in an investigation during the review period. The Warden reported during his interview there were no contract staff or volunteers removed from the facility for a PREA violation.

Based on the auditor's review of policies, case files and the Warden interview notes, it has been determined the facility meets this standard.

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.

KAR 44-13-201 – KAR-13-405 is the KDOC disciplinary procedure that is used when inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. This policy contains definitions for prohibited sexual activity between offenders, both consensual and non-consensual that follows the zero-tolerance policy of the KDOC.

KAR 44-13-406 covers the disposition of charges and administration of sanctions. The sanctions are commensurate with the nature and circumstance of the abuse committed and fall within a range of applicable sanctions based on the nature of the offense, the offender's prior disciplinary history and ensures that the sanction is commensurate with other sanctions imposed on offenders.

IMPP 10-103D page 10, section F, #3 was reviewed and states if an investigation determines consensual sexual activity has occurred between offenders, appropriate disciplinary action shall be taken.

The facility reported no instances of discipline of offenders for sexual abuse during the review period. A review of investigative records reveals there were no substantiated findings of offender sexual abuse or sexual harassment during the review period.

Based on the auditor's review of policies and records, it has been determined the facility meets this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-139D Screening for Sexual Victimization and Abusiveness was reviewed and covers the disclosure of sexual victimization or the perpetration of sexual abuse under § 115.41 that occurred in an institutional setting or in the community ensuring that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.

An offender was identified by staff as reporting prior victimization during the vulnerability assessment that is required in 115.41. He was interviewed by an auditor. He stated that when staff informed him, he would be referred to medical and mental health he didn't want to see them. The SVA completed on 3/8/18 documented the offender reporting prior sexual victimization and the referral to behavioral health as required in policy. Medical documents reviewed shows the offender was seen by behavioral health on 3/8/18.

Staff that complete screening of offenders was interviewed and stated she would refer an offender to mental health if they report prior victimization or perpetration. The referral is usually done the same or next day. Mental Health staff stated during an interview with the auditor that counseling services would be provided to past victims and perpetrators that are referred by staff. The offender doesn't have to participate if they don't want. He would determine if a prior victim felt safe. He has not received a referral during the review period.

IMPP 10-139D and GHSP P-B-05.00 Response to Sexual Abuse were reviewed. Both outline the requirement that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment was reviewed and requires informed consent to be obtained from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. Medical staff stated during an interview with an auditor they inform offenders of their duty to report to facility investigators if the offender tells them about prior sexual abuse.

It has been determined the facility meets this standard based on the auditor's review of policies, documents and interview notes.

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.

Corizon General Health Services Policy and Procedure was reviewed and covers the provision of emergency services, including forensic medical exams, and follow up health care for victims of sexual abuse. The policy requires the prophylactic treatment for sexually transmitted diseases and referral to a behavioral health practitioner for follow up behavioral health services. Medical and behavioral health staff are to provide services consistent with the community level of care.

IMPP 10-103D page 10, section G was reviewed and requires medical and behavioral health care to be provided to victims of sexual abuse immediately upon report or discovery. Victims and perpetrators will be offered an off-site forensic medical exam performed by a SANE at no cost to the offender. Victims of sexual abuse will be offered prophylaxis for sexually transmitted infections.

A medical staff was interviewed by an auditor and provided a description of the medical services they would provide a victim of sexual abuse that meets the requirements of the standard and appears to be consistent with the community level of care. Services would be provided immediately upon notice of a report of sexual abuse. If there is the potential for evidence collection, medical arranges for the forensic exam at the Salina Regional Health Care Center. Infection control will be handled by the hospital following the forensic exam and as needed at the facility. Follow up services are provided by medical as needed and referral to mental health. Mental health staff was interviewed and stated he would provide counseling to victims to include suicide risk assessment. He would also provide services to abusers that are referred for substantiated cases of sexual abuse. None had been referred during the review period as there had been no substantiated sexual abuse findings.

Two offenders that reported sexual abuse were interviewed by an auditor. One reported being sent to medical after he filled out a report in the shift supervisor's office. He said he was provided with information about STI's but doesn't know if they tested him. Medical records for this offender were provided for review. These records show the offender was examined by medical on the same day he reported the sexual abuse incident. Medical offered to provide a forensic examination at Salina Regional. The offender refused and signed a refusal of treatment form that was provided for review. The offender was schedule for STI testing and didn't show up for the appointment. The documentation provided also showed the offender was referred to Mental Health and seen the day after the report.

The other offender stated during his interview he did not make a report and there was no incident. The auditor reviewed his investigation and found that it was unfounded. Medical records were provided for review that show the offender was seen by medical on the same day he reported the incident. The offender was provided STI testing.

It has been determined the facility meets this standard based on the auditor's review of policies, documents, and interview notes.

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

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Kansas Administrative Regulations 44-5-115, IMPP 10-103D and GHSP P-B-05.00 address the access to medical and mental health evaluation and treatment services for victims of sexual abuse. The evaluation and treatment include follow-up services, treatment plans, and when necessary referral for continued care following their transfer to, or placement in, other facilities, or their release from custody.

IMPP 10-103D and GHSP P-B-05.00 address the requirement that inmate victims of sexual abuse while incarcerated are 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. IMPP 10-103D, also requires that clinic staff address any recommendations for care which is consistent with the level of care the offender would receive in the community. When medically and procedurally appropriate, offsite forensic medical exams are to be provided at no cost to the offender.

IMPP 10-103D requires the facility to attempt to conduct a behavioral health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history.

Medical and mental health staff described ongoing care that would be provided to sexual abuse victims consistent with the requirements of this standard. Medical would provide ongoing treatment for injuries or infection control. A test for hepatitis and HIV would be completed every 6 months. Mental health would provide ongoing counseling for PTSD as needed. Counseling would be based on the level of distress the offender is experiencing. He would determine if the offender feels safe.

The facility reported 3 investigations of sexual abuse during the review period. None of the 3 were found to be substantiated and did not require ongoing medical treatment for the alleged victim or perpetrator.

It has been determined the facility meets this standard based on the auditor's review of policies, investigation files and interview notes.

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.

IMPP 12-118D Serious Incident Review Board was reviewed and requires each facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. ECF uses a "Sexual Abuse Incident Review Format" to cover the six (6) criteria outlined in this standard for every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

ECF reported three sexual abuse investigations during the review period. Two of the three were unsubstantiated and one was unfounded. Sexual Abuse Incident Review Forms were provided for review for the two unsubstantiated cases and documented a review based on the 6 factors in the standard. The review is signed by the Warden.

The Warden stated during his interview that all sexual abuse investigations are reviewed by a review team. The team consists of the PCM, Classification Director, EAI Investigator, Medical staff, Major and the Warden. He said they look at staffing levels, if there are blind spots that need addressed, if they need to add video cameras, and what the SVA status is for the offender.

The Deputy Warden was interviewed as a member of the Incident Review Team. He described the steps the review team follows to complete an incident review. The investigator provides the team with a summary of the investigations. All documents associated with the investigation are presented for the team to review. The team looks at victim vulnerability, witness statements, narrative reports, offender disciplinary reports, blind spots, and staff coverage. The team also reviews video if available.

It has been determined the facility meets this standard based on the auditor's review of the policy, documents and interview notes.

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.

IMPP 10-103D Coordinated Response was reviewed and covers the requirements for the EAI to maintain information on each PREA-related case. The KDOC PREA Coordinator is required to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The KDOC PREA Coordinator stated during her interview that she gathers the information for the SSV from the EAI case logs.

A summary of the 2017 PREA data was provided and shows a breakdown of the reports KDOC received by incident type and the finding of the investigations for each type of incident. The 2016 Survey of Sexual Victimization report was provided and is posted on the KDOC website. There was no request for the 2017 SSV from the BJS at the time of the interim report. BJA sent the request for the 2017 SSV out in late 2018 with a due date in January 2019. This auditor checked the KDOC website and found the 2017 Adult and Juvenile SSV posted.

Based on the auditor's review of policy, documents, KDOC website, and interview notes, it has been determined the agency is in compliance with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D Coordinated Response was reviewed and covers the requirements for the EAI to maintain information on each PREA-related case. The KDOC PREA Coordinator is required to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.

The KDOC PREA Coordinator stated during her interview that she gathers the information for the SSV from the EAI case logs. This information is also used to complete the annual report. A copy of the 2017 Annual PREA Report was provided. The report was reviewed and covers a comparison of the data from the current year to the previous 3 years. There is discussion of incident reviews, corrective actions and compliance levels for all facilities. The report was approved by the Secretary for the KDOC and is published on the website.

Based on the auditor's review of the annual report and the interview with the PREA Coordinator, it has been determined the agency meets this standard.

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.

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment, addresses the requirements for the EAI to maintain information on each PREA-related case. The KDOC PREA Coordinator is required to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. This information is maintained in an electronic case file that has restricted access and a log in screen. This data base was shown to the auditor by the PREA Coordinator during the onsite audit. The data that is collected for each facility in the EAI case file is aggregated and reported in the annual SSV report to BJS. A copy of the 2017 SSV was provided for review. There no personally identifying information provided on the report. GO 01-114 Offender Sexual Abuse Prevention/Intervention, reads, "data collected pursuant to 115.87 shall be securely maintained for at least ten (10) years after the date of initial collection."

Based on the auditor's review of policy, documents and interview with the PREA Coordinator, it has been determined the agency meets this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

A review by the auditor of the KDOC website found a PREA audit report for every KDOC facility during the first audit cycle. Two facilities have been audited in 2017. Three are currently undergoing an audit in 2018 as the auditor is part of an audit team for each of those audits.

The audit team was provided access to every part of the facility that offenders had access. There was no area auditors wanted to go that we were not allowed to enter. All documents requested have been provided to auditors. Auditors were given private areas to conduct interviews with offenders and staff during the onsite portion of the audit. The audit notice was posted throughout the facility, but no correspondence was received by auditors.

Based on the auditor’s review of the website and the onsite audit, it has been determined that the agency meets this standard.

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 appeals 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.

A review of the KDOC website shows a PREA audit report for every KDOC facility during the first audit cycle and audit reports for the two that were completed in 2017 at Topeka CF and Winfield CF. The El Dorado CF audit final report was posted less than a month after this auditor submitted it to the KDOC PREA Coordinator.

Based on the auditor's review of the website and audit reports found there, it has been determined the agency meets this standard.

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.

Bryan Pearson

March 15, 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.