

PREA Facility Audit Report: Final

Name of Facility: Hutchinson Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/31/2026

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Valerie Wolfe Mahfood

Date of Signature: 01/31/2026

AUDITOR INFORMATION

Auditor name: Mahfood, Valerie Wolfe

Email: wolfemahfood@aol.com

Start Date of On-Site Audit: 12/15/2025

End Date of On-Site Audit: 12/17/2025

FACILITY INFORMATION

Facility name: Hutchinson Correctional Facility

Facility physical address: 500 Reformatory Street, Hutchinson, Kansas - 67501

Facility mailing address:

Primary Contact

Name:	Mark A. Mora
Email Address:	mark.mora@ks.gov
Telephone Number:	620-662-2321

Warden/Jail Administrator/Sheriff/Director

Name:	Dan Schnurr
Email Address:	dan.schnurr@ks.gov
Telephone Number:	620-662-2321

Facility PREA Compliance Manager

Name:	Mark Mora
Email Address:	Mark.Mora@ks.gov
Telephone Number:	620-662-2321

Facility Health Service Administrator On-site

Name:	Casey Walker
Email Address:	csilas@teamcenturion.com
Telephone Number:	620-680-2464

Facility Characteristics

Designed facility capacity:	1788
Current population of facility:	1758
Average daily population for the past 12 months:	1758
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	36.7
Facility security levels/inmate custody levels:	Special Management, Maximum, Low Medium, High Medium, Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	492
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	289
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	318

AGENCY INFORMATION

Name of agency:	Kansas Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	714 Southwest Jackson Street, Topeka, Kansas - 66603
Mailing Address:	
Telephone number:	785-746-7457

Agency Chief Executive Officer Information:

Name:	Jeff Zmuda
Email Address:	
Telephone Number:	785-746-7457

Agency-Wide PREA Coordinator Information

Name:	Valerie Watts	Email Address:	Valerie.Watts@ks.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

11

- 115.17 - Hiring and promotion decisions
- 115.18 - Upgrades to facilities and technologies
- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.33 - Inmate education
- 115.34 - Specialized training: Investigations
- 115.35 - Specialized training: Medical and mental health care
- 115.41 - Screening for risk of victimization and abusiveness
- 115.53 - Inmate access to outside confidential support services
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

Number of standards met:

34	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-15
2. End date of the onsite portion of the audit:	2025-12-17

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International and Brighthouse, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1788
15. Average daily population for the past 12 months:	1758
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1788
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	509
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	21
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	46
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	10
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	25
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	35

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	6
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	8
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	161
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not sufficient numbers of inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	492

37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	348
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	285
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☒ Other ☐ None

If "Other," describe:	Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst the inmate population.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Housing rosters
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No barriers to completing random incarcerated person interviews were noted.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	3
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	7
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation. Asked staff if inmates were placed in segregated housing for the risk of sexual victimization or for having alleged to have been a victim of sexual abuse. Asked all inmates who reported sexual abuse or sexual victimization if they had ever been placed in segregated housing for the risk of sexual victimization or for having alleged to have been a victim of sexual abuse. Both staff and inmates responded in the negative. Reviewed current assignment rosters, as well as interviewed inmates having previously disclosed sexual abuse or having filed sexual abuse/harassment allegations to determine if said inmates had been placed in segregation for filing said allegations.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No barriers to completing targeted incarcerated person interviews were noted. Three incarcerated persons refused the opportunity to interview.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment.

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No barriers to completing random staff interviews were noted.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
If "Other," provide additional specialized staff roles interviewed:	Laundry, Mailroom Staff, Training, Chaplain, Law Library, Count Room, and SAFE/SANE staff associated with the local hospital/rape crisis center
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	3

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	At the time of the onsite audit, there weren't any volunteers present. Electronic contact information and/or telephone numbers were obtained for multiple volunteers. Attempts were made to contact said volunteers following the onsite portion of the audit. Communication with one volunteer was established.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.	
71. Did you have access to all areas of the facility?	☒ Yes ☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes
☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes
☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes
☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes
☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

NA

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes
☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Additional document sampling was done both at random, as well as in coordination with comments received from inmates and staff during the interview process.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	0	13
Staff-on-inmate sexual abuse	4	0	0	4
Total	17	0	0	17

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	14	0	0	14
Staff-on-inmate sexual harassment	12	0	0	12
Total	26	0	0	26

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	5	2	6
Staff-on-inmate sexual abuse	0	2	2	0
Total	0	7	4	6

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	10	2
Staff-on-inmate sexual harassment	0	9	3	0
Total	0	11	13	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

17

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	13
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	26
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	14
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

12

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

All cases are investigated at an administrative level, as well as referred for criminal investigation. The Enforcement, Apprehension, and Investigation Division of the KDOC, which is an internal division of the KDOC with law enforcement capabilities, determines if allegations will also be pursued at a criminal level.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services (f/k/a PAOA)

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: - Kansas Department of Corrections (KDOC) IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 - KDOC Hierarchical Chart: 1/23, 1-15-25 - KDOC PREA Compliance Managers, 2025 - Hutchinson Correctional Facility (HCF) Coordinated Response, 7-22-25 - HCF Organizational Chart, nd - HCF Resident Handbook, English, 5-3-22 - HCF Resident Handbook, Spanish, 8-3-21 - HCF Resident Roster, 11-3-25 Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Kansas Department of Corrections PREA Coordinator, along with the facility warden and the HCF PREA Compliance Manager, oversee the HCF Prison Rape Elimination Act (PREA) program.
- The PREA Compliance Manager is physically assigned to the HCF and maintains a permanent office, with routine activities, within said institution as a function of assignment.

Standard Subsections:

(A) IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19; and HCF Coordinated Response, 7-22-25; provide written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. These policies outline both the agency and the facility approach to preventing, detecting, and responding to such conduct.

(B) The agency has employed an agency-wide PREA Coordinator. This position is inside the upper hierarchy of organizational authority within the KDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. The PREA Coordinator, in coordination with facility wardens, oversees the implementation of PREA standards at the facility level.

	(C) The State of Kansas operates multiple correctional institutions. Each warden within said institution has been charged with designating a PREA point person, who holds the supervisory rank of PREA Compliance Manager. The HCF Warden affirms the designation of the PREA Compliance Manager to serve in this capacity. The PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards. Reasoning & Findings Statement: This standard establishes agency expectations of zero-tolerance for sexual abuse and sexual harassment of residents. In developing these expectations, the KDOC has created specific policies to prevent, detect, and respond to allegations of sexual abuse and sexual harassment of residents. The agency has designated an upper-level agency-wide PREA Coordinator to oversee its zero-tolerance program. Additionally, this standard requires that each facility within the agency, to include the HCF, has designated a PREA Compliance Manager. The Topeka CF PREA Compliance Manager (PCM) affirms having sufficient time and authority to coordinate the facility's efforts to comply with the agency's zero-tolerance policy. In doing this, the HCF has further developed its own unit-based coordinated response plan to ensure the agency's overall zero-tolerance policy is applicable to any unique circumstances of the individual facility. In developing these mandatory positions and policies, the KDOC, and by extension the HCF, have met the requirements of this standard.
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115.12 Contracting with other entities for the confinement of inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #01-105D, Contracts for Programs and Services, 3-25-25 · KDOC Interstate Compact Residents, 2/2023 · KDOC and Johnson County DOC MOU: 4-25-25 · KDOC and Cloud County DOC Contract, 8-1-23 · Johnson County Adult Residential Center Final PREA Audit, 7-23-25

- Cloud County Law Enforcement Center Final PREA Audit, 1-13-24
- HCF Coordinated Response, 7-22-25
- HCF Memo, PREA Standard 115.12, 5-7-25

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator

Site Review Observations:

- The HCF is a publicly operated correctional facility through the Kansas Department of Corrections (KDOC).

Standard Subsections:

(A) The KDOC contracts for the confinement of its residents with two (2) agencies. As function of their contract with the KDOC, all agencies are required to remain compliant with the Prison Rape Elimination Act, 2003.

(B) Agency contracts contain language requiring that the KDOC and its contracted facilities work collaboratively to problem solve protocols, issues, and cases together towards the best outcome. This includes issues and concerns specific to the PREA. Additionally, both have agreed to develop and deliver training and information to all staff. As evidenced by the KDOC's PREA Audit Schedule, all KDOC facilities, as well as contracted agencies, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard requires that all private entities contracting with the KDOC must comply with the PREA Standards. As evidenced by the KDOC PREA Audit Schedule, and demonstrated through the public posting of facility audits via the KDOC website, all contracted facilities have been audited for their compliance with the PREA

	Standards. As indicated by documentation review, as well as affirmed by conversations with agency staff, the KDOC does require that any contracted entity maintains those within its custody in accordance with the agency's zero-tolerance policy on sexual abuse and sexual harassment of residents. To ensure said compliance, the KDOC provides for an agency liaison for facility-based contract monitoring and to ensure all employees, contractors, and volunteers of the contracted agency who have contact with residents have been properly trained on the agency's zero-tolerance policy specific to the prevention, detection, and response of allegations regarding sexual abuse and harassment within contracted facilities. As such, the KDOC, and by extension the HCF, has satisfied all provisions within this standard.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #12-137D, Staff Analysis, Operational Staffing and Roster Management, 7-1-14 · HCF Coordinated Response, 7-22-25 · HCF Post Orders #2, Shift Commander, 3-8-24 · HCF Staffing Plan: 1-4-25, 2-7-25 · HCF Shift Roster, All Shifts: 1-20-23, 1-21-23, 1-22-23, 1-20-24, 1-21-24, 1-22-24, 12-29-24, 12-30-24, 12-31-24, 12-15-25, 12-16-25, 12-17-25 · HCF Unannounced Supervisory Checks, All Units, All Shifts: January 2024, November 2024, July-October, 2025 · HCF Unannounced Living Unit Log, A-1: January-March, 2025 · HCF Unannounced Living Unit Log, A-3: January 2025 · HCF Unannounced Living Unit Log, B-2: February 2025 · HCF Unannounced Living Unit Log, C-1: February 2025 · HCF Unannounced Living Unit Log, East Dormitory I: February 2025

- HCF Unannounced Living Unit Log, East Dormitory II: February 2025
- HCF Unannounced Living Unit Log, South Unit Annex: January-February, 2025
- HCF Resident Roster, 11-3-25

Interviews:

- Facility Warden
- PREA Compliance Manager
- Agency PREA Coordinator
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- All resident housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high resident traffic are assigned permanent staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All the random staff interviewed indicated that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.
- During supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the onsite portion of the audit, current HCF Chronological Logs were inspected onsite to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds.

Standard Subsections:

The HCF has developed and documented a staffing plan (2-7-25). Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect residents against abuse (IMPP #12-137D). As explicitly noted

within the Staffing Plan Annual Review template, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. The KDOC Staffing Plan Annual Review template requires that the unit considers components of the facility's physical plant, composition of the resident population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. The HCF has developed a staffing plan so that adequate staffing levels are routinely available to ensure the custody and safety of all residents housed within the facility. Since the last PREA Audit, the HCF has maintained an average of 1,758 residents assigned to the facility. The HCF staffing plan was predicated on having 1,758 residents assigned to the facility. During interviews with random staff, said employees consistently remarked that supervisory staff were routinely conducting unannounced rounds and were available to them when needed. All but one (1) resident interviewed stated that supervisory staff were routinely conducting unannounced rounds. Additionally, there weren't any (0) residents who indicated that they were unable to attend routine activities on a regular basis due to a shortage of staff to conduct required searches.

(A) KDOC policy governs the minimum use of employee staffing (IMPP #12-137D). If unit staffing levels fall below these minimum requirements, KDOC policy further requires that facility staff properly document each occurrence. As noted by the HCF PREA Compliance Manager, within the audit time frame, the staffing levels of HCF have fallen below the required levels. The most common reasons for deviating from the staffing plan within the audit time frame were: staff shortage, staff sickness, military duty, vacation, medical, and leave without pay status.

(B) The facility conducts an annual review of its staffing plan, with the last review being finalized as of February 7, 2025. As evidenced via interviews with agency and facility staff, in completing the HCF staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the HCF PREA Compliance Manager, to develop the facility staffing plan in accordance with the aforementioned 115.13(a). PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan, as well as the use of video monitoring technologies within the facility.

(C) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (IMPP #10-103D). This policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted. The

	timing of the site review allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed numerous Chronological Logs throughout the facility. Said documentation did reflect that not only were supervisory staff conducting unannounced rounds as required, but these rounds were also clearly documented with the building's chronological log, as well as the electronic log. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds. Staff also noted that it was a violation of policy for supervisors to announce their rounds or for other staff to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random residents, all but one (1) resident stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility. During the site review, it was further noted that both staff and residents seemed comfortable with the presence of supervisory staff within resident housing areas; thus, further supporting that said staff are routinely present in resident housing areas. Reasoning & Findings Statement: This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all residents assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the audit time frame, the HCF has deviated from its staffing plan, with the most common reasons for such a deviation being documented as required. To ensure that the sexual safety of residents assigned to the HCF is given sufficient weight in determining facility staffing needs, the HCF staffing plan is reviewed annually in coordination with all HCF PREA staffing components. In addition to in-person staff monitoring, the facility itself contains sufficient video cameras located throughout institutional grounds. As well, to ensure meaningful and effective correctional supervision, HCF supervisors routinely conduct and document unannounced rounds. The auditor observed, as well as the facility provided, evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility warden. In total, the HCF has complied with this standard.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC IMPP #11-102J, Juvenile Correctional Facility Preadmission, Admission, and Release Process, 6-13-23
- HCF Coordinated Response, 7-22-25
- HCF Memo, No Youthful Residents: 9-29-25
- HCF Offenders Incarcerated Under 18 Report: 1-4-24, 2-4-24, 9-25-25, 10-7-25
- HCF Offenders Under 18 with Disciplinary and Programs Report: 1-17-25, 2-17-25, 3-17-25, 4-17-25, 5-17-25, 6-17-25, 7-17-25, 8-17-25, 9-17-25

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Random Staff
- Random/Targeted Residents

Site Review Observations:

- While conducting the onsite review, the auditor did not observe any incarcerated individuals who appeared excessively youthful.
- In reviewing resident documents, the auditor did not observe any resident birthdays to be less than 18 years younger than the date of the onsite review.
- All residents interviewed stated that they were at least 18 years of age and/or did not have any knowledge of any residents assigned to the HCF who were not at least 18 years of age.

Standard Subsections:

(A) The KDOC policy (IMPP #11-102J) prohibits the placement of any resident less than 18 years of age in a housing unit within sight or sound of any adult residents. As well, youthful residents may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult resident. The KDOC policy (IMPP #10-103D) further requires that should youthful residents be within sight or sound of adult residents, or be able to have physical contact with adult residents, staff must maintain direct supervision over youthful residents.

(B) As HCF does not house any residents less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful residents and adult residents.

(C) As HCF does not house any resident less than 18 years of age, its unit administration has absolutely avoided placing any adolescent resident in isolation in order prevent said resident from living within sight and sound of adult residents. Hence, the HCF has not denied any adolescent resident the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between residents less than 18 years of age and residents more than 18 years of age. Alternatively, the standard requires that there is direct staff supervision when residents less than 18 years of age and residents of at least 18 years of age have the possibility of sight, sound, or physical contact. The State of Kansas prohibits the assignment of residents less than 18 years of age to adult housing units. Since HCF contains only adult housing units, HCF is prohibited from receiving, and subsequently housing, residents less than 18 years of age. As such, the facility maintains an absolute and constant sight, sound, and physical barrier between residents less than 18 years of age and residents of at least 18 years of age. This given, the HCF has met the requirements of this standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #12-103D, Offender and Facility Searches, 12-12-17 · KDOC IMPP #10-143D, Transgender and Intersex Offender Placement, 7-17-19 · KDOC FTO Module 2, Title 2.2, Pat Down Searches – Female · KDOC FTO Module 2, Title 2.3, Strip Searches · Centurion #P-F-06b, Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria, 7-1-20 · PRC PREA Standards in Focus, Standard 115.15 · HCF Coordinated Response, 7-22-25 · HCF Post Orders #11, Video Monitoring, 8-5-24 · HCF Memo, BFOQ Monitoring, 1-28-15 · HCF Opposite Gender Announcements, All Shifts, All Units: January 2024, April 2024, August 2024, June-August, 2025 · HCF Opposite Gender Announcements, A-3 Cell House: December 2024 · HCF Opposite Gender Announcements, A-2 Cell House: January 2025 · HCF Opposite Gender Announcements, C-1 Cell House: January 2025 · HCF Opposite Gender Announcement Refresher Training, December 2025 Interviews: · Facility Warden · PREA Compliance Manager • Intermediate or Higher-Level Facility Staff • Random Staff • Residents Who Identify as Lesbian, Gay, Bisexual, or Intersex

- Random Residents

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered resident housing areas.
- Supervisory staff were observed conducting routine security checks within resident housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on chronical activity logs.
- Modesty shields were in place inhibiting view into all incarcerated person toilets.
- Modesty shields were in place and available in medical examination rooms.
- Modesty curtains were observed in all shower areas.
- Video surveillance was not trained to areas where residents might routinely be in a state of undress.

Standard Subsections:

(A) KDOC Policy (IMPP #12-103D) prohibits cross-gender strip or visual body cavity search of residents except in exigent circumstances. Random staff interviews confirm that staff do not engage in such activities. All residents interviewed noted that they had not been, nor had they witnessed any other resident being, stripped or body cavity searched by a security staff member of the opposite gender.

(B) The HCF is a male facility. Per policy (IMPP #12-103D), HCF staff must refrain from conducting cross-gender pat-down searches of female residents, except in the event of exigent circumstances. Interviews with random staff confirm their adherence to agency policy. As further confirmed through resident interviews, the facility has not denied any female resident access to a regularly available program or out of cell activity due to an inability to locate the appropriate gender of staff to conduct mandatory searches.

(C) Agency policy (IMPP #12-103D) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any (0) cross-gender strip searches or cross-gender body cavity searches of its male prisoners within the audit period. However, under exigent circumstances, should the need arise, all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The facility does adhere to policy (IMPP #10-103D) requiring that staff of the opposite gender announce their presence when entering a resident housing unit. All staff interviewed did confirm their adherence to said policy. However, during resident interviews, thirteen (13) residents stated that opposite gender staff do not announce their presence when entering housing areas. Thus, to ensure required staff are making opposite gender announcements, refresher training on the agency's Knock and Announce policy was engaged. The HCF does have a policy (IMPP #10-103D) in place that allows residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. During the facility site review, modesty barriers and curtains were installed throughout the facility. Lastly, a review of the facility's video surveillance found that cameras were not trained in any area when residents might routinely be in a state of undress.

(E) This provision is no longer applicable to compliance findings.

(F) This provision is no longer applicable to compliance findings.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches of male residents, as well as cross-gender pat, strip, or cavity searches of female residents. The KDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. The HCF has sufficient male staff available to conduct all required searches of its male residents. Resident interviews reflect that they are not denied access to regularly scheduled programs due to a lack of male staff to conduct required searches. The HCF does have a policy in place that allows residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. During the onsite portion of

	the audit process, opposite gender announcements were routinely observed as opposite gender staff entered resident housing areas. However, some resident interviews suggested that staff do not routinely perform opposite gender announcements when entering housing areas. Thus, to ensure required staff are making opposite gender announcements, refresher training on the agency's Knock and Announce policy was engaged. This better ensures that all persons assigned to said living area are aware when opposite gender staff announce their presence upon entering resident living areas. During the facility site review, modesty barriers and curtains were in place to prohibit opposite gender viewing. Lastly, a review of the facility's video surveillance found that cameras were not trained in any area when residents might routinely be in a state of undress. As such, the HCF has met all requirements of this standard.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #10-138D, Assistance for Residents and/or Victims with Limited English Proficiency, 2-7-23 · KDOC IMPP #01-103D, Resident Rule Book Distribution and Translation, 8-31-22 · KDOC My Language Line Contract, 1-2-20 · KDOC My Language Line Contract Cost · KDOC How to Access an Interpreter · KDOC PREA Training, Staff, PowerPoint · KDOC Resident Rule Book, English, 6-10-19 · KDOC Resident PREA Orientation Acknowledgement Pamphlet, English · KDOC Resident PREA Orientation Acknowledgement Pamphlet, Spanish · KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, English

- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, Spanish
- KDOC Zero Tolerance Brochure, English
- KDOC Zero Tolerance Brochure, Spanish
- KDOC Sexual Assault Brochure, English
- KDOC Sexual Assault Brochure, Spanish
- KDOC Sexual Abuse Reporting Poster, English
- KDOC Sexual Abuse Reporting Poster, Spanish
- KDOC Legal Services for Prisoners Poster, English
- KDOC Legal Services for Prisoners Poster, Spanish
- KDOC Internal Investigations Brochure, English
- KDOC Internal Investigations Brochure, Spanish
- Kansas Administrative Rules, 44-15-204, Special Procedures for Sexual Abuse Grievances
- HCF Coordinated Response, 7-22-25
- HCF Resident Handbook, English, 5-3-22
- HCF Resident Handbook, Spanish, 8-3-21
- HCF Resident Housing Roster, ADA, 11-1-25
- HCF Resident Housing Roster, LGBT, 11-1-25
- HCF Resident Housing Roster, LGBTI, 11-14-25
- HCF Resident Housing Roster, Limited English Inmates, December 2025
- HCF Resident Housing Roster, Patients Diagnosed with Neurocognitive Disorders, 11-1-25

Interviews:

- Agency Head
- Agency PREA Coordinator
- Facility Warden

- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Residents with Disabilities
- Residents with Limited English Proficiency

Site Review Observations:

- Staff assigned to housing areas entered each area within the building to loudly announce resident information, to include when opposite gender staff entered the housing areas.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the resident population, namely English and Spanish.
- Language Line services are available for staff to communicate with residents who do not speak English.
- Hearing prompters are available for staff to communicate with residents who are hard of hearing or deaf.
- Staff translators are also available if needed.

Standard Subsections:

(A) The KDOC has developed agency-wide policies (IMPP #10-103D, IMPP #10-138D) to enhance communication efforts with disabled residents; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, and those with limited English proficiency; so as to provide said residents with 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. PREA educational information is provided verbally and in writing. The HCF maintains a mandatory for use contract for translation and interpretation services to assist residents who do not speak a language common to HCF staff. In this, Language Line Services can be used to translate PREA, as well other confidential information.

When interviewing staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All

staff were aware that other residents could not be used to translate for any resident during a sexual abuse/harassment investigation or incident. During the audit time frame, there have been no instances of HCF using resident interpreters for PREA related matters. Residents with physical and/or intellectual disabilities were interviewed. These residents all stated that their disabilities did not prevent them from participating in any facility-based services or that KDOC has made accommodations for their disabilities, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational brochure is printed in two different languages: English and Spanish. As needed, the Language Line service can also be used to translate PREA information into other languages.

(C) The KDOC has developed agency-wide policies that prohibit the use of resident interpreters or other types of resident-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (IMPP #10-103D, IMPP #10-138D). Rather, "the facility must provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, other otherwise disabled, as well as to residents who have limited reading skills" (IMPP #10-103D). The agency has developed this agency-wide policy to enhance communication efforts with disabled residents to provide said residents with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of resident interpreters or other types of resident-based assistance. Within the audit timeframe, the HCF has not had any (0) instances where inmate interpreters, readers, or other types of inmate assistants have been used. HCF staff are aware of this requirement and do not utilize resident interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard empowers all residents, including those with disabilities, with the ability to utilize the facility's zero-tolerance program against sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Residents with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures that ensure said residents have equal access. The KDOC recognizes this need and has created policies to address it. Furthermore, the agency has taken steps to ensure that the resident population is aware of translation services via posted notices within all dorm housing. The HCF maintains sufficient stocks of PREA informational brochures in both English and Spanish. Lastly, it should be noted that at no time during the audit

	time frame, has HCF used resident interpreters to help agency staff communicate with other residents regarding security sensitive information. Rather, when needed, staff interpreters or the language assistance phone line are commonly used for educational and communication purposes with residents who have limited English proficiency. The PREA educational video, which is available in English and Spanish, also contains closed captioning. American Sign Language translation services are available as needed. As such, the HCF has met the requirements of this standard.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #02-126D, Recruitment and Selection Process, 5-14-19 · KDOC IMPP #13-107D, Community Participation: Mentoring, 10-17-23 · KDOC IMPP#13-101D, Community Participation: Volunteering, 10-22-14 · KDOC Mandatory Pre-Service PREA Questions, 2/17 · HCF Coordinated Response, 7-22-25 · HCF Mandatory Pre-Service PREA Questions: 5-24-22, 7-14-22a, 7-14-22b, 12-27-23, 5-1-24, 6-14-24, 8-3-24, 4-28-25 · HCF Annual Criminal Background Check & PREA Survey, Current Employee: 1-25-25a, 1-25-25b, 1-25-25c, 2-12-25a, 2-12-25b, 4-3-25, 8-5-25a, 8-5-25b, 10-28-25a, 10-28-25b, 10-28-25c, 11-23-25a, 11-23-25b · HCF Annual Criminal Background Check & PREA Survey, Promoted Employee: · HCF Annual Criminal Background Check & PREA Survey, Newly Hired Employee: 4-15-25, 4-22-25 · HCF Annual Criminal Background Check, Volunteer: 4-11-25, 2-4-25, 8-6-25 · HCF Annual PREA Survey, Volunteer: 9-13-25, 11-17-25, 11-19-25

Interviews:

- Agency PREA Coordinator
- Administrative (Human Resources) Staff
- Facility Warden
- PREA Compliance Manager
- Random Staff

Site Review Observations:

- Review of additional employee and contractor files onsite for required criminal background documentation
- Review of HCF employee PREA training tracking spreadsheet
- Review of HCF contractor PREA training tracking spreadsheet

Standard Subsections:

(A) The KDOC has developed agency-wide policies (IMPP #02-126D, IMPP #10-103D) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with residents, or have been civilly or administratively adjudicated to have engaged in a sexual activity with residents while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual abuse and harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, KDOC Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, as required by policy, HCF Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, policy also requires that the HCF cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies. In speaking with Human Resource staff, compliance with agency policy was affirmed.

(B) KDOC policy (#02-126D) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with residents. Likewise, in speaking with the HCF Human Resource representative, agency policy requires Human Resource staff to also consider any incidents of sexual abuse/harassment in determining whether to retain the services of a contractor who may have contact with residents.

(C) Before hiring or promoting employees, policy (#02-126D) requires the agency to perform criminal background checks. Policy ((#02-126D) also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. During the audit time frame, the HCF has hired 228 persons who may have contact with residents. Prior to their employment, all such persons were subject to a criminal background check. In speaking with Human Resource staff, compliance with agency policy was affirmed. As well, employee records were randomly checked against staff to ensure background checks were conducted as required.

(D) Agency policy requires that prior to enlisting the services of any contractors who may have contact with residents, the agency performs criminal background records checks on said contractors. During the audit timeframe, the HCF engaged has not engaged any (0) new contractors. However, as noted by Human Resource staff, if not contractors were hired, all such persons would receive a criminal background record check prior to being allowed to work within the institution. A random review of current contractors for HCF reflects that background checks have been performed on all such persons currently employed (100%), as well as, in excess of the standard, required subsequent checks are completed annually. Also in excess of the standards, documentation review reflects that criminal background checks are performed on all volunteers, both prior to being allowed within the facility, as well as on an annual basis.

(E) Once employed, agency policy (#02-126D) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (#02-126D). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (#02-126D). In speaking with Human Resource staff, as well as a review of HCF's current uniform employee background spreadsheet, finds that all persons (100%)

	working at the HCF have received their initial criminal background check, as well as, where applicable, in excess of the standard, required subsequent checks are completed annually. (F) All applicants, as well as current employees, are required to submit a PREA history questionnaire form (#02-126D). This document directly asks employees who may have contact with residents to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the KDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (#02-126D). Speaking with Human Resource staff, as well as a review of documentation specific to HCF, confirms the facility's adherence to said policies. (G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination. In speaking with Human Resource staff, compliance with agency policy was affirmed. (H) Agency policy allows that unless prohibited by law, the KDOC shall 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 (#02-126D). In speaking with Human Resource staff, compliance with agency policy was affirmed. Reasoning & Findings Statement: This standard requires the agency, and by extension the facility, to consider the sexual safety of residents in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. Review of employee, contractor, and volunteer files reflect that the HCF Human Resource Department complies with agency policy. In excess of the standards, the HCF Human Resource Department has developed standardized tracking methods to ensure timely reviews, and subsequent reviews, of applicants, continuing employees, contractors, and volunteers are conducted on an annual basis. As such, the HCF clearly exceeds the requirements of this standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- HCF Coordinated Response, 7-22-25
- HCF Staffing Plan: 1-4-25, 2-7-25

Interviews:

- Agency Head
- Agency PREA Coordinator
- Facility Warden
- HCF PREA Compliance Manager

Site Review Observations:

- Observed video monitoring technologies present within the facility.
- Reviewed live video surveillance across the facility. Video surveillance was not trained to any area where residents would normally be in a state of undress.
- Observed alarm/notification button within high security cell housing.

Standard Subsections:

(A) Per the HCF PREA Compliance Manager, the HCF has not designed any substantial modification of the existing facility since the last PREA audit. However, both the Facility Warden and the HCF PREA Compliance Manager confirm that any such designs, or subsequently planned modifications, would consider the agency's ability to protect residents from sexual abuse.

	(B) The HCF has not updated the video monitoring system since the last PREA audit. Rather, the facility already contains an abundance of video cameras. In excess of standard requirements, however, along with having staff who directly monitor resident activities throughout the institution, the HCF also maintains a continuous security position dedicated to monitoring facility cameras. As well, in high security cell housing where cameras cannot be utilized, the facility has installed an alarm/intercom system within each cell that allows any resident to immediately speak with security staff at any time. In this, both the Facility Warden and the HCF PREA Compliance Manager confirm that the use of staff to continuously monitoring video feed, as well as the use of this alarm/intercom system, absolutely enhances the agency's ability to protect residents from sexual abuse. Reasoning & Findings Statement: Within the audit time frame, HCF has not designed any substantial modifications of the existing facility. Nonetheless, agency staff confirm that the creation of such a design, or any subsequently planned modifications, would consider the agency's ability to protect residents from sexual abuse. Within the audit time frame, the HCF has not installed any additional video cameras. Rather, the facility already contains an abundance of video cameras. In excess of standard requirements, however, along with having staff who directly monitor resident activities throughout the institution, the HCF also maintains a continuous security position dedicated to monitoring facility cameras. As well, in high security cell housing where cameras cannot be utilized, the facility has installed an alarm/intercom system within each cell that allows any resident to immediately speak with security staff at any time. With this in mind, the HCF has exceeded the requirements of this standard.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #22-103D, Investigation Procedures, 11-4-22 · KDOC EAI Investigations Protocol Manual, 10-26-15

- KDOC Contract for Comprehensive Health Care Services, 3-27-20
- KDOC SANE Provider Information, Medical Facility by City, 8-31-20
- KDOC Centurion Amendment 8 Contract Review, 10-29-24
- KDOC Crisis Providers, 8-31-20
- Kansas Statutes, Public Health, Section 65-448, 2013
- DOJ, Office on Violence Against Women, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Third Edition, September 2024
- HCF Coordinated Response, 7-22-25
- HCF List of Sexual Abuse and Sexual Harassment Allegations, 2024-2025
- HCF Sexual Abuse and Sexual Harassment Investigations, 2024-2025
- HCF MOU Brighthouse, LLC, 1-25-25
- HCF Outside Advocacy and Support Services Poster, English
- HCF Outside Advocacy and Support Services Poster, Spanish
- HCF PREA Informational Pamphlet, Intake, English
- HCF PREA Informational Pamphlet, Intake, Spanish
- HCF PREA Incident Checklist: 5-25-24, 7-10-25
- HCF Qualified Staff as Emotional Support Training Agenda, July 10-12, 2018
- HCF Qualified Staff as Emotional Support Training Roster, July 10-12, 2018

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Random Staff
- Medical Staff

- Mental Health Staff
- SANE/SAFE Hospital Staff
- Brighthouse
- Random Residents
- Residents Who Reported Previous Sexual Victimization
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department and privacy screens/limitations. Modesty barriers were in place and/or available medical examination rooms.
- Reviewed HCF Sexual Abuse/Harassment Investigation Files

Standard Subsections:

(A) Agency policy (IMPP #10-103D, IMPP #22-103D) mandates that all allegations of sexual abuse and sexual harassment will be investigated. KDOC Enforcement, Apprehensions, and Investigations (EAI) Investigators have been trained to conduct administrative and criminal investigations. In this, policy requires that EAI staff follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. In speaking with investigative staff, adherence to agency protocol was confirmed.

(B) As the HCF does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. Per the HCF investigator, policy does, however, still require the agency to utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual (IMPP #22-103D, IMPP #10-103D). In speaking with investigative staff, adherence to agency protocol was confirmed.

(C) In accordance with agency protocol, the HCF does ensure that all residents are given access to forensic medical examinations without cost (Kansas Statute #65-448, IMPP #10-103D). These exams are performed at an outside facility by qualified SAFE/

SANE staff. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes the Hutchinson Regional Medical Center for forensic exams. During the audit time frame, the HCF has facilitated one (1) such exams.

(D) The agency does attempt to make a victim's advocate available for resident support. In this, policy (IMPP #10-103D) requires that upon notification of an allegation of abuse, the institution shall make all efforts to provide the victim with a community-based advocacy provider. If, however, such an advocate cannot be provided, the resident will be connected to a qualified staff member trained in providing emotional support. The facility utilizes Brighthouse as its local rape crisis advocacy center.

(E) In accordance with policy (IMPP #10-103D), and as requested by the victim, the local rape crisis center advocate may remain with the resident through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals. In speaking with the PREA Compliance Manager, adherence to agency protocol was confirmed.

(F) Agency policy (IMPP #10-103D, IMPP #22-103D) allows that KDOC EAI Investigators are responsible for investigating administrative and criminal allegations of sexual abuse. To this effect, per the HCF Investigator, KDOC policy does require that EAI Investigators utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual. In speaking with investigative staff, adherence to agency protocol was confirmed.

(G) The auditor is not required to audit this provision.

(H) Only qualified staff members, who have received appropriate training, may serve as victim advocates. All such, staff have been appropriately screened and trained for that purpose. Through a memorandum of understanding with a local rape crisis center, Brighthouse, the agency has ensured that all persons who have contact with HCF residents have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

	This standard concerns evidence protocol and forensic medical examinations. The HCF has policies in place to ensure proper accountability during evidence collection and the forensic exam process. During the audit time frame, the HCF has initiated one (1) forensic medical examination. As evidenced during the interview process and documentation review, facility staff are very much aware of the policies and have standard practices in place to ensure the proper flow of the evidence collection process. If needed, the HCF has trained staff who can serve as victim advocates. As well, a memorandum of understanding is in force between the HCF and Brighthouse to ensure that residents are afforded access to a local victim's advocate during forensic exams. As such, the HCF has met the requirements of this standard.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #22-103D, Investigation Procedures, 11-4-22 · KDOC EAI Investigations Protocol Manual, 10-26-15 · KDOC Public Website Reporting Information · HCF Coordinated Response, 7-22-25 · HCF List of Sexual Abuse and Sexual Harassment Allegations, 2024-2025 · HCF Sexual Abuse and Sexual Harassment Investigations, 2024-2025 · HCF PREA Informational Pamphlet, Intake, English · HCF PREA Informational Pamphlet, Intake, Spanish · HCF PREA Incident Checklist: 5-25-24, 7-10-25 · HCF Memo, Referrals for All Allegations of Sexual Abuse, 10-3-25 Interviews:

- Agency Head
- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Medical Staff
- Mental Health Staff
- SAFE/SANE Staff
- Brighthouse
- Residents Who Reported Sexual Abuse

Site Review Observations:

Observed Medical Department and privacy barriers

- Reviewed KDOC Website
- Reviewed Sexual Abuse/Harassment Investigations

Standard Subsections:

(A) Policy (IMPP #10-103D, IMPP #22-103D) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the HCF has received thirty-six (36) sexual abuse and sexual harassment allegations. In speaking with investigative staff, adherence to agency protocol was confirmed.

(B) When of a criminal nature, the KDOC refers allegations of sexual abuse and sexual harassment to the KDOC EAI Division, a law enforcement agency with legal authority to conduct criminal investigations. The KDOC has published this policy on the agency website. All referrals to the EAI are documented by the agency. In speaking with investigative staff, adherence to agency protocol was confirmed.

	(C) The KDOC EAI, as well as facility investigators, are responsible for conducting all criminal and administrative investigations of sexual abuse and sexual harassment. A review of facility documentation confirms all allegations are investigated by persons with the proper authority and training to conduct such investigations. (D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse. All investigations are conducted in accordance to agency policies that govern such investigations. In speaking with investigative staff, adherence to agency protocol was confirmed. (E) The auditor is not required to audit this provision. Reasoning & Findings Statement: This standard ensures that proper referrals of allegations are made for further investigations by an agency with proper authority to conduct criminal investigations. The KDOC maintains the Enforcement, Apprehensions, and Investigations (EAI) Division, which is a law enforcement branch of the agency legally authorized to conduct criminal and administrative sexual abuse and sexual harassment investigations. HCF investigative staff refer all investigations, as appropriate, to the EAI Division for further processing in accordance with policy. As such, the HCF complies in all material ways with this standard for the relevant review period.
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115.31 Employee training	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #03-104D, Minimum Departmental Training Standards, 12-1-17 · KDOC Basic Prison Rape Elimination Act Training; All Newly Hired KDOC

Employees, Volunteers, and Contract Staff, FY20

- KDOC PREA Staff Training Acknowledge Form
- KDOC PREA First Responder Card
- KDOC Red Flags: Warning Signs for Sexual Abuse or Sexual Harassment in Facilities, Offender Against Offender
- KDOC Red Flags: Warning Signs for Sexual Abuse or Sexual Harassment in Facilities, Staff and Offender
- KDOC Staff Booklet – PREA: What Staff Need to Know
- KDOC PREA Training, Staff, PowerPoint, FY20
- KDOC PREA for Supervisor PowerPoint, 12-3-20
- KDOC Resident Rule Book, English, 6-10-19
- KDOC Resident PREA Orientation Acknowledgement Pamphlet, English
- KDOC Resident PREA Orientation Acknowledgement Pamphlet, Spanish
- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, English
- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, Spanish
- KDOC Zero Tolerance Brochure, English
- KDOC Zero Tolerance Brochure, Spanish
- KDOC Sexual Assault Brochure, English
- KDOC Sexual Assault Brochure, Spanish
- KDOC Sexual Abuse Reporting Poster, English
- KDOC Sexual Abuse Reporting Poster, Spanish
- KDOC Legal Services for Prisoners Poster, English
- KDOC Legal Services for Prisoners Poster, Spanish
- KDOC Internal Investigations Brochure, English
- KDOC Internal Investigations Brochure, Spanish
- HCF Coordinated Response, 7-22-25
- HCF PREA Staff Training Rosters: January – May, 2025

- HCF PREA Refresher Training Emails, Monthly, 2024-2025
- HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c, 8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r, 1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b, 10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c

Interviews:

- Facility Warden
- PREA Compliance Manager
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Random Staff

Site Review Observations:

- Random review of employee files, as well as matched review of employee files to employees interviewed, to confirm documentation of required PREA training.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and

resident awareness of the PREA policy.

Standard Subsections:

(A) Policy (IMPP #10-103D) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. PREA: What Staff Need to Know training is a comprehensive analysis of state policies and the PREA standards. A review of training material reflects the agency's zero-tolerance stance on sexual abuse and sexual harassment, as well as highlights how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that residents have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with residents; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. During random staff interviews, all employees confirmed receipt of said training. A review of random staff employee files confirmed receipt of said training for said employees.

(B) Training material reviews demonstrate that the material is appropriate for the gender of residents at the employees' facility. As well, agency policy (IMPP #10-103D) requires that "staff must receive additional training if they are reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa." Per the HCF PREA Compliance Manager, during the audit time frame, the HCF did receive transferred employees to the institution who were previously assigned to an institution that houses incarcerated individuals of a different gender. Documentation supporting subsequent opposite gender responsiveness training was reviewed.

(C) As noted by the HCF PREA Compliance Manager, all actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (IMPP #10-103D). Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals required by policy; specifically, their annual In-Service Training. Interviews with random staff confirm receipt of said training. Additionally, in excess of the PREA standards, staff receive monthly training notices via email.

	(D) All training is electronically verified and documented upon completion of the annual KDOC PREA training curriculum. Reasoning & Findings Statement: This standard relates to employee training. The agency has clearly established training expectations and well-developed curriculums. HCF maintains compliance with those imperatives. Staff are required to complete yearly PREA training during their annual In-Service. All training is electronically documented upon completion, with HCF maintaining an overall master list of staff having completed said training. Throughout the facility, in many high-traffic areas, PREA awareness posters, as well as resident access to rape crisis counseling and confidential reporting advisement notices, are available for continuous staff, contractors, volunteers, and resident review. Located in staff, contractor, and volunteer work areas, the HCF has also posted awareness signs targeted at staff, contractors, and volunteers. These I Report posters help solidify the responsibility of staff, contractors, and volunteers in sexual abuse and sexual harassment policies. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. Additionally, in excess of the PREA standards, staff receive monthly training notices via email. With this in mind, the HCF clearly exceeds the requirements of this standard.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #13-101D, Volunteering, 10-22-14 · KDOC IMPP #03-104D, Minimum Departmental Training Standards, 12-1-17 · KDOC Basic and Annual Volunteer Training, 2013

- KDOC Basic Volunteer Training Slides, FY24
- KDOC Annual Volunteer Training Slides
- KDOC Volunteers and Temporary Contractors Brochure
- KDOC Code of Ethics
- KDOC Volunteer Agreement
- KDOC Volunteer Professional Standards and Rules of Conduct
- KDOC Staff Reporting Poster, I Report
- KDOC Resident Rule Book, English, 6-10-19
- KDOC Resident PREA Orientation Acknowledgement Pamphlet, English
- KDOC Resident PREA Orientation Acknowledgement Pamphlet, Spanish
- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, English
- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, Spanish
- KDOC Zero Tolerance Brochure, English
- KDOC Zero Tolerance Brochure, Spanish
- KDOC Sexual Assault Brochure, English
- KDOC Sexual Assault Brochure, Spanish
- KDOC Sexual Abuse Reporting Poster, English
- KDOC Sexual Abuse Reporting Poster, Spanish
- KDOC Legal Services for Prisoners Poster, English
- KDOC Legal Services for Prisoners Poster, Spanish
- KDOC Internal Investigations Brochure, English
- KDOC Internal Investigations Brochure, Spanish
- HCF Coordinated Response, 7-22-25
- HCF Active Volunteer PREA Training, Annual Completion List: 4-8-25, 6-9-25, 9-10-25
- HCF Mentor/Volunteer Acknowledgement Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program, Volunteer: 4-18-22, 1-23-23, 7-17-23, 11-20-23, 1-22-24a, 1-22-24b, 1-22-24c, 1-22-24d, 1-22-24e,

1-22-24f, 1-22-24g, 1-22-24h, 1-22-24i, 1-22-24j, 1-22-24k, 1-22-24l, 1-25-24, 5-20-24a, 5-20-24b, 5-20-24c, 5-20-24d, 5-20-24e, 5-20-24f, 5-20-24g, 5-20-24h, 5-20-24i, 5-20-24j, 5-20-24k, 5-20-24l, 5-20-24m, 5-20-24n, 5-20-24o, 5-20-24p, 5-20-24q, 5-20-24r, 5-20-24s, 5-20-24t, 5-20-24u, 5-20-24v, 5-20-24w, 5-20-24x, 7-15-24a, 7-15-24b, 7-15-24c, 9-14-24a, 9-14-24b, 9-25-24, 11-18-24a, 11-18-24b, 11-18-24c, 11-18-24d, 11-18-24e, 11-18-24f, 11-18-24f, 11-18-24h, 11-18-24i, 11-18-24j, 11-18-24k, 11-18-24l, 3-4-25, 3-14-25, 3-15-25a, 3-15-25b, 3-15-25c, 3-15-25d, 3-15-25e, 3-15-25f, 3-15-25g, 3-15-25h, 3-15-25i, 3-15-25j, 3-15-25k, 3-15-25l, 3-15-25m, 3-15-25n, 3-15-25o, 3-15-25p, 3-15-25q, 3-15-25r, 3-15-25s, 3-15-25t, 3-15-25u, 3-15-25v, 3-15-25w, 3-15-25x, 3-15-25y, 3-15-25z, 3-15-25aa, 3-15-25bb, 3-15-25cc, 3-15-25dd, 3-15-25ee, 3-15-25ff, 3-15-25gg, 3-15-25hh, 3-15-25ii, 3-15-25jj, 3-15-25kk, 3-15-25ll, 3-15-25mm, 3-15-25nn, 3-15-25oo, 3-15-25pp, 3-15-25q, 3-15-25rr, 3-15-25ss, 3-15-25tt, 3-15-25uu, 3-15-25vv, 3-16-25a, 3-16-25b, 3-16-25c, 5-19-25a, 5-19-25b, 5-19-25c, 5-19-25d, 5-19-25e, 5-19-25f, 5-19-25g, 5-19-25h, 5-19-25i, 5-19-25j, 5-19-25k, 5-19-25l, 5-19-25m, 5-19-25n, 5-19-25o, 5-19-25p, 5-19-25q, 5-19-25r, 5-19-25s, 5-19-25t, 5-19-25u, 5-19-25v, 5-19-25w, 5-19-25x, 5-19-25y, 5-19-25z, 5-19-25aa, 5-19-25bb, 7-20-25, 7-21-25a, 7-21-25b, 7-21-25c, 7-21-25d, 7-21-25e, 7-21-25f, 7-21-25g, 7-21-25h, 7-21-25i, 7-21-25j, 7-21-25k, 7-21-25l, 7-21-25m, 7-21-25n

- HCF Contractor PREA Training Completion List, FY24-26
- HCF PREA Training Acknowledgment: 9-20-23, 11-13-24, 3-19-25, 12-10-25, 4-2-25, 1-6-26, 1-7-26a, 1-7-26b, 1-7-26c, 1-7-26d
- HCF Centurion Group, Employee Learning Audit Report, 1-30-26
- HCF Centurion Contractor, Medical and Behavioral Health PREA Training, PREA Comprehensive Training, FY26
- HCF Centurion Contractor, Medical and Behavioral Health PREA Training, PREA At Risk Populations and Professional Communication, FY26

Interviews:

- Facility Warden
- PREA Compliance Manager
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Residents

- Volunteers Who May Have Contact with Residents

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.
- Review of volunteer and contractor PREA training forms.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.

Standard Subsections:

(A) Policy (IMPP #13-101D) requires that all volunteers receive training specific to “sexual assault prevention/PREA” prior to serving at the facility. At the time of the audit, the HCF has had 348 volunteers and contract workers who could have had contact with residents during the audit time frame. As affirmed by the HCF PREA Compliance Manager, 100% of those persons have received appropriate PREA training, dependent on their level of contact with residents, prior to their entrance into the facility. In excess of the PREA Standards, volunteers and contractors also receive this training on an annual basis. Volunteer and contractor files were reviewed for receipt of required training documentation. Additionally, volunteer and contractor interviews confirmed said persons do receive such training.

(B) As affirmed by the HCF PREA Compliance Manager, all volunteers and contract workers have received PREA training appropriate for their role on the facility. When interviewed, all volunteers and contract workers stated that they had been made aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member. Volunteer and contractor files were reviewed for receipt of required training documentation.

(C) Volunteers and contractors are required to receive PREA training prior to working/volunteering within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date of the training and that they understood the training that they had received. The facility then maintains a copy of

	all training files belonging to both volunteers and contractors. A review of training files specific to the volunteers/contractors interviewed confirmed that said persons did receive appropriate PREA training relative to their responsibilities within the facility. Reasoning & Findings Statement: The agency requires all volunteers and contractors to receive formal training on the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. In speaking with volunteers and contracted staff, all persons stated that they understood the nature of the PREA and their own roles within it. As well, volunteers and contracted staff were also able to articulate their responsibilities in reporting acts of sexual abuse and sexual harassment. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors received said training. As with employee training, the HCF has ensured both volunteers and contractors conducting business on the facility have received and subsequently documented their PREA training. In excess of the PREA Standards, volunteers and contractors also receive this training on an annual basis. Throughout the facility, in many high-traffic areas, PREA awareness posters, as well as resident access to rape crisis counseling and confidential reporting advisement notices, are available for continuous staff, contractors, volunteers, and resident review. Located in staff, contractor, and volunteer work areas, the HCF has also posted awareness signs targeted at staff, contractors, and volunteers. These I Report posters help solidify the responsibility of staff, contractors, and volunteers in sexual abuse and sexual harassment policies. With this in mind, the HCF clearly exceeds the requirements of this standard.
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documents: KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19

- KDOC IMPP #10-138D, Assistance for Residents and/or Victims with Limited English Proficiency, 2-7-23
- KDOC Resident Rule Book, 6-10-19
- KDOC Internal Investigations Brochure, English
- KDOC Internal Investigations Brochure, Spanish
- KDOC Sexual Assault Brochure, English
- KDOC Sexual Assault Brochure, Spanish
- KDOC Resident PREA Orientation Acknowledgement Pamphlet, English
- KDOC Resident PREA Orientation Acknowledgement Pamphlet, Spanish
- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, English
- KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, Spanish
- KDOC Zero Tolerance Brochure, English
- KDOC Zero Tolerance Brochure, Spanish
- KDOC Sexual Abuse Reporting Poster, English
- KDOC Sexual Abuse Reporting Poster, Spanish
- KDOC Internal Investigations Brochure, English
- KDOC Internal Investigations Brochure, Spanish
- KDOC Legal Services for Prisoners Poster, English
- KDOC Legal Services for Prisoners Poster, Spanish
- Kansas Administrative Rules, 44-15-204, Special Procedures for Sexual Abuse Grievances
- HCF Coordinated Response, 7-22-25
- HCF Resident Handbook, English, 5-3-22
- HCF Resident Handbook, Spanish, 8-3-21
- HCF Outside Advocacy and Support Services Poster, English
- HCF Outside Advocacy and Support Services Poster, Spanish
- HCF PREA Informational Pamphlet, Intake, English
- HCF PREA Informational Pamphlet, Intake, Spanish

- HCF PREA Informational Pamphlet, 30-Day and Annual, English
- HCF PREA Informational Pamphlet, 30-Day and Annual, Spanish
- HCF Resident Housing Roster, ADA, 11-1-25
- HCF Resident Housing Roster, LGBT, 11-1-25
- HCF Resident Housing Roster, LGBTI, 11-14-25
- HCF Resident Housing Roster, Limited English Inmates, December 2025
- HCF Resident Housing Roster, Patients Diagnosed with Neurocognitive Disorders, 11-1-25

HCF Resident Roster, 11-3-25

- HCF Initial PREA Acknowledgment Form: 12-17-13, 6-27-14, 2-4-16, 6-21-16, 7-28-17, 11-9-17, 11-9-18, 9-8-22, 12-13-22, 1-5-23, 6-14-23, 4-1-24, 9-16-24, 10-28-24, 12-13-24, 1-13-25, 2-6-25, 2-24-25, 8-4-25, 9-15-25
- HCF Comprehensive PREA Education Acknowledgement Form: 6-21-22, 12-13-22, 7-12-23, 1-4-24, 9-16-24a, 9-16-24b, 9-16-24c, 9-16-24d, 9-17-24a, 9-17-24b, 9-17-24c, 9-17-24d, 9-17-24e, 9-17-24f, 9-17-24g, 9-17-24h, 9-30-24a, 9-30-24b, 9-30-24c, 9-30-24d, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-2-24g, 10-2-24h, 10-2-24i, 10-2-24j, 10-2-24k, 10-2-24l, 10-2-24m, 10-2-24n, 10-2-24o, 10-2-24p, 10-2-24q, 10-3-24a, 10-3-24b, 10-3-24c, 10-3-24d, 10-3-24e, 10-3-24f, 10-3-24g, 10-7-24, 11-4-24a, 11-4-24b, 11-5-24a, 11-5-24b, 11-6-24a, 11-6-24b, 11-6-24c, 11-6-24d, 11-25-24a, 11-25-24b, 12-3-24a, 12-3-24b, 12-31-24a, 12-31-24b, 12-31-24c, 12-31-24d, 12-31-24e, 12-31-24f, 12-31-24g, 12-31-24h, 1-2-25a, 1-2-25b, 1-2-25c, 1-2-25d, 1-22-25a, 1-22-25b, 1-22-25c, 1-22-25d, 1-22-25e, 1-22-25f, 1-22-25g, 1-22-25h, 1-23-25a, 1-23-25b, 1-23-25c, 1-23-25d, 2-4-25a, 2-4-25b, 2-4-25c, 2-4-25d, 2-4-25e, 2-4-25f, 2-4-25g, 2-4-25h, 2-4-25i, 2-4-25j, 2-5-25, 2-27-25a, 2-27-25b, 2-28-25a, 2-28-25b, 2-28-25c, 2-28-25d, 2-28-25e, 2-28-24f, 2-28-24g, 2-28-24h, 2-28-24i, 2-28-24j, 3-25-25, 4-10-25a, 4-10-25b, 4-10-25c, 4-10-25d, 4-10-25e, 4-10-25f, 4-10-25g, 4-10-25h, 4-10-25i, 4-10-25j, 4-10-25k, 4-10-25l, 4-10-25m, 4-14-25a, 4-14-25b, 5-5-25a, 5-5-25b, 5-5-25c, 5-5-25d, 5-5-25e, 5-5-25f, 5-5-25g, 5-5-25h, 5-5-25i, 5-5-25j, 5-5-25k, 5-5-25l, 6-1-25a, 6-1-25b, 6-2-25a, 6-2-25b, 6-2-25c, 6-2-25d, 6-3-25a, 6-3-25b, 6-23-25a, 6-23-25b, 6-23-25c, 6-23-25d, 7-11-25a, 7-11-25b, 7-11-25c, 7-11-25d, 7-11-25e, 7-11-25f, 7-11-25g, 7-11-25h, 7-11-25i, 7-11-25j, 7-11-25k, 7-11-25l, 7-11-25m, 7-11-25n, 7-11-25o, 7-11-25p, 8-7-25a, 8-7-25b, 8-7-25c, 8-7-25d, 8-28-25a, 8-28-25b, 8-29-25a, 8-29-25b, 9-1-25a, 9-1-25b, 9-2-25a, 9-2-25b, 9-2-25c, 9-2-25d, 9-2-25e, 9-2-25f, 9-2-25g, 9-2-25h, 9-2-25i, 9-2-25j, 9-2-25k, 9-2-25l, 9-2-25m, 9-3-25, 9-26-25a, 9-26-25b, 9-28-25a, 9-28-25b, 9-28-25c, 9-28-25d, 9-28-25e, 9-28-25f, 9-30-25a, 9-30-25b, 9-30-25c, 9-30-25d, 10-2-25a, 10-2-25b, 10-2-25c, 10-3-25a, 10-3-25b, 10-3-25c, 10-30-25a, 10-30-25b, 10-31-25
- HCF Annual PREA Acknowledgment Form: 11-21-21, 4-13-22, 1-2-24, 1-4-24, 4-30-24, 5-29-24, 7-27-24, 10-25-24, 1-14-25, 2-6-25, 2-7-25, 5-5-25, 6-2-25, 6-3-25,

8-19-25, 10-2-25, 10-20-25, 12-16-25

Interviews:

Agency PREA Coordinator

- PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Residents

Site Review Observations:

- Observed the resident reception area.
- Observed PREA Risk Screening process.
- The facility Law Library maintains a PREA Resource Book, which contains the agency's PREA policies, as well as information specific to confidential support services for sexual abuse victims at the HCF.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.
- Reviewed resident files for documentation of PREA training.

Standard Subsections:

(A) Policy (IMPP #10-103D) requires that upon receipt into the facility, residents shall receive "information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." Within the audit, the HCF has received 582 residents during the Intake process. Of these, 100% were given information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment upon Intake.

(B) As noted by Intake staff, residents are immediately provided a summary of the PREA standards upon their initial arrival to the facility. Residents are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every resident transferring into HCF, regardless of how long the resident has been incarcerated within KDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. During the audit time frame, the HCF received 445 residents whose length of stay at the facility was for more than thirty days. Of these, 100% were given a comprehensive education on their rights to be free from both sexual abuse and sexual harassment, as well as retaliation for reporting such incidents, along with training on agency policies and procedures for responding to such incidents. In excess of the PREA Standards, the HCF also requires all residents to complete annual training specific to the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

(A) Per the KDOC PREA Coordinator, all residents incarcerated within the KDOC have received initial PREA training. As well, upon any transfer to another facility within the KDOC, residents are again required to receive additional PREA training as part of the facility orientation program. The KDOC, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer. According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero-tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA point person. The PREA Compliance Manager also confirms that all residents received at HCF are required to engage a facility orientation program that includes the agency's zero-tolerance of sexual abuse and sexual harassment. During resident interviews, there were four (4) residents who stated that they had not received PREA information upon facility intake. However, a review of resident training documentation reflects all such persons received both their initial and subsequent PREA training regarding the agency's zero-tolerance policy specific to sexual abuse and sexual harassment, to including reporting information.

(C) All PREA information is provided in several alternative formats to ensure residents with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all residents assigned to the KDOC, and more specifically, the HCF. PREA brochures and informational posters are provided in both English and Spanish, the two most common languages spoken within the HCF. Translation services are available for residents who do not speak English. As well, per policy (IMPP #10-138D), the agency will provide reasonable accommodations to all residents in need of ADA accommodations, both physical and cognitive, to ensure said residents have equal opportunity to benefit from the PREA provisions. Resident interviews, as well as facility documentation, reflected that residents are given PREA

information in a manner that they can understand.

(D) In accordance with policy (IMPP #10-103D), and confirmed by Intake Staff, at Intake, residents are provided with a brief PREA overview. The information received is initially documented on the Intake Acknowledgement Form. Within thirty days of Intake, residents are then provided with a more comprehensive facility orientation, to include PREA training. Following this more detailed training, residents initial and sign for receipt of said training on a Comprehensive Facility Orientation Training Form.

(E) While residents are provided personal copies of the KDOC Resident Orientation Handbook (available in English and Spanish) upon receipt into the KDOC system, they are also loaned an additional copy of the Resident Orientation Handbook for 14 days following their HCF facility orientation. Information specific to the agency's zero-tolerance policy toward sexual abuse and sexual harassment is continuously available via each resident's tablet and/or computer terminal points located in each housing area. Throughout the facility, in many high-traffic areas, PREA awareness posters, as well as resident access to rape crisis counseling and confidential reporting advisement notices, are available for continuous resident review. In excess of the PREA Standards, the facility Law Library also maintains a PREA Resource Book, which contains the agency's PREA policies and information specific to confidential support services for sexual abuse victims, as well as local rape crisis center information.

Reasoning & Findings Statement:

This standard works to ensure that residents are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. The HCF has a practice in place to ensure all residents received into the facility are provided initial training on the agency's zero tolerance policy and reporting procedures for allegations of sexual abuse/sexual harassment. As well, within thirty days of Intake, all residents assigned to the HCF are provided a comprehensive education on their rights to be free from both sexual abuse and sexual harassment, as well as retaliation for reporting such incidents, along with training on agency policies and procedures for responding to such incidents. In excess of the PREA Standards, the HCF also requires all residents to complete annual training specific to the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Throughout the facility, in many high-traffic areas, PREA awareness posters, as well as resident access to rape crisis counseling and confidential reporting advisement notices, are available for continuous staff, contractors, volunteers, and resident review. In excess of the PREA Standards, the facility Law Library also maintains a PREA Resource Book, which contains the agency's PREA policies and information specific to confidential support services for sexual abuse victims, as well as local rape

	crisis center information. In speaking with residents assigned to the HCF, all residents stated that they were aware of PREA and its purpose within the facility. While residents were collectively aware of the policy and their rights to varying degrees, all residents interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the HCF has exceeded compliance requirements of this standard.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: • KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 • KDOC IMPP#22-103D, Investigation Procedures, 11-4-22 • KDOC IMPP #03-104D, Minimum Departmental Training Standards, 4-10-25 • KDOC EAI Investigations Protocol Manual, 10-26-15 • HCF Coordinated Response, 7-22-25 • HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c, 8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r, 1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b, 10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c

- HCF EAI Training, Specialized Investigations Training, 7-31-19
- HCF EAI Training, Trauma Informed Sexual Assault Investigations: 2-18-20
- HCF EAI Training, Dynamics of Sexual Assault: What Does Sexual Assault Really Look Like?, 12-16-21a, 12-16-21b
- HCF EAI Training, Effective Report Writing: Using the Language of Nonconsensual Sex, 12-15-21a, 12-15-21b
- HCF EAI Training, Forensic Examinations of Sexual Assault Victims and Suspects: Role of the Examination in Sex Crime Investigations, 12-20-21a, 12-20-21b, 10-28-25
- HCF EAI Training, Law and Investigation Strategy: What Kind of Sexual Assault Is This?, 12-16-21a, 12-16-21b
- HCF EAI Training, Preliminary Investigations: Guidelines for First Responders: 12-16-21a, 12-16-21b
- HCF EAI Training, Impact Victim: How Victims are Affected by Sexual Assault and How Law Enforcement Can Respond: 12-16-21, 10-18-24
- HCF EAI Training, Skill Development Summary: 7-31-19
- HCF EAI Training, Communicating Effectively and Professionally with LGBTI Offenders: 12-3-19a, 12-3-19b
- HCF EAI Training, PREA: Investigating Sexual Abuse in a Confinement Setting: 12-3-19a, 12-3-19b, 3-11-22a, 3-11-22b, 1-5-25, 11-4-25
- HCF EAI Training, PREA: Investigating Sexual Abuse in a Confinement Setting, Advanced Investigations: 12-3-19a, 12-3-19b
- HCF EAI Training, PREA: Your Role Responding to Sexual Abuse: 12-3-19a, 12-3-19b, 1-6-25
- HCF EAI Training, 64-Hour Adult, Adolescent, & Pediatric SANE SART Course: May 3-6, 2022a; May 3-6, 2022b
- HCF EAI Training, Crime Scene Processing and Recovery of Physical Evidence for Sexual Assault Scenes: 12-20-21a, 12-20-21b, 12-20-21c, 10-28-25
- HCF EAI Training, Effective Victim Interviewing: Helping Victims Retrieve and Disclose Memories of Sexual Assault: 12-20-21a, 12-20-21b, 11-8-24
- HCF EAI Training, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, 1-6-25
- HCF EAI Training, False Reports: Moving Beyond the Issues to Successfully Investigate and Prosecute Non-Stranger Sexual Assault, 10-18-24

- HCF EAI Training, Clearance Methods for Sexual Assault Cases, 11-12-24
- HCF EAI Training, The Investigative Process for Sex Crime Investigations and SANE SART, nd
- HCF EAI Training, Biological Evidence, 10-26-23
- HCF EAI Training, New Offender DNA Collection Data, 9-2-21
- HCF EAI Training, Kansas Chapter of International Association of Forensic Nurses, 5-26-21
- HCF EAI Training, Victim Impact: How Victims Are Affected by Sexual Assault and How Law Enforcement Can Respond: 12-16-21

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Administrative (Human Resources) Staff
- HCF Investigative Staff

Site Review Observations:

- Observed investigative training certifications.
- Reviewed agency training records documenting investigative training curriculums.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.

Standard Subsections:

(A) Per policy (IMPP #10-103D), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing HCF investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(B) Per policy (IMPP #10-103D), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing HCF investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. Specifically, Policy #IMPP #10-103D, requires that the completion of the training shall be documented with a certificate of completion maintained in the employee's file. A review of training certifications confirms that such documentation is maintained within agency files for all investigators currently utilized within the HCF.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The KDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. HCF investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. As well, documentation verified that HCF staff do receive the minimum level of specialized training in excess of the generalized training provided to all staff. In excess of the PREA Standard, investigative staff have also received a plethora of relevant and related training, such as PREA: Behavioral

	Health Care for Sexual Assault Victims in a Confinement Setting, Impact Victim: How Victims are Affected by Sexual Assault and How Law Enforcement Can Respond, and Crime Scene Processing and Recovery of Physical Evidence for Sexual Assault Scenes. With this in mind, the HCF has clearly exceeded the requirements of this standard.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC Centurion PREA Overview Training: November 2019, 2022 · HCF Coordinated Response, 7-22-25 · HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c, 8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r, 1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b, 10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c · HCF Centurion Group, Employee Learning Audit Report, 1-30-26 · HCF Centurion Contractor, Medical and Behavioral Health PREA Training, PREA Comprehensive Training, FY26

- HCF Centurion Contractor, Medical and Behavioral Health PREA Training, PREA At Risk Populations and Professional Communication, FY26

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Review of facility training records
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.

Standard Subsections:

(A) The HCF provides medical and mental health services to residents assigned to its facility. Policy (IMPP #10-103D) requires that in addition to the generalized training provided to all medical and mental health staff and contractors receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with the HCF medical/mental health staff confirm that said persons have received trainings as required. A review of agency training records document 100% of staff participation in initial and/or continuing training requirements for all 82 medical and mental health care practitioners assigned to the HCF.

(B) In accordance with agency policy, and verified through interviews with HCF medical/mental health staff, medical staff at HCF do not conduct forensic medical examinations. Rather, as confirmed by medical staff, residents are transported to a nearby public medical facility, Hutchinson Regional Medical Center, for such services.

(C) A review of training records reflects that 100% of the 82 Medical and Mental Health employees assigned to the HCF have received specialized training appropriate for their professional roles.

(D) In accordance with their professional role, a review of training records reflects medical and mental health practitioners have received the generalized PREA training provided to all contractors working within the correctional setting. In excess of the PREA Standards, medical and mental health staff receive this training on an annual basis. Throughout the facility, in many high-traffic areas, PREA awareness posters, as well as resident access to rape crisis counseling and confidential reporting advisement notices, are available for continuous staff, contractors, volunteers, and resident review. Located in staff, contractor, and volunteer work areas, the HCF has also posted awareness signs targeted at staff, contractors, and volunteers. These I Report posters help solidify the responsibility of staff, contractors, and volunteers in sexual abuse and sexual harassment policies.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The KDOC has policies in place to ensure all HCF medical and mental health staff are furnished this training. Documentation of agency training verified that KDOC staff do receive specialized training in addition to the generalized training provided to all staff. HCF medical and mental health administration confirmed that said staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. In excess of the PREA Standards, medical and mental health staff receive this training on an annual basis. Throughout the facility, in many high-traffic areas, PREA awareness posters, as well as resident access to rape crisis counseling and confidential reporting advisement notices, are available for continuous staff, contractors, and volunteers review. Located in staff, contractor, and volunteer work areas, the HCF has also posted awareness signs targeted at staff, contractors, and volunteers. These I Report posters help solidify the responsibility of staff, contractors, and volunteers in the facility's sexual abuse and sexual harassment policies. With this in mind, the HCF clearly exceeds the requirements of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19 · KDOC IMPP #11-102A, Resident Admissions, Scheduling, Processing, and Orientation, 4-4-23 · KDOC PREA Application User Manual, 2021 · KDOC Sexual Victimization Assessment Form · HCF Coordinated Response, 7-22-25 · HCF List of Risk Screening Staff, 12-15-25 · HCF Initial Assessment: 10-18-17, 8-17-18, 5-21-20, 3-23-21, 4-1-21, 10-1-21, 3-9-22, 4-8-22, 4-12-22, 5-7-22, 7-26-22, 9-12-22, 9-27-22, 12-13-22, 1-3-23, 5-5-23, 7-5-23, 8-24-23, 9-22-23, 4-16-24, 5-1-24, 5-24-24, 9-5-24, 9-17-24, 11-4-24, 12-13-24, 3-11-25, 3-18-25, 4-29-25, 7-10-25, 8-7-25, 8-18-25, 10-2-25, 10-24-25a, 10-24-25b · HCF Subsequent Assessment: 11-21-17, 9-27-18, 6-11-20, 4-22-21, 4-29-21, 10-22-21, 3-31-22, 5-6-22, 5-10-22, 6-28-22, 8-16-22, 8-16-22, 10-1-22, 10-19-22, 1-5-23, 1-26-23, 5-30-23, 7-26-23, 9-21-23, 10-18-23, 5-6-24, 5-29-24, 6-14-24, 9-26-24, 10-7-24, 12-13-24, 12-31-24, 3-26-25, 4-16-25, 5-27-25, 8-5-25, 9-2-25, 9-5-25, 10-30-25, 10-31-25, 12-1-25 · HCF Annual Risk Assessment: 1-12-18, 12-16-19, 1-8-20, 4-28-20, 7-27-20, 8-3-20, 12-17-20, 1-26-21, 2-4-21, 5-12-21, 7-29-21, 8-3-21, 10-10-21, 1-12-22, 2-7-22, 5-9-22, 8-2-22, 8-9-22, 8-10-22, 8-15-22, 12-9-22, 1-4-23, 2-6-23, 5-9-23, 8-10-23a, 8-10-23b, 12-14-23, 1-2-24, 2-6-24, 5-16-24, 8-2-24a, 8-2-24b, 8-13-24, 1-3-25, 1-14-25, 1-23-25, 2-5-25, 2-6-25, 2-7-25, 2-14-25, 3-14-25, 5-1-25, 5-2-25, 5-16-25, 6-2-25, 6-7-25, 6-9-25, 6-27-25, 7-8-25, 7-9-25, 8-6-25a, 8-6-25b, 8-19-25, 8-22-25, 8-27-25, 9-5-25, 9-18-25, 10-16-25, 10-20-25, 10-21-25, 10-24-25, 10-27-25, 12-16-25 · HCF Special Risk Assessment Based on New Information: 8-28-25

Interview

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Residents Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Residents Who Reported Sexual Abuse
- Limited English Proficient Residents
- Disabled Residents
- Random Residents

Site Review Observations:

- Observed PREA screening demonstration.
- Reviewed resident files.

Standard Subsections:

(A) Policy (IMPP #10-139D) requires that all residents are assessed for risk of sexual victimization or abusiveness upon arrival at intake. The HCF Intake staff affirm the facility's adherence to agency policy. Specifically, all residents received into the facility are given a Sexual Victimization and Abusiveness Assessment (SVA) within "72 hours of intake and prior to placement in multi-occupancy housing." Demonstrations of Intake and Risk Screen Processes were observed by the auditor.

(B) Policy (IMPP #10-139D) requires that the screenings will be completed "within 72

hours of the resident's arrival at the facility." In speaking with HCF Intake and Medical staff, as well as the HCF PREA Compliance Manager, it was noted that said screenings take place immediately upon each resident's arrival to the facility. During the audit time frame, 582 residents entered the facility (either through intake or transfer). Of those, 519 stayed at the facility for more than 72 hours, with 100% of them being subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility. In speaking with residents, four (4) residents stated that facility staff had not engaged them in the initial risk assessment process. A review of documentation, however, reflects that all such residents were provided with a risk assessment upon entry.

(C) The PREA screening assessment is conducted using an objective screening instrument (Sexual Victimization and Abusiveness Assessment Form). A review of the survey questions provided to residents does not present with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during a mock screening demonstration. To determine a resident's risk of sexual victimization, a resident is asked nine questions. To determine a resident's risk of sexual abusiveness, the resident is asked seven questions.

(D) The PREA assessment process does consider, at a minimum, if the resident has a mental, physical, or developmental disability. It considers the age of the resident, the resident's physical build, whether the resident has previously been incarcerated, whether the resident's criminal history is exclusively nonviolent, whether the resident has prior convictions for sex offenses against an adult or child, whether the resident has previously experienced sexual victimization, the resident's own perception of vulnerability, and whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Residents are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Residents are then asked if others perceive them as the same. The risk screener is allowed to enter his/her subjective perception of other factors to consider, as well as any additional information regarding the resident's sexual safety. It should be noted that the KDOC does not detain residents solely for immigration purposes.

(E) In assessing residents for their risk of being sexually abusive, the Sexual Victimization and Abusiveness Assessment Form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing the screening process, the auditor also reviewed several Sexual Victimization and Abusiveness Assessment Forms completed within the auditing time frame. All forms were filled out in their entirety, with residents having generally provided relevant answers to each of the questions

asked. It should further be noted that Intake staff both confirmed that residents may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (IMPP #10-139D) requires that “within 30 days of intake, every resident has another SVA completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression.” Within the audit time frame, 100% of the 485 residents with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within the first 30 days after their arrival at the HCF. In speaking with HCF Unit Management staff, their adherence to this policy was confirmed. In speaking with residents, seven (7) residents stated that facility staff had not engaged them in a subsequent risk assessment process. A review of documentation, however, reflects that all such residents were provided with a risk assessment within 30 days of entry. In excess of the PREA Standards, HCF staff complete annual risk assessment reviews with all residents.

(G) Per the PREA Compliance Manager, any employee may make a referral for a resident to be assessed for risk of victimization/abusiveness, or to be seen by mental health based on staffs’ observation of the resident’s behavior or at the resident’s request, which include referrals based on concerns the resident has been or is at high risk of being subject to sexual misconduct. Both the PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required. As well, in discussing reassessment processes with residents, some residents stated that after having brought concerns about their safety to the attention of security personnel, or having witnessed other residents doing the same, they were subsequently interviewed by either the PREA Compliance Manager or Unit Management staff regarding these concerns. When asked, all residents interviewed stated that they felt their sexual safety was not at risk at HCF.

(H) Policy (IMPP #11-102A, IMPP #10-103D) expressly prohibits disciplinary sanctions against any resident who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake, Risk Assessors, and the PREA Compliance Manager all affirmed that disciplinary sanctions were not imposed against residents for refusing or failing to answer any of the questions on the Sexual Victimization and Abusiveness Assessment Form. As well, resident interviews confirmed that said population was aware of their right not to answer related questions.

(I) Policy (IMPP #10-103D) requires that PREA victimization or related risk

	assessments are considered sensitive information. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to the Sexual Victimization and Abusiveness Assessment Form, that facility staff must restrict the spread of information obtained as a function of the PREA assessment process to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The PREA Compliance Manager, Unit Managers, and other operative staff associated with the PREA assessment process affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed Sexual Victimization and Abusiveness Assessment Forms did require authorized credentials to access said documents within the KDOC electronic data base. Reasoning & Findings Statement: This standard works to ensure residents are properly screened for their risks of sexual victimization and abusiveness. This screening must first be conducted within 72 hours of residents arriving to the facility and again no more than 30 days later. Agency policy provides for an objective PREA Assessment Form, which is administered and scored at the facility level as a simple fact assessment. Residents are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in residents' risk status. In excess of the PREA Standards, along with completing initial, subsequent, and warranted risk assessments, HCF staff also complete annual risk assessment reviews with all residents. Interviews with facility screening staff, as well as with residents, confirm that the proper screening tool is being utilized at the HCF. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, mental health, and other facility-based activities. Staff charged with administering PREA Assessment Forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. In total, the HCF has exceeded the requirements of this standard.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19
- KDOC IMPP #10-143D, Transgender and Intersex Resident Placement, 7-17-19
- KDOC IMPP #11-102A, Resident Admissions, Scheduling, Processing, and Orientation, 4-4-23
- KDOC IMPP #11-106A, Facility Case Management, 3-14-23
- KDOC PREA Application User Manual, 2021
- KDOC Sexual Victimization Assessment Form
- KDOC Centurion #P-F-06b, Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria: 11-2-18, 7-1-20
- HCF Coordinated Response, 7-22-25
- HCF List of Risk Screening Staff, 12-15-25
- HCF Resident Housing Roster, ADA, 11-1-25
- HCF Resident Housing Roster, LGBT, 11-1-25
- HCF Resident Housing Roster, LGBTI, 11-14-25
- HCF Resident Housing Roster, Limited English Inmates, December 2025
- HCF Resident Housing Roster, Patients Diagnosed with Neurocognitive Disorders, 11-1-25
- HCF Resident Housing Roster, List of Residents Disclosing Previous Sexual Abuse, 12-15-26
- HCF PREA Classification Report: 1-30-25, 2-28-25, 3-31-25, 4-30-25, 5-30-25, 6-30-25, 7-31-25, 8-29-25, 9-30-25, 10-31-25
- HCF Special Risk Assessment Based on New Information: 10-3-24, 11-13-24, 12-12-24, 1-22-25, 4-23-25, 5-7-25, 5-21-25, 5-22-25, 6-4-25, 6-7-25, 6-20-25, 7-2-25, 7-9-25, 8-6-25, 8-7-25, 8-21-25, 8-27-25, 8-28-25, 9-2-25
- HCF Transgender/Intersex Placement Review: 6-12-23, 6-5-25a, 6-5-25b, 6-5-25c, 6-5-25d, 6-5-25e
- HCF Transgender/Intersex Placement Review Chronos Report: 4-26-25, 5-8-25

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Residents Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Residents
- Limited English Proficient Residents

Site Review Observations:

- Observed PREA screening process
- Reviewed resident risk assessments
- Observed resident housing and work assignments

Standard Subsections:

(A) Policy (IMPP #10-139D, IMPP #10-103D, IMPP # 10-143D) requires that the agency use information from the Sexual Victimization Assessment Form to help separate residents with a high risk of being sexually victimized from those residents with a high risk of being sexually abusive. As such, the information gleaned from the Sexual Victimization Assessment Form is used to inform resident housing, bed, work, education, and program assignments. In speaking with Intake staff and the HCF PREA Compliance Manager, once an resident is deemed as a possible high risk for sexual victimization, staff will ensure that the resident at risk is not housed in a vulnerable location with respect to other residents who are assessed at a high risk to sexually

abuse other residents (Centurion #P-F-06b). Facility documentation reflects this is an institutionalized process.

(B) Policy (IMPP #10-139D, IMPP #10-103D, IMPP # 10-143D, Centurion #P-F-06b) requires that the facility makes individualized determinations on how to ensure the safety of each resident. In speaking with the PREA Coordinator, the HCF PREA Compliance Manager, and the HCF Warden, staff affirmed that the concerns for every resident are reviewed on an individual basis. In speaking with residents currently assigned to the HCF, most stated that their own opinions regarding their personal safety are considered by HCF staff when provided housing or job assignments. Residents further stated that if their concerns for their own safety changed, they believed HCF staff would take their concerns seriously. As such, there weren't any (0) residents who expressed any fear or concern for their sexual safety while assigned to HCF.

(C) This provision is no longer applicable to compliance findings.

(D) This provision is no longer applicable to compliance findings.

(E) This provision is no longer applicable to compliance findings.

(F) This provision is no longer applicable to compliance findings.

(G) This provision is no longer applicable to compliance findings.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect residents who may be at high risk of being sexually victimized. The KDOC has numerous policies in place to ensure the most effective and secure use of the PREA Assessment Form. Residents deemed to be at greater risk are routinely monitored by the HCF PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding resident safety. Interviews with the agency PREA Coordinator and the PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual residents. The HCF PREA Compliance

	Manager, as well as all other HCF staff, affirm their adherence to agency policies and also confirm that the resident's own views regarding the resident's own safety are given serious consideration specific to facility operations. As such, agency policy meets, and HCF adheres to, the requirements of this standard.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19 · KDOC IMPP #20-101A, Minimum Standards for the Operation of Restrictive Housing Units, 8-23-22 · KDOC IMPP #20-104A, Purpose of Administrative Restrictive Housing and Appropriate Placements, 5-13-22 · KDOC IMPP #20-105A, Restrictive Housing: Basic Operations of Administrative Restrictive Housing, 5-13-22 · KDOC IMPP #20-108, Protective Custody, 7-1-22 · HCF Coordinated Response, 7-22-25 · HCF List of Risk Screening Staff, 12-15-25 · HCF Initial Assessment: 10-18-17, 8-17-18, 5-21-20, 3-23-21, 4-1-21, 10-1-21, 3-9-22, 4-8-22, 4-12-22, 5-7-22, 7-26-22, 9-12-22, 9-27-22, 12-13-22, 1-3-23, 5-5-23, 7-5-23, 8-24-23, 9-22-23, 4-16-24, 5-1-24, 5-24-24, 9-5-24, 9-17-24, 11-4-24, 12-13-24, 3-11-25, 3-18-25, 4-29-25, 7-10-25, 8-7-25, 8-18-25, 10-2-25, 10-24-25a, 10-24-25b · HCF Subsequent Assessment: 11-21-17, 9-27-18, 6-11-20, 4-22-21, 4-29-21, 10-22-21, 3-31-22, 5-6-22, 5-10-22, 6-28-22, 8-16-22, 8-16-22, 10-1-22, 10-19-22, 1-5-23, 1-26-23, 5-30-23, 7-26-23, 9-21-23, 10-18-23, 5-6-24, 5-29-24, 6-14-24, 9-26-24, 10-7-24, 12-13-24, 12-31-24, 3-26-25, 4-16-25, 5-27-25, 8-5-25, 9-2-25, 9-5-25, 10-30-25, 10-31-25, 12-1-25 · HCF Annual Risk Assessment: 1-12-18, 12-16-19, 1-8-20, 4-28-20, 7-27-20,

8-3-20, 12-17-20, 1-26-21, 2-4-21, 5-12-21, 7-29-21, 8-3-21, 10-10-21, 1-12-22, 2-7-22, 5-9-22, 8-2-22, 8-9-22, 8-10-22, 8-15-22, 12-9-22, 1-4-23, 2-6-23, 5-9-23, 8-10-23a, 8-10-23b, 12-14-23, 1-2-24, 2-6-24, 5-16-24, 8-2-24a, 8-2-24b, 8-13-24, 1-3-25, 1-14-25, 1-23-25, 2-5-25, 2-6-25, 2-7-25, 2-14-25, 3-14-25, 5-1-25, 5-2-25, 5-16-25, 6-2-25, 6-7-25, 6-9-25, 6-27-25, 7-8-25, 7-9-25, 8-6-25a, 8-6-25b, 8-19-25, 8-22-25, 8-27-25, 9-5-25, 9-18-25, 10-16-25, 10-20-25, 10-21-25, 10-24-25, 10-27-25, 12-16-25

- HCF Special Risk Assessment Based on New Information: 10-3-24, 11-13-24, 12-12-24, 1-22-25, 4-23-25, 5-7-25, 5-21-25, 5-22-25, 6-4-25, 6-7-25, 6-20-25, 7-2-25, 7-9-25, 8-6-25, 8-7-25, 8-21-25, 8-27-25, 8-28-25, 9-2-25

- HCF Resident Housing Roster, List of Residents Disclosing Previous Sexual Abuse, 12-15-26

- HCF PREA Classification Report: 1-30-25, 2-28-25, 3-31-25, 4-30-25, 5-30-25, 6-30-25, 7-31-25, 8-29-25, 9-30-25, 10-31-25

- HCF Transgender/Intersex Placement Review: 6-12-23, 6-5-25a, 6-5-25b, 6-5-25c, 6-5-25d, 6-5-25e

- HCF Transgender/Intersex Placement Review Chronos Report: 4-26-25, 5-8-25

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Residents in Segregated Housing
- Residents Who Reported Sexual Abuse
- Random Resident Interviews
- Targeted Resident Interviews

Site Review Observations:

- Observed custody housing assignments.

Standard Subsections:

(A) Policy (#10-103D, IMPP #20-108) mandates that agency staff shall refrain from placing residents at high risk for sexual victimization in protective custody. Rather, “admission to protective custody shall be made only when there is documentation that protective custody is warranted and that a reasonable alternative is not available” (IMPP #20-108). In speaking with the PREA Compliance Manager and the HCF Warden, staff confirm that there have not been any (0) residents placed in protective custody for risk of sexual victimization during the audit time frame. As well, resident interviews did not suggest that HCF utilizes any form of restrictive housing as a primary means of separation for investigatory purposes. As such, there wasn’t any relevant documentation to review.

(B) Policy (#10-103D, IMPP #20-108) allows that if the victim is housed a restrictive housing environment, that person should be afforded, to the extent possible, the same level of privileges the victim was permitted immediately prior to the housing change. Specifically, efforts should be made to ensure these residents receive similar access to programmatic activities, privileges, educational activities, and work opportunities as residents assigned to the general population. If the facility restricts access to programs, privileges, education, or work opportunities, the facility must document any restrictions. In speaking with the PREA Compliance Manager and the HCF Warden, staff confirm that there have not been any (0) residents placed in the protective custody for risk of sexual safety during the audit time frame. Additionally, no residents stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review.

(C) Policy (#10-103D, IMPP #20-108) mandates that protective custody for residents at a high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged. As well, per the PREA Compliance Manager, if a resident were to be placed in restrictive housing, it would only be until an alternative means of separation could be found and would not ordinarily exceed a period of 30 days. In speaking with the PREA Compliance Manager and the HCF Warden, staff confirmed that there have not been any (0) residents placed in the protective custody for risk of sexual safety during the audit time frame. Additionally, no residents stated that they had been placed in such housing. As such, there wasn’t any relevant documentation to review.

(D) Policy (#10-103D, IMPP #20-108) requires that upon placement of a resident into the restrictive housing, the facility must clearly document the basis of the facility's concern for the resident's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the PREA Compliance Manager and the HCF Warden, staff confirmed that there have not been any (0) residents placed in the Administrative Restrictive Housing for risk of sexual safety during the audit time frame. Additionally, there weren't any (0) residents who stated that they had been placed in such housing. As such, there wasn't any relevant documentation to review.

(E) Policy (IMPP #10-103D, IMPP #20-108, IMPP #20-105A) requires that a resident placed in the restrictive housing due to being a high risk of sexual victimization will have this status reviewed within 24 hours the initial placement and at least one per week for the first four weeks, followed by at least once a month thereafter. In speaking with the PREA Compliance Manager and the HCF Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any (0) residents placed in the Administrative Restrictive Housing for risk of sexual safety during the audit time frame. Additionally, there weren't any (0) residents who stated that they had been placed in such housing. As such, there wasn't any relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary protective custody is not a de facto management solution for resident safety concerns. Agency policy explicitly mandates that staff refrain from placing residents at high risk for sexual victimization in restrictive housing unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the PREA Compliance Manager and the HCF Warden, staff confirmed that there have not been any (0) residents placed in the Administrative Restrictive Housing for risk of their sexual safety during the audit time frame. Additionally, there weren't any (0) residents who stated that they had been placed in such housing for the risk or fear of sexual abuse. As such, there wasn't any relevant documentation to review. Correctional staff routinely assigned to work within Restrictive Housing were interviewed. While these staff confirmed that residents assigned to restrictive housing for high risk of sexual victimization would be afforded similar activities as residents within general population, to the best of their knowledge, there have not been any (0) such residents assigned to such housing within the audit time frame. In total, the HCF has satisfied all component parts of this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC Internal Investigations Brochure, English · KDOC Internal Investigations Brochure, Spanish · KDOC Sexual Assault Brochure, English · KDOC Sexual Assault Brochure, Spanish · KDOC Resident PREA Orientation Acknowledgement Pamphlet, English · KDOC Resident PREA Orientation Acknowledgement Pamphlet, Spanish · KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, English · KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, Spanish · KDOC Zero Tolerance Brochure, English · KDOC Zero Tolerance Brochure, Spanish · KDOC Sexual Abuse Reporting Poster, English · KDOC Sexual Abuse Reporting Poster, Spanish · KDOC Internal Investigations Brochure, English · KDOC Internal Investigations Brochure, Spanish · KDOC Legal Services for Prisoners Poster, English · KDOC Legal Services for Prisoners Poster, Spanish · KDOC Public Website Reporting · KDOC PREA: What Staff Need to Know Brochure · KDOC MOU Legal Services for Prisoners, 2-1-25 · KDOC Resident Rule Book, 6-10-19

- Kansas Administrative Rules, 44-15-204, Special Procedures for Sexual Abuse Grievances

- HCF Coordinated Response, 7-22-25

HCF Resident Handbook, English, 5-3-22

HCF Resident Handbook, Spanish, 8-3-21

- HCF Outside Advocacy and Support Services Poster, English

- HCF Outside Advocacy and Support Services Poster, Spanish

- HCF PREA Informational Pamphlet, Intake, English

- HCF PREA Informational Pamphlet, Intake, Spanish

- HCF PREA Informational Pamphlet, 30-Day and Annual, English

- HCF PREA Informational Pamphlet, 30-Day and Annual, Spanish

- HCF Memo, No Residents Detained Solely for Civil Immigration, 11-3-25

- HCF Memo, PREA Refresher on Reporting, 4-29-24

Interviews:

- Agency Head

- Agency PREA Coordinator

- Facility Warden

- PREA Compliance Manager

- Random Staff

- Just Detention International

- Brighthouse

- Random Residents

- Residents Who Disclosed Sexual Victimization During Risk Screening

- Residents Who Reported Sexual Abuse

Site Review Observations:

- Reviewed documentation related to resident reports of sexual abuse and sexual harassment.
- Observed PREA Intake and Risk Assessment demonstration.
- The facility Law Library maintains a PREA Resource Book, which contains the agency's PREA policies, as well as information specific to confidential support services for sexual abuse victims at the HCF.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.
- Tested resident reporting hotline via resident phone.
- Tested website reporting function.

Standard Subsections:

(A) The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which residents may report any subsequent retaliatory measures experienced by residents as a result of having reported said abuse. Upon receipt onto the facility, all residents are provided a PREA risk screening, via the PREA Assessment Form, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Residents are subsequently given a more comprehensive resident orientation within 7 days of their receipt into the facility. This orientation includes detailed training on the KDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Residents are also provided with a KDOC Resident Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Inside high-traffic areas within the facility there are sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy. In interviewing staff, all employees were aware of a resident's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing residents, all residents were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all residents were able to articulate at least one manner by which a report could be made, with most residents being able to provide multiple reporting methods.

(B) As noted in policy (#10-103D, PREA Informational Brochures), the facility also provides multiple avenues and contact information for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Residents are provided the phone numbers to the agency's support center and an Outside Advocates Hotline, with calls to both of these agencies being anonymous and without cost to the resident. Residents are provided an email address to the primary reporting entity via an electronic kite system, which can receive and immediately forward resident reports to agency officials for their investigation. Upon a resident's request, any report can remain anonymous. The facility Law Library also maintains a PREA Resource Book, which contains the agency's PREA policies and information specific to confidential support services for sexual abuse victims. Per the agency PREA coordinator, the KDOC does not detain residents solely for civil immigration purposes.

(C) Per policy (#10-103D), staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner by which they became aware of that information. In doing so, all staff stated they would document the information as soon as possible following the allegations being presented to them. All residents interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most residents were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Many of the residents interviewed stated that they believed HCF staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(D) Per policy (#10-103D), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against residents or staff for having reported such abuse. Nonetheless, per agency policy, staff may also privately report sexual misconduct by emailing the PREA Coordinator or calling the Third-Party Reporting Line. When asked, many staff were aware that they could make anonymous reports of sexual abuse and sexual harassment. However, as there was a significant number of staff who were not confident in how to make such reports, additional training was provided for all staff. As such, no further action is needed.

Reasoning & Findings Statement:

This standard works to ensure residents, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against residents. The

	agency does have multiple avenues by which residents may make formal reports, to include verbal, written, anonymous, and third-party reports. Residents are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. Inside high-traffic areas within the facility there are sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy. The facility Law Library also maintains a PREA Resource Book, which contains the agency's PREA policies and information specific to confidential support services for sexual abuse victims. To test the functionality of these services, the auditor utilized the weblink on the KDOC website to submit a written test complaint. In response, the auditor received responsive comments from the agency within that same non-business day. Additionally, while residents are not encouraged to utilize rape counseling support service centers as reporting avenues, they will also serve in this capacity if explicitly requested by the resident. With this in mind, the auditor solicited resident contact information from local rape counseling centers central to the HCF and a nationally based referral service. The national referral service, Just Detention International, indicated that it did not receive any complaints of sexual abuse or sexual harassment from residents assigned to the HCF within the reporting time frame. Brighthouse, a local rape counseling advocacy service, was also contacted and asked to provide relevant information specific to the HCF PREA audit. Lastly, the auditor conducted a testing of the PREA Hotline number commonly referenced by the residents. In doing this, a rape crisis counselor from the local rape counseling advocacy service was immediately available. In interviewing correctional staff, all such persons were aware that residents could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the resident in question and the need to document the verbal complaint as soon as possible. In speaking with residents, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All residents understood their right to make verbal and written complaints. The majority of residents understood their right to make anonymous and third-party complaints. As such, it is evident that the HCF has met the requirements of this standard.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- Kansas Statute #44-15-204, Special procedures for sexual abuse grievances
- Kansas Statute #44-15-101b, Time limit for filing grievances
- Kansas Statute #44-15-106, Emergency grievance
- HCF Coordinated Response, 7-22-25

Interviews:

- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Random Residents

Site Review Observations:

- Reviewed complaint submission process.
- Reviewed grievances submitted.

Standard Subsections:

(A) The KDOC does have administrative procedures to address resident grievances regarding sexual abuse.

(B) Policy (Kansas Administrative Remedy [KAR] 44-15-204) permits residents to submit grievances regarding allegations of sexual abuse and sexual harassment. Per HCF Grievance staff, grievances involving allegations of sexual abuse would not be screened for time no matter how long ago the incident was alleged to have occurred.

(C) Policy (KAR 44-15-204) allows that residents may submit reports of sexual

misconduct to any person without first attempting to resolve the complaint through the person with whom the complaint is against. The complaint is subsequently processed by the institutional investigator, not the person with whom the complaint is against. The institutional investigator confirms facility adherence to agency policy.

(D) Policy (KAR 44-15-204) requires that any grievance alleging sexual abuse will be answered and returned to the resident within ten business days. Including time for appeal, "in all cases, a final decision on the merits of any portion of a grievance alleging sexual abuse, or an appeal thereof, shall be issued by the secretary within 90 days of the initial filing of the grievance." During the audit time frame, HCF received five (5) resident grievances regarding allegations of sexual abuse or sexual harassment. A review of these grievances was conducted and found to comply with all provisions of this standard.

(E) Policy (KAR 44-15-204) allows that "third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist any resident in filing requests for administrative remedies relating to allegations of sexual abuse." During the audit time frame, HCF received five (5) resident grievances regarding allegations of sexual abuse or sexual harassment. A review of these grievances was conducted and found to comply with all provisions of this standard.

(F) Policy (KAR 44-15-204) allows residents to "submit a grievance concerning imminent sexual abuse." Upon receipt, "the warden or designee shall provide an initial response with 48 hours and shall issue a final decision within five calendar days." During the audit time frame, HCF received five (5) resident grievances regarding allegations of sexual abuse or sexual harassment. A review of these grievances was conducted and found to comply with all provisions of this standard.

(G) Policy (KAR 44-15-204) allows that "any resident may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the resident filed the grievance in bad faith." During the audit time frame, HCF received five (5) resident grievances regarding allegations of sexual abuse or sexual harassment. A review of these grievances was conducted and found to comply with all provisions of this standard.

Reasoning & Findings Statement:

This standard works to ensure resident access to courts by way of exhausting

	administrative remedies specific to allegations of sexual abuse and sexual harassment. Policy (KAR 44-15-204) permits residents to file grievances alleging sexual abuse or sexual harassment. If received, the agency must investigate the allegations and issue a response to the resident within 10 calendar days. During the audit time frame, HCF received five (5) resident grievances regarding allegations of sexual abuse or sexual harassment. A review of these grievances was conducted and found to comply with all provisions of this standard. Given agency policy, documentation reviewed, as well as staff and resident interviews, the HCF meets all provisions of this standard.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC Memo, Protocols for Correspondence with LSP and Advocacy Agencies, 6-30-22 · KDOC Sexual Assault Brochure, English · KDOC Sexual Assault Brochure, Spanish · KDOC Resident PREA Orientation Acknowledgement Pamphlet, English · KDOC Resident PREA Orientation Acknowledgement Pamphlet, Spanish · KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, English · KDOC Resident PREA Comprehensive Training Acknowledgement Pamphlet, Spanish · KDOC Zero Tolerance Brochure, English · KDOC Zero Tolerance Brochure, Spanish · KDOC Sexual Abuse Reporting Poster, English · KDOC Sexual Abuse Reporting Poster, Spanish · KDOC Legal Services for Prisoners Poster, English

- KDOC Legal Services for Prisoners Poster, Spanish
 - HCF Coordinated Response, 7-22-25
 - HCF MOU Brighthouse, LLC, 1-25-25
 - HCF Qualified Staff as Emotional Support Training Agenda, July 10-12, 2018
 - HCF Qualified Staff as Emotional Support Training Roster, July 10-12, 2018
- HCF Resident Handbook, English, 5-3-22
- HCF Resident Handbook, Spanish, 8-3-21
- HCF Outside Advocacy and Support Services Poster, English
 - HCF Outside Advocacy and Support Services Poster, Spanish
 - HCF PREA Informational Pamphlet, Intake, English
 - HCF PREA Informational Pamphlet, Intake, Spanish
 - HCF PREA Informational Pamphlet, 30-Day and Annual, English
 - HCF PREA Informational Pamphlet, 30-Day and Annual, Spanish
 - HCF Memo, No Residents Detained Solely for Civil Immigration, 11-3-25
 - HCF PREA Incident Checklist: 5-25-24, 7-10-25
 - HCF Brighthouse Advocate Memo, 5-25-24
 - HCF Release of Information for BrightHouse Memo: 7-18-24a, 7-18-24b, 7-18-24c, 7-18-24d, 7-18-24e, 7-22-24, 7-23-24, 7-24-24, 8-14-24
 - HCF Retaliation Monitoring with Advocacy Services: 7-15-24, 8-15-24, 9-15-24, 9-30-24
- Interviews:
- Agency PREA Coordinator
 - Facility Warden
 - PREA Compliance Manager
 - Medical Staff
 - Mental Health Staff
 - Hutchinson Regional Medical Center Staff

- Mailroom Staff
- Random Staff
- KDOC Website Third Party Reporting Coordinator
- Just Detention International
- Brighthouse
- Random Residents
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Reviewed PREA Risk Screening Assessment.
- Review of distributed information upon HCF reception at Intake areas.
- The facility Law Library maintains a PREA Resource Book, which contains the agency's PREA policies, as well as information specific to confidential support services for sexual abuse victims at the HCF.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.
- Observed resident general visitation and legal visitation informational posters.
- Observed visitation area designated for members of an approved victim advocate service.

Standard Subsections:

(A) Policy (IMPP #10-103D) requires that the institution will provide residents with contact information for rape advocacy centers, such as a mailing address and telephone number, including toll-free hotline numbers of local, state, or national victim advocacy or rape crisis organizations. The HCF Resident Handbook provides contact information for reporting sexual abuse and sexual harassment. Throughout the facility, sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy. The facility

Law Library also maintains a PREA Resource Book, which contains the agency's PREA policies, as well as information specific to confidential support services for sexual abuse victims at the HCF. This reference book includes the contact person, physical address, phone number, and electronic email address of confidential support services available via the local rape crisis center, Brighthouse. Per policy (IMPP #10-103D) the agency does provide toll-free telephone calls to rape crisis advocates and hotlines. Policy (IMPP #10-103D) also allows that communication between residents and advocates within these rape crisis centers is as confidential as possible; however, residents must be notified that telephone calls are not confidential. Facility documentation does indicate where all residents are provided informed consent. In speaking with the PREA Compliance Manager and Mailroom staff, it was further noted that outgoing mail to rape crisis centers is not restricted or monitored to any extent greater than any other outgoing special correspondence. Additionally, the agency allows Victim Support Persons, specifically trained for this purpose by the agency, to provide residents with emotional support related to sexual abuse and sexual harassment. Per the PREA Compliance Manager, the KDOC does not detain residents solely for civil immigration purposes. Nonetheless, information on how to contact relevant consular officials is available in the facility's Law Library. When interviewed, all residents knew that the agency provided free rape crisis support services and mental health services to residents in need of such assistance. Additionally, all residents were aware of at least one means by which they could contact rape crisis support services, with most residents knowing that they could access those services by way of the phone number (aka the PREA Hotline) provided via the PREA posters.

(B) Per policy (IMPP #10-103D) residents are notified that calls to rape crisis centers are subject to monitoring.

(C) The HCF has negotiated a contract between itself and Brighthouse to help provide rape crisis support services as requested by residents assigned to the HCF. The HCF does maintain, and did supply, a facility-based contract for review.

Reasoning & Findings Statement:

This policy works to ensure that residents assigned to the HCF have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Residents are advised that calls to rape crisis centers are subject to monitoring. The HCF has also secured a memorandum of understanding with a local rape crisis center, Brighthouse, for support services. When interviewed, all employees and residents knew that the agency provided free emotional support and mental health services to residents upon request. During resident interviews, it was noted that residents were aware that they could initiate

	access to these services by using the information posted on the PREA awareness posters. To test the accessibility of these services, the auditor placed a call to the local rape crisis center via the resident phone system. This free call was answered by a live advocacy counselor ready to offer services and support. In speaking with advocate staff from Brighthouse, their role in the process was explained in depth. With this in mind, the HCF has exceeded the requirements of this standard.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC Third-Party Reporting Notice, English · KDOC Third-Party Reporting Notice, Spanish · KDOC Sexual Assault Brochure, English · KDOC Sexual Assault Brochure, Spanish · KDOC Zero-Tolerance Reporting Notice, English · KDOC Zero-Tolerance Reporting Notice, Spanish KDOC Website for Third Party Reporting · HCF Coordinated Response, 7-22-25 · HCF MOU Brighthouse, LLC, 1-25-25 HCF Resident Handbook, English, 5-3-22 HCF Resident Handbook, Spanish, 8-3-21 · HCF Outside Advocacy and Support Services Poster, English · HCF Outside Advocacy and Support Services Poster, Spanish · HCF PREA Informational Pamphlet, Intake, English · HCF PREA Informational Pamphlet, Intake, Spanish · HCF PREA Informational Pamphlet, 30-Day and Annual, English · HCF PREA Informational Pamphlet, 30-Day and Annual, Spanish

- HCF EAI Investigative Report: 3-24-25

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Random Residents
- KDOC Website Third Party Reporting Coordinator
- Just Detention International
- Brighthouse

Site Review Observations:

- Review KDOC website specific to PREA and third-party reporting methods
- Tested KDOC online third-party reporting system
- Tested PREA Hotline number residents can use to engage third-party reporting
- The facility Law Library maintains a PREA Resource Book, which contains the agency's PREA policies, as well as information specific to confidential support services for sexual abuse victims at the HCF.
- Observed high-traffic areas within the facility where sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, are posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy.
- Review sexual abuse and sexual harassment investigation files.

Standard Subsections:

(A) Policy (#10-103D) allows for the use of third-party reporting on allegations of

sexual abuse and sexual harassment Inside high-traffic areas within the facility there are sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy. The facility Law Library also maintains a PREA Resource Book, which contains the agency's PREA policies and information specific to confidential support services for sexual abuse victims. While residents are not encouraged to utilize rape counseling support service centers as reporting avenues, they will also serve in this capacity if explicitly requested by the resident. Hence, residents may utilize this service to report allegations of sexual abuse affecting other residents. With this in mind, the auditor solicited resident contact information from a local rape counseling center central to the HCF and a nationally based referral service. The national referral service, Just Detention International, indicated that it did not receive any complaints of sexual abuse or sexual harassment from residents assigned to the HCF within the reporting time frame. Brighthouse, a local rape counseling advocacy service, was also contacted and asked to provide relevant information specific to the HCF PREA audit. Additionally, the auditor tested the confidential services hotline while onsite. In doing this, a rape crisis counselor was immediately available. A notice to the public encouraging third party PREA reporting is available to the general public on the agency's website, as well as via posters within the Visitation Room. To verify the system was operational, the auditor submitted a test email to the agency's online reporting address. As well, the PREA Reporting Hotline used by incarcerated individuals was also tested for functionality and service. Return responses were received back from both the PREA Reporting Hotline and the agency online reporting system in a timely manner. Documentation review reflected that HCF staff would accept, and does process, third-party PREA allegations to the same extent as complaints made by affected residents. All staff interviewed confirmed that the HCF would accept third-party reports of sexual abuse. Lastly, most residents interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon residents. In accordance with policy (#10-103D), the HCF promotes the use of third-party reporting via informational posters. Inside high-traffic areas within the facility there are sexual abuse awareness posters, as well as resident access to rape crisis counseling and confidential reporting informational posters, posted to increase staff, contractors, volunteers, and resident awareness of the PREA policy. The facility Law Library maintains a PREA Resource Book, which contains the agency's PREA policies and information specific to confidential support services for sexual abuse victims. Electronic contact information is freely distributed via this resource book, as well as available on the agency's website to allow the general public direct access to reporting information. To ensure the functionality of the KDOC site, all electronic links

	were tested and found to be operating as required. To ensure the functionality of the KDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters provide residents with agency telephone numbers, physical addresses, and electronic contact methods that can be used to make a third-party report. While residents themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Residents themselves are provided with national, state, and local advocacy addresses to submit third-party correspondence. As well, residents may also make a third-party party complaint via any staff member or other PREA reporting mechanisms, such as the PREA Hotline. The PREA Hotline was tested for functionality and service. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from resident advocates. Accordingly, the HCF has satisfied this standard.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC Staff Booklet – PREA: What Staff Need to Know · KDOC PREA Basic Prison Rape Elimination Act Training; Staff, Contractors, and Volunteers, FY23 · HCF Coordinated Response, 7-22-25 · HCF PREA Staff Training Rosters: January – May, 2025 · HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c, 8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r,

1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b, 10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (IMPP #10-103D) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against residents or staff

for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all (100%) of HCF staff have received initial PREA training, as well as subsequent training where appropriate, which includes acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) Policy (IMPP #10-103D) notifies all staff that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decision. As well, staff are advised not reveal any information related to a sexual abuse report to anyone other than to the extent necessary. As such, employees are cautioned to share reported information only with authorized staff. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the HCF PREA Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (IMPP #10-103D) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for medical staff to inform residents (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All residents incarcerated within the HCF are legally classified as adults. As such, there aren't any juveniles assigned to this facility. However, the facility may still have persons classified as vulnerable adults. A vulnerable adult is a person who has been identified as having an intellectual and/or developmental disability. If a resident is considered a vulnerable adult, the EAI Investigator states that a report would be forwarded to state and local offices as required by state law.

(E) Policy (IMPP #10-103D) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the HCF EAI Investigator for processing. When interviewing random facility staff, all (100%) employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

	Reasoning & Findings Statement: This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing HCF medical and mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the HCF meets all provisions established within this standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #20-108, Protective Custody, 7-1-22 · KDOC IMPP #20-105A, Restrictive Housing: Basic Operations of Administrative Restrictive Housing, 5-13-22 · HCF Coordinated Response, 7-22-25 · HCF PREA Staff Training Rosters: January – May, 2025 · HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c,

8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r, 1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b, 10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Review of retaliation monitoring documentation.
- Reviewed sexual abuse and sexual harassment investigative files.

Standard Subsections:

- Per policy (IMPP #10-103D, IMPP #10-139D), when the HCF learns that a resident is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the resident. In speaking with the HCF PREA Compliance Manager, Facility Warden, HCF Unit Managers, and random staff, a plethora of possible options were discussed specific to resident protection measures. As noted by the HCF PREA Compliance Manager, the HCF found evidence within the audit time frame that one (1) resident assigned to the facility was at a substantial risk of sexual abuse. Documentation related to that investigation, as well as subsequent protective measures, was reviewed.

Reasoning & Findings Statement:

This standard works to actualize the processes of resident protection. Agency policy (IMPP #10-103D) requires staff to take immediate action to ensure the safety of all residents who are at a high risk of sexual victimization. Provided there are no other alternative options available to ensure the resident's safety, policy (IMPP #20-108) further allows the facility to immediately increase the safety of the at-risk resident by placing said resident in restrictive housing. However, placement in restrictive housing would only be used if no other general housing assignments available could ensure resident safety. During the audit time frame, the HCF did find evidence to suggest one (1) resident was at a substantial risk of sexual abuse. Documentation related to that investigation, as well as subsequent protective measures, was reviewed. In interviewing random staff, all persons were asked specifically what actions would be taken if a resident presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the resident. Hence, the HCF has clearly realized the provision of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- HCF Coordinated Response, 7-22-25
- HCF Incoming Warden to Warden Notification of Sexual Abuse Allegations: 5-5-25a, 5-5-25b, 9-5-25
- HCF Outgoing Warden to Warden Notification of Sexual Abuse Allegations: 7-12-24, 1-24-25, 2-18-25, 8-14-25
- HCF Incident Report: 8-14-25

Interviews:

- Agency Head
- Facility Warden
- PREA Compliance Manager
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Review of facility-to-facility referral process
- Review of outgoing Warden to Warden referrals

Standard Subsections:

(A) KDOC policy (IMPP #10-103D) requires that when a facility receives notice

	regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide written notice of these allegations to the managing officer (Warden) of the destination facility within 72 hours. A review of documents for the audit time frame reflects that there have been three (3) referrals made by HCF to other facilities and three (3) were received by HCF from another facility. (B) Per KDOC policy (IMPP #10-103D), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. During the audit time frame, the HCF facility received notice of three (3) such allegations requiring subsequent referrals. In both such instances, the required referrals were made within the required time frames. Documentation review supports facility compliance with agency policy. (C) When received, the HCF does maintain written documentation of said notices in accordance to policy (IMPP #10-103D). (D) Upon receipt of any allegations, policy (IMPP #10-103D) requires that the Warden of the destination facility must then process these allegations in accordance with standard protocol. During the audit time frame, HCF received three (3) such referrals from other facilities. Reasoning & Findings Statement: This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of resident allegations involving sexual abuse and sexual harassment. Within the audit time frame, the HCF received three (3) incoming allegations of sexual abuse and sexual harassment from residents who reported such at another correctional facility. Within the audit time frame, the HCF received three (3) outgoing allegations of sexual abuse and sexual harassment from residents who reported to HCF staff that such incidents occurred at other facilities. Documentation relevant to this reporting process was reviewed to ensure they notifications were provided within required timelines. Additionally, facility staff were very much aware of the required timelines. Accordingly, agency policy, staff comments, and an explanation of the collaborative processes all reflect that the HCF has satisfied the provisions of this standard.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC Staff Booklet – PREA: What Staff Need to Know
- KDOC PREA First Responder Card
- HCF Coordinated Response, 7-22-25
- HCF MOU Brighthouse, LLC, 1-25-25
- HCF PREA Incident Checklist: 5-25-24, 7-10-25
- HCF Qualified Staff as Emotional Support Training Agenda, July 10-12, 2018
- HCF Qualified Staff as Emotional Support Training Roster, July 10-12, 2018
- HCF PREA Staff Training Rosters: January – May, 2025
- HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c, 8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r, 1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b, 10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c

Interviews:

- Facility Warden
- PREA Compliance Manager
- HCF Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Review of employee training records
- Review of investigator narrative case files

Standard Subsections:

(A) Policy (IMPP #10-103D) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, per the PREA Compliance Manager, staff are required to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an resident has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Within the audit time frame, HCF has received fifteen (15) allegations from residents who claim to have been victims of sexual abuse. Interviews with first responders, as well as documentation related to such, reflects that staff took the appropriate actions required of their role consistent with policy. As well, during contractor and volunteer

	interviews, it was noted that all contractors and volunteers understood the absolute need to protect the victim, as well as a need to preserve and protect the crime scene or evidence that could be available. (B) Policy (IMPP #10-103D) requires that non-security first responders contain and assess the situation and notify their immediate supervisor or the security shift supervisor. Within audit time frame, HCF has received fifteen (15) allegations from residents who claim to have been victims of sexual abuse. In these, nine (9) of those claims were made to non-security staff. Interviews with first responders, as well as documentation related to such, reflects that non-security staff took the appropriate actions required of their role consistent with the situation and policy. Reasoning & Findings Statement: This standard works to determine whether facility staff understand their role when responding to resident allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. The majority of staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curriculums reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification of a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, facility training documentation, and the review of documentation related to the PREA initiation process sufficiently supports the expectations required by this standard.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #01-113D, Incident Reports and Immediately Reportable Incidents,

12-18-17

- HCF Coordinated Response, 7-22-25

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- First Responders
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Review of departmental level facility processes.
- Reviewed documentation of facility response via investigative files.

Standard Subsections:

(A) The HCF has developed a written institutional plan; namely, HCF Coordinated Response, 7-22-25, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

	Reasoning & Findings Statement: This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the HCF implemented a unit-based policy, HCF Coordinated Response, 7-22-25, that details the coordinated response plan to an incident of resident sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another are outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As well, most residents knew that they could initiate access to responding services by using the information posted on the PREA awareness posters. Accordingly, the HCF has met the requirements of this standard.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC MOU Kansas Organization of State Employees, 6-4-25 · HCF Coordinated Response, 7-22-25 Interviews: • Agency Head • Agency Contract Administrator • Agency PREA Coordinator • Facility Warden

- PREA Compliance Manager
- Administrative (Human Resources) Staff
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per the PREA Compliance Manager, both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are 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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the State of Kansas and the Kansas Organization of State Employees, ensures that the KDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect residents from having contact with sexual abusers and sexual harassers. Policy allows for employees to be suspended from duty pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with investigative staff and the HCF Warden, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the KDOC; more specifically, the HCF unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence,

	the HCF has satisfactorily met all requirements within this standard.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC Memo, Retaliation Monitoring and SAIR Board Review, 6-29-23 · HCF Coordinated Response, 7-22-25 · HCF Memo, Monitoring for Retaliation · HCF Retaliation Monitoring Log, 2024 · HCF Retaliation Monitoring Log, 2025 · HCF Retaliation Monitoring Worksheet: 1-22-24, 1-31-24 Interviews: • Agency PREA Coordinator • Facility Warden • PREA Compliance Manager • Institutional Investigator • Designated Staff Member Charged with Monitoring Retaliation • Random Staff • Random Residents • Residents Who Reported Sexual Abuse • Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Process for retaliation monitoring was reviewed.
- Review of investigation files for retaliation monitoring.

Standard Subsections:

(A) Policy (IMPP #10-103D) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with sexual abuse and sexual harassment investigations. Specific staff have been designated to monitor retaliation for both staff and residents.

(B) Per the PREA Compliance Manager, the institution employs multiple protection measures, such as housing changes, or transfers for resident victims or abusers, and removal of alleged staff or resident abusers from contact with victims who fear retaliation for reporting sexual misconduct or for cooperating with investigations. A documentation review supports facility adherence to agency policy.

(A) Per PREA Compliance Manager, for a minimum of three (3) months following a report of sexual abuse, the facility shall monitor the conduct and treatment of:

- a. A resident who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
- b. A resident who was reported to have suffered sexual abuse or sexual harassment; and
- c. An employee who reported an incident of sexual abuse or sexual harassment of a resident.
- d. Monitoring staff shall employ multiple protection measures to prevent resident retaliation, such as reviewing resident disciplinary, housing changes, job changes, and program changes.
- e. Monitoring staff shall employ multiple protection measures to prevent staff retaliation, such as negative performance reviews for staff and the reassignment of staff.
- f. Monitoring shall go beyond 90 days if the initial monitoring indicates a

	continuing need. g. Within the past twelve months, the HCF has not had any (0) substantiated incidents of retaliation. (B) Per PREA Compliance Manager, in the case of residents, such monitoring shall also include periodic in-person status checks at least every 30 days. Within the audit time frame, as noted by the HCF PREA Compliance Manager, there have not been any (0) acts of retaliation noted for having engaged the PREA process. (C) Per PREA Compliance Manager, if any other individual (staff, volunteer, contractor, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation. Documentation reflects that within the audit time frame, there have not been any (0) expressed concerns of fear for retaliation by staff due to having cooperated with, or having engaged, the PREA process. As such, there has not been a need to monitor any (0) staff for retaliation purposes during the audit time frame. (D) The auditor is not required to audit this provision. Reasoning & Findings Statement: This standard works to ensure agency protection against retaliation for reporting sexual abuse and sexual harassment, as well as having cooperated with an investigation regarding such. The KDOC has developed policies to ensure an active retaliation monitoring system, which provides for in-person status checks of residents. As a function of the retaliation monitoring process, the KDOC has enacted multiple protections measures for early onset detection of retaliation should it occur. During the audit time frame, the HCF has not substantiated any (0) incidents of retaliation. In speaking with the HCF PCM and Institution Investigator, their responsibilities within the retaliation monitoring process, which does include in-person status checks for residents, was clearly explained. In speaking with residents who had filed previous allegations of sexual abuse and sexual harassment, none (0) noted that they had ever experienced retaliation for participating in a PREA related facility investigation. Documentation review reflects that HCF staff are performing retaliation monitoring in accordance with policy. In total, the HCF has met the requirements of this standard.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19
- KDOC IMPP #20-105A, Basic Operations of Administrative Restrictive Housing, 5-13-22
- HCF Coordinated Response, 7-22-25
- HCF Incident Report: 2-10-24, 4-4-24, 4-24-24, 4-28-25, 7-10-25

Interviews:

- Facility Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Residents in Segregated Housing
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Observed restrictive housing areas.

Standard Subsections:

	(A) Policy (IMPP #10-103D) prohibits placing residents who allege sexual abuse or to be at a high risk of sexual abuse in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. As confirmed by the HCF Warden, within the audit time frame, the HCF has placed three (3) residents who have alleged sexual abuse or who are at a high risk of sexual abuse in the restrictive housing pending completion of their assessment. Per the HCF Warden, this placement was for the minimum amount of time necessary to ensure the safety of the resident. Reasoning & Findings Statement: The standard works to ensure that residents reporting allegations of sexual abuse are not simply segregated as an automatic response for ensuring their physical safety. To this effect, the KDOC has policies in place prohibiting the placement of residents who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been reached that there is no available alternative means of separation from likely abusers. Interviews with the HCF Warden and the HCF PREA Compliance Manager did acknowledge that if no other alternatives existed, residents would be placed in involuntary segregated housing. However, it was noted that the use involuntary segregated housing would be considered only as the last available option, and even at that, only as a temporary measure. During the audit time frame, the HCF placed three (3) residents alleging sexual abuse or sexual harassment within involuntary segregated housing. Per the HCF Warden, this placement was for the minimum amount of time necessary to ensure the safety of the resident. As such, the HCF has satisfied the requirements of this standard.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #12-116D, Polygraph Examination of Residents and Offenders, 8-8-24

- KDOC IMPP #22-103D, Investigation Procedures, 11-4-22
- Kansas Records Retention Schedules, 10-28-10
- HCF Coordinated Response, 7-22-25
- HCF List of Sexual Abuse and Sexual Harassment Allegations, 2024-2025
- HCF PREA Incident Checklist: 5-25-24, 7-10-25
- HCF Incident Report: 2-10-24, 4-4-24, 4-24-24, 1-4-25, 1-7-25, 1-15-25, 1-17-25, 1-22-25, 1-23-25, 2-13-25, 3-10-25, 3-14-25, 3-19-25, 3-25-25, 4-2-25, 4-4-25, 4-8-25, 4-28-25, 5-5-25, 5-6-25, 6-6-25, 6-25-25, 7-1-25, 7-7-25, 7-10-25, 8-14-25, 8-21-25, 8-26-25, 8-31-25, 9-1-25, 9-2-25, 9-3-25, 9-8-25, 9-17-25, 9-30-25, 10-7-25, 10-21-25, 10-25-25
- HCF EAI Investigative Report: 9-25-24, 11-4-24, 3-14-25
- HCF EAI Training, Specialized Investigations Training, 7-31-19
- HCF EAI Training, Trauma Informed Sexual Assault Investigations: 2-18-20
- HCF EAI Training, Dynamics of Sexual Assault: What Does Sexual Assault Really Look Like?, 12-16-21a, 12-16-21b
- HCF EAI Training, Effective Report Writing: Using the Language of Nonconsensual Sex, 12-15-21a, 12-15-21b
- HCF EAI Training, Forensic Examinations of Sexual Assault Victims and Suspects: Role of the Examination in Sex Crime Investigations, 12-20-21a, 12-20-21b, 10-28-25
- HCF EAI Training, Law and Investigation Strategy: What Kind of Sexual Assault Is This?, 12-16-21a, 12-16-21b
- HCF EAI Training, Preliminary Investigations: Guidelines for First Responders: 12-16-21a, 12-16-21b
- HCF EAI Training, Impact Victim: How Victims are Affected by Sexual Assault and How Law Enforcement Can Respond: 12-16-21, 10-18-24
- HCF EAI Training, Skill Development Summary: 7-31-19
- HCF EAI Training, Communicating Effectively and Professionally with LGBTI Offenders: 12-3-19a, 12-3-19b
- HCF EAI Training, PREA: Investigating Sexual Abuse in a Confinement Setting: 12-3-19a, 12-3-19b, 3-11-22a, 3-11-22b, 1-5-25, 11-4-25
- HCF EAI Training, PREA: Investigating Sexual Abuse in a Confinement Setting, Advanced Investigations: 12-3-19a, 12-3-19b

- HCF EAI Training, PREA: Your Role Responding to Sexual Abuse: 12-3-19a, 12-3-19b, 1-6-25
- HCF EAI Training, 64-Hour Adult, Adolescent, & Pediatric SANE SART Course: May 3-6, 2022a; May 3-6, 2022b
- HCF EAI Training, Crime Scene Processing and Recovery of Physical Evidence for Sexual Assault Scenes: 12-20-21a, 12-20-21b, 12-20-21c, 10-28-25
- HCF EAI Training, Effective Victim Interviewing: Helping Victims Retrieve and Disclose Memories of Sexual Assault: 12-20-21a, 12-20-21b, 11-8-24
- HCF EAI Training, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, 1-6-25
- HCF EAI Training, False Reports: Moving Beyond the Issues to Successfully Investigate and Prosecute Non-Stranger Sexual Assault, 10-18-24
- HCF EAI Training, Clearance Methods for Sexual Assault Cases, 11-12-24
- HCF EAI Training, The Investigative Process for Sex Crime Investigations and SANE SART, nd
- HCF EAI Training, Biological Evidence, 10-26-23
- HCF EAI Training, New Offender DNA Collection Data, 9-2-21
- HCF EAI Training, Kansas Chapter of International Association of Forensic Nurses, 5-26-21
- HCF EAI Training, Victim Impact: How Victims Are Affected by Sexual Assault and How Law Enforcement Can Respond: 12-16-21

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Reviewed investigator training certifications.
- Reviewed forty-three (43) sexual abuse/sexual harassment case files onsite.

Standard Subsections:

(A) Agency policy requires that investigations into allegations of sexual abuse and sexual harassment are done so promptly, thoroughly, and objectively for all allegations, including third-party and anonymously. A review of case files while onsite confirmed this process.

(B) Policy (IMPP #10-103D, IMPP #22-103D) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the PREA Compliance Manager and HCF EAI Investigators, said staff confirmed participation in said coursework; namely, Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums, employee training certifications, as well as completed training rosters, provide additional documentation to support facility compliance.

(C) Per policy (IMPP #10-103D, IMPP #22-103D), EAI Investigators and/or the PREA Compliance Manager gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy allows that EAI Investigators and/or the PREA Compliance Manager will interview alleged victims, suspected perpetrators, and witnesses. EAI Investigators and/or the PREA Compliance Manager are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator. Interviews with both EAI Investigators and the PREA Compliance Manager confirm facility compliance with agency policy. A review of case files while onsite further confirm this compliance.

(D) Policy (IMPP #10-103D, IMPP #22-103D) allows compel interviews only after consulting with the prosecution to determine if compelled interviews may be problematic for subsequent judicial hearings, if deemed appropriate. In speaking with HCF EAI investigators, it was noted that the facility had no concerns about bringing a case to the county prosecutor for review.

(E) Policy (IMPP #10-103D, IMPP #22-103D) requires that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not based on that individual's status as a resident or staff member. Policy further prohibits the use of a polygraph test or other truth-telling device as a condition of investigating allegations of sexual abuse or sexual harassment. EAI Investigators confirm that the credibility of the interviewed subject is, in fact, determined on an individual basis after considering the totality of the evidence presented. Documentation reviewed supports adherence to this criterion.

(F) Policy requires administrative investigations to consider whether staff actions, or failures to act, contributed to claims of sexual abuse and sexual harassment. The PREA Compliance Manager confirms that the credibility of the interviewed subject is, in fact, determined on an individual basis considering the totality of the evidence presented. As well, a review of case files reflects that all administrative investigations are documented in written reports. As a function on that documentation, these reports include a description of the physical evidence and testimonial evidence, as well as investigative facts and findings.

(G) Policy further requires that all criminal investigations are documented in written reports. As a function on that documentation, these reports include a description of the physical evidence, testimonial evidence, and documentary evidence. Reviewed documentation supports the facility's adherence to this policy.

(H) As noted by EAI Investigators and required by policy, all substantiated allegations of conduct that appear to be criminal in nature are referred for prosecution. Since the last PREA audit, there have been three (3) substantiated allegations of criminal conduct referred for prosecution. Relevant documentation was reviewed.

(I) Policy (Record Retention Schedule) requires that all KDOC Special Investigation Case Files, to include all sexual abuse and sexual harassment investigations, are retained indefinitely.

(J) Policy mandates that the departure of the alleged abuser or victim from the employment or control of the institution or KDOC does not provide a basis for terminating an investigation. Interviews with both EAI Investigators and the PREA Compliance Manager confirm facility compliance with agency policy. A review of case files while onsite further confirm this compliance.

	(K) The auditor is not required to audit this provision. (L) Policy (IMPP #10-103D, IMPP #22-103D) requires facility staff to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the PREA Compliance Manager and HCF EAI Investigators, it was confirmed that should an outside agency become involved with an institutional case, facility staff would remain involved of the process. Reasoning & Findings Statement: The EAI operates as the law enforcement branch inside of the KDOC and maintains an office inside each KDOC prison. As such, KDOC administrative staff conduct administrative investigations while the EAI staff conduct all criminal investigations for allegations of sexual abuse and sexual harassment. To perform administrative and criminal investigations, KDOC staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. EAI staff do have the authority to investigate criminal cases within the KDOC, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. EAI officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, EAI officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with the agency head and EAI staff, EAI officers and KDOC staff work collaboratively to facilitate communication between investigative processes. Lastly, it is noted that all PREA investigations are reviewed by the EAI to determine if the allegations necessitate a criminal investigation and/or subsequent criminal prosecution. As such, the HCF has met the requirements of this standard.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #22-103D, Investigation Procedures, 11-4-22

- Kansas Records Retention Schedules, 10-28-10
- HCF Coordinated Response, 7-22-25
- HCF List of Sexual Abuse and Sexual Harassment Allegations, 2024-2025
- HCF Incident Report: 2-10-24, 4-4-24, 4-24-24, 1-4-25, 1-7-25, 1-15-25, 1-17-25, 1-22-25, 1-23-25, 2-13-25, 3-10-25, 3-14-25, 3-19-25, 3-25-25, 4-2-25, 4-4-25, 4-8-25, 4-28-25, 5-5-25, 5-6-25, 6-6-25, 6-25-25, 7-1-25, 7-7-25, 7-10-25, 8-14-25, 8-21-25, 8-26-25, 8-31-25, 9-1-25, 9-2-25, 9-3-25, 9-8-25, 9-17-25, 9-30-25, 10-7-25, 10-21-25, 10-25-25

Interviews:

- Facility Warden
- PREA Compliance Manager
- HCF EAI Investigative Staff

Site Review Observations:

- Reviewed procedures for processing sexual abuse and sexual harassment allegations.
- Reviewed forty-three (43) sexual abuse/sexual harassment case files.

Standard Subsections:

(A) Policy (IMPP #22-103D, EAI Investigations Protocol Manual) clearly establishes the standard of proof required to substantiate claims of sexual abuse and sexual harassment; namely that the KDOC will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and sexual harassment are substantiated. Specifically, per the HCF EAI Investigators, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence.

Reasoning & Findings Statement:

	This standard works to ensure an objective evidentiary standard for administrative investigations. KDOC policy does require that investigative staff impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In speaking with the HCF Institution Investigator, it was noted that standard is simply more than half. Documentation review supports the facility’s adherence to agency policy. Accordingly, the HCF has met the requirement of this standard.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #22-103D, Investigation Procedures, 11-4-22 · Kansas Records Retention Schedules, 10-28-10 · HCF Coordinated Response, 7-22-25 · HCF List of Sexual Abuse and Sexual Harassment Allegations, 2024-2025 · HCF Incident Report: 2-10-24, 4-4-24, 4-24-24, 1-4-25, 1-7-25, 1-15-25, 1-17-25, 1-22-25, 1-23-25, 2-13-25, 3-10-25, 3-14-25, 3-19-25, 3-25-25, 4-2-25, 4-4-25, 4-8-25, 4-28-25, 5-5-25, 5-6-25, 6-6-25, 6-25-25, 7-1-25, 7-7-25, 7-10-25, 8-14-25, 8-21-25, 8-26-25, 8-31-25, 9-1-25, 9-2-25, 9-3-25, 9-8-25, 9-17-25, 9-30-25, 10-7-25, 10-21-25, 10-25-25 · HCF EAI Investigative Report: 9-25-24, 11-4-24, 3-14-25 · HCF Retaliation Monitoring Worksheet: 1-22-24, 1-31-24 · HCF Notice of Investigation Status: 2-5—24, 2-13-24, 3-5-24a, 3-5-24b, 1-23-25, 1-27-25, 2-6-25, 5-15-25, 5-21-25 Interviews:

- Facility Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring Retaliation
- EAI Investigative Staff
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Reviewed procedures for processing sexual abuse and sexual harassment allegations.
- Reviewed forty-three (43) sexual abuse/sexual harassment case files

Standard Subsections:

(A) Policy (IMPP #22-103D, EAI Investigations Protocol Manual) requires that the KDOC will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated. Following an investigation into a resident's allegation of suffering sexual abuse in an institution, EAI investigators will inform the resident as to whether the allegations were determined to be substantiated, unsubstantiated, or unfounded. During the audit time frame, HCF has completed forty-three (43) investigations of alleged resident sexual abuse and/or sexual harassment. A review of investigative files reflects that residents were notified in writing of the results of the investigation.

(B) Policy (IMPP #22-103D, EAI Investigations Protocol Manual) further requires that if the KDOC did not conduct the investigation, it shall request the relevant information from the law enforcement agency who did conduct said investigation so that the resident can be informed of the final disposition. In speaking with the HCF EAI Investigators, the communication process was discussed. However, during the audit time frame, no such cases (0) were investigated by outside agencies.

(C) Policy (IMPP #22-103D, EAI Investigations Protocol Manual) requires that when a resident has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the resident upon the following:

- a. The staff member is no longer posted within the resident's unit;
- b. The staff member is no longer employed at the facility;
- c. The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
- d. The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

A review of investigative files reflects that residents were notified in writing if any of the aforementioned conditions occurred.

(D) Policy (IMPP #22-103D, EAI Investigations Protocol Manual) requires that when a resident has filed allegations of sexual abuse against another resident, the agency must notify the resident whenever the alleged abuser has been:

- a. Indicted on a charge related to sexual abuse within the facility and
- b. Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(E) Policy (IMPP #22-103D, EAI Investigations Protocol Manual) requires that the agency issue in writing all notifications or attempted notifications regarding disposition to resident allegations of sexual abuse and/or sexual harassment. Interviews with the PREA Compliance Manager and the HCF EAI Investigators confirm adherence to said policy. Interviews with residents who have filed claims of sexual abuse or sexual harassment, as well as a review of documentation supports that residents are notified in writing upon the conclusion of all investigations.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure residents are provided notification of final disposition to any allegations of sexual abuse and sexual harassment that have been reported to agency staff. KDOC policy requires these notifications to be documented. HCF investigative staff confirm providing written notifications to residents when their allegations are determined substantiated, unsubstantiated, or unfounded. Additionally, HCF investigative staff confirm having informed residents who had filed substantiated sexual abuse and sexual harassment allegations against agency staff or other residents upon a change in the housing status for the abusive resident, a

	change in job status for the abusive employee, as well as the indictment or conviction of either person related to sexual abuse within the institution. Also, in speaking with residents who have filed sexual abuse and sexual harassment claims, those persons generally stated that they were provided with a final disposition to their claims. Within the audit time frame, HCF documentation reflects all residents still assigned to the KDOC were notified in writing of the final disposition to sexual abuse and sexual harassment claims as required by policy. As such, the HCF is operating in accordance with all parts of this standard.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #02-120D, Employee Disciplinary Procedures and Informal/Formal Actions, 5-7-15 · HCF Coordinated Response, 7-22-25 · HCF PREA Staff Training Rosters: January – May, 2025 · HCF PREA Acknowledgement Training: 1-12-24a, 1-12-24b, 1-12-24c, 1-12-24d, 1-12-24e, 2-7-24a, 2-7-24b, 2-7-24c, 2-7-24d, 2-21-24a, 2-21-24b, 3-6-24a, 3-6-24b, 3-6-24c, 3-6-24d, 3-6-24e, 3-6-24f, 4-17-24a, 4-17-24b, 4-17-24c, 4-17-24d, 4-17-24e, 5-14-24a, 5-14-24b, 5-14-24c, 5-14-24d, 5-14-24e, 7-10-24a, 7-10-24b, 7-10-24c, 8-7-24a, 8-7-24b, 8-7-24c, 8-7-24d, 8-7-24e, 8-7-24f, 8-21-24a, 8-21-24b, 8-21-24c, 8-21-24d, 8-21-24e, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-3-24a, 10-3-24b, 10-16-24a, 10-16-24b, 10-30-24a, 10-30-24b, 10-30-24c, 12-10-24, 12-11-24a, 12-11-24b, 12-11-24c, 12-11-24d, 12-11-24e, 12-11-24f, 1-8-25a, 1-8-25b, 1-8-25c, 1-8-25d, 1-8-25e, 1-8-25f, 1-8-25g, 1-8-25h, 1-8-25i, 1-8-25j, 1-8-25k, 1-8-25l, 1-8-25m, 1-8-25n, 1-8-25o, 1-8-25p, 1-8-25q, 1-8-25r, 1-8-25s, 1-8-25t, 1-8-25u, 1-8-25v, 4-2-25a, 4-2-25b, 4-2-25c, 4-2-25d, 4-2-25e, 4-2-25f, 4-2-25g, 4-2-25h, 4-2-25i, 4-2-25j, 4-16-25a, 4-16-25b, 4-16-25c, 4-16-25d, 4-16-25e, 4-16-25f, 4-16-25g, 4-16-25h, 4-16-25i, 4-16-25j, 4-16-25k, 4-16-25l, 4-16-25m, 4-28-25, 7-9-25a, 7-9-25b, 7-9-25c, 7-9-25d, 7-9-25e, 7-9-25f, 7-9-25g, 7-9-25h, 7-9-25i, 7-9-25j, 7-9-25k, 7-9-25l, 7-23-25a, 7-23-25b, 7-23-25c, 7-23-25d, 7-23-25e, 7-23-25f, 7-23-25g, 7-23-25h, 7-23-25i, 7-23-25j, 10-1-25a, 10-1-25b,

10-1-25c, 10-1-25d, 10-1-25e, 10-1-25f, 10-1-25g, 10-1-25h, 10-5-25, 10-15-25a, 10-15-25b, 10-15-25c

Interviews:

- Facility Warden
- PREA Compliance Manager
- Administrative (Human Resources) Staff
- Investigative Staff
- Random Staff

Site Review Observations:

- Review of staff disciplinary protocols for sexual abuse and sexual harassment determinations.

Reviewed forty-three (43) sexual abuse/sexual harassment case files.

Standard Subsections:

(A) Policy (IMPP #02-120D, IMPP #10-103D) clearly advises staff that employees will be subject to disciplinary sanctions up to and including termination for violating KDOC sexual misconduct policies. Interviews with the HCF PREA Compliance Manager, Facility Warden, and the HCF Institutional Investigators confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. Interviews with random staff reflect employee awareness to zero-tolerance policies for engaging in sexual abuse and sexual harassment of residents. During the audit time frame, there have been two (2) staff from the facility who have violated agency sexual abuse or sexual harassment policies. Within the audit time frame, two (2) staff have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.

(B) Policies (IMPP #02-120D, IMPP #10-103D) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through

discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of a resident.

(C) Policies (IMPP #02-120D, IMPP #10-103D) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. Interviews with the HCF PREA Compliance Manager, HCF Warden, and HCF Institutional Investigators confirm their adherence to agency policy specific to employee disciplinary processes for any employee in violation of agency policies relating to sexual abuse or sexual harassment other than having actually engaged in sexual abuse. During the audit time frame, there has not been any (0) staff member who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

(D) Policy (IMPP #02-120D, IMPP #10-103D) notes that staff found in violations of the agency's sexual abuse policies will be prosecuted to the fullest extent of the law. In that, the KDOC will aid in the persecution of any criminal charges to the fullest extent possible. Additionally, along with referrals to law enforcement agencies, staff, when appropriate, are also referred to the licensing board that governs their employment credentials. Interviews with the HCF PREA Compliance Manager, HCF Warden, and HCF Institutional Investigators confirm their adherence to agency policy specific to prosecutorial referrals.

Reasoning & Findings Statement:

This standard works to ensure staff who engage in sexual abuse and sexual harassment of residents are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The KDOC has made the consequences of engaging in sexual abuse and sexual harassment of residents exceptionally clear. During interviews with employees, contractors, volunteers, and residents, all such persons were aware of the agency's zero-tolerance policy against sexual abuse and sexual harassment. During the audit time frame, there have been two (2) employees of the HCF who have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. There has not been any (0) staff member who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). In all instances, appropriate administrative measures were taken to ensure facility compliance with this standard. As such, the HCF has satisfied all requirements of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #01-106D, Denial of Entry for Contract Personnel, 9-27-23 · KDOC IMPP #13-101D, Volunteering, 10-22-14 · HCF Coordinated Response, 7-22-25 · HCF Active Volunteer PREA Training, Annual Completion List: 4-8-25, 6-9-25, 9-10-25 · HCF Mentor/Volunteer Acknowledgement Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program, Volunteer: 4-18-22, 1-23-23, 7-17-23, 11-20-23, 1-22-24a, 1-22-24b, 1-22-24c, 1-22-24d, 1-22-24e, 1-22-24f, 1-22-24g, 1-22-24h, 1-22-24i, 1-22-24j, 1-22-24k, 1-22-24l, 1-25-24, 5-20-24a, 5-20-24b, 5-20-24c, 5-20-24d, 5-20-24e, 5-20-24f, 5-20-24g, 5-20-24h, 5-20-24i, 5-20-24j, 5-20-24k, 5-20-24l, 5-20-24m, 5-20-24n, 5-20-24o, 5-20-24p, 5-20-24q, 5-20-24r, 5-20-24s, 5-20-24t, 5-20-24u, 5-20-24v, 5-20-24w, 5-20-24x, 7-15-24a, 7-15-24b, 7-15-24c, 9-14-24a, 9-14-24b, 9-25-24, 11-18-24a, 11-18-24b, 11-18-24c, 11-18-24d, 11-18-24e, 11-18-24f, 11-18-24f, 11-18-24h, 11-18-24i, 11-18-24j, 11-18-24k, 11-18-24l, 3-4-25, 3-14-25, 3-15-25a, 3-15-25b, 3-15-25c, 3-15-25d, 3-15-25e, 3-15-25f, 3-15-25g, 3-15-25h, 3-15-25i, 3-15-25j, 3-15-25k, 3-15-25l, 3-15-25m, 3-15-25n, 3-15-25o, 3-15-25p, 3-15-25q, 3-15-25r, 3-15-25s, 3-15-25t, 3-15-25u, 3-15-25v, 3-15-25w, 3-15-25x, 3-15-25y, 3-15-25z, 3-15-25aa, 3-15-25bb, 3-15-25cc, 3-15-25dd, 3-15-25ee, 3-15-25ff, 3-15-25gg, 3-15-25hh, 3-15-25ii, 3-15-25jj, 3-15-25kk, 3-15-25ll, 3-15-25mm, 3-15-25nn, 3-15-25oo, 3-15-25pp, 3-15-25q, 3-15-25rr, 3-15-25ss, 3-15-25tt, 3-15-25uu, 3-15-25vv, 3-16-25a, 3-16-25b, 3-16-25c, 5-19-25a, 5-19-25b, 5-19-25c, 5-19-25d, 5-19-25e, 5-19-25f, 5-19-25g, 5-19-25h, 5-19-25i, 5-19-25j, 5-19-25k, 5-19-25l, 5-19-25m, 5-19-25n, 5-19-25o, 5-19-25p, 5-19-25q, 5-19-25r, 5-19-25s, 5-19-25t, 5-19-25u, 5-19-25v, 5-19-25w, 5-19-25x, 5-19-25y, 5-19-25z, 5-19-25aa, 5-19-25bb, 7-20-25, 7-21-25a, 7-21-25b, 7-21-25c, 7-21-25d, 7-21-25e, 7-21-25f, 7-21-25g, 7-21-25h, 7-21-25i, 7-21-25j, 7-21-25k, 7-21-25l, 7-21-25m, 7-21-25n Interviews:

- Agency Contract Administrator
- Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Contractors Who May Have Contact with Residents
- Volunteers Who May Have Contact with Residents

Site Review Observations:

- Review contractor/volunteer files

Standard Subsections:

(A) Policy (IMPP #13-101D) advises contractors and volunteers that no person should allow themselves to show partiality toward, or become emotionally, physically, or financially involved with residents, paroles, probationers, transitional controlees or their families, or establish any pattern of social fraternization said persons. Policy (IMPP #10-103D, IMPP #13-101D) further notes that any contractor or volunteer who engages in sexual misconduct is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies. Interviews with contracted staff and volunteers evidenced that the agency's zero-tolerance policy was institutionalized. A review of contractor/volunteer files and PREA training materials indicates that all such persons are aware of agency policy regarding the sexual abuse and sexual harassment of residents. During the audit time frame, there have not been any (0) contractors or volunteers found to have engaged in sexual abuse or sexual harassment of a resident.

(B) Policy (IMPP #10-103D, IMPP #13-101D) states that the facility will take appropriate remedial measures and terminate the contract or volunteer arrangement with independent contractors or volunteers or shall demand that the offending employee of a contractor be excluded from providing services under the contract. Interviews with contracted staff and volunteers evidenced that the agency's zero-tolerance policy was institutionalized. A review of contractor/volunteer files and PREA training materials indicates that all such persons are aware of agency policy regarding the sexual abuse and sexual harassment of residents. During the audit time

	frame, there have not been any (0) contractors or volunteers found to have engaged in sexual abuse or sexual harassment of a resident. Reasoning & Findings Statement: Policy expressly states that contractors and volunteers who engage in sexual abuse with residents will be removed from contact with residents pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. During the audit time frame, there have not been any (0) contractors or volunteers found to have engaged in sexual abuse or sexual harassment of a resident. During HCF contractor and volunteer interviews, both the prohibition against sexual abuse and sexual harassment of residents, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and HCF is in compliance with such.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #11-115A, Sex Offender Program, Management and Supervision, 6-18-24 · KDOC Resident Rule Book, 6-10-19 · Kansas Statute, 44-12-1001, Effective 7-13-07 · HCF Coordinated Response, 7-22-25 · HCF Initial PREA Acknowledgment Form: 12-17-13, 6-27-14, 2-4-16, 6-21-16, 7-28-17, 11-9-17, 11-9-18, 9-8-22, 12-13-22, 1-5-23, 6-14-23, 4-1-24, 9-16-24, 10-28-24, 12-13-24, 1-13-25, 2-6-25, 2-24-25, 8-4-25, 9-15-25 · HCF Comprehensive PREA Education Acknowledgement Form: 6-21-22, 12-13-22, 7-12-23, 1-4-24, 9-16-24a, 9-16-24b, 9-16-24c, 9-16-24d, 9-17-24a,

9-17-24b, 9-17-24c, 9-17-24d, 9-17-24e, 9-17-24f, 9-17-24g, 9-17-24h, 9-30-24a, 9-30-24b, 9-30-24c, 9-30-24d, 10-2-24a, 10-2-24b, 10-2-24c, 10-2-24d, 10-2-24e, 10-2-24f, 10-2-24g, 10-2-24h, 10-2-24i, 10-2-24j, 10-2-24k, 10-2-24l, 10-2-24m, 10-2-24n, 10-2-24o, 10-2-24p, 10-2-24q, 10-3-24a, 10-3-24b, 10-3-24c, 10-3-24d, 10-3-24e, 10-3-24f, 10-3-24g, 10-7-24, 11-4-24a, 11-4-24b, 11-5-24a, 11-5-24b, 11-6-24a, 11-6-24b, 11-6-24c, 11-6-24d, 11-25-24a, 11-25-24b, 12-3-24a, 12-3-24b, 12-31-24a, 12-31-24b, 12-31-24c, 12-31-24d, 12-31-24e, 12-31-24f, 12-31-24g, 12-31-24h, 1-2-25a, 1-2-25b, 1-2-25c, 1-2-25d, 1-22-25a, 1-22-25b, 1-22-25c, 1-22-25d, 1-22-25e, 1-22-25f, 1-22-25g, 1-22-25h, 1-23-25a, 1-23-25b, 1-23-25c, 1-23-25d, 2-4-25a, 2-4-25b, 2-4-25c, 2-4-25d, 2-4-25e, 2-4-25f, 2-4-25g, 2-4-25h, 2-4-25i, 2-4-25j, 2-5-25, 2-27-25a, 2-27-25b, 2-28-25a, 2-28-25b, 2-28-25c, 2-28-25d, 2-28-25e, 2-28-24f, 2-28-24g, 2-28-24h, 2-28-24i, 2-28-24j, 3-25-25, 4-10-25a, 4-10-25b, 4-10-25c, 4-10-25d, 4-10-25e, 4-10-25f, 4-10-25g, 4-10-25h, 4-10-25i, 4-10-25j, 4-10-25k, 4-10-25l, 4-10-25m, 4-14-25a, 4-14-25b, 5-5-25a, 5-5-25b, 5-5-25c, 5-5-25d, 5-5-25e, 5-5-25f, 5-5-25g, 5-5-25h, 5-5-25i, 5-5-25j, 5-5-25k, 5-5-25l, 6-1-25a, 6-1-25b, 6-2-25a, 6-2-25b, 6-2-25c, 6-2-25d, 6-3-25a, 6-3-25b, 6-23-25a, 6-23-25b, 6-23-25c, 6-23-25d, 7-11-25a, 7-11-25b, 7-11-25c, 7-11-25d, 7-11-25e, 7-11-25f, 7-11-25g, 7-11-25h, 7-11-25i, 7-11-25j, 7-11-25k, 7-11-25l, 7-11-25m, 7-11-25n, 7-11-25o, 7-11-25p, 8-7-25a, 8-7-25b, 8-7-25c, 8-7-25d, 8-28-25a, 8-28-25b, 8-29-25a, 8-29-25b, 9-1-25a, 9-1-25b, 9-2-25a, 9-2-25b, 9-2-25c, 9-2-25d, 9-2-25e, 9-2-25f, 9-2-25g, 9-2-25h, 9-2-25i, 9-2-25j, 9-2-25k, 9-2-25l, 9-2-25m, 9-3-25, 9-26-25a, 9-26-25b, 9-28-25a, 9-28-25b, 9-28-25c, 9-28-25d, 9-28-25e, 9-28-25f, 9-30-25a, 9-30-25b, 9-30-25c, 9-30-25d, 10-2-25a, 10-2-25b, 10-2-25c, 10-3-25a, 10-3-25b, 10-3-25c, 10-30-25a, 10-30-25b, 10-31-25

· HCF Annual PREA Acknowledgment Form: 11-21-21, 4-13-22, 1-2-24, 1-4-24, 4-30-24, 5-29-24, 7-27-24, 10-25-24, 1-14-25, 2-6-25, 2-7-25, 5-5-25, 6-2-25, 6-3-25, 8-19-25, 10-2-25, 10-20-25, 12-16-25

Interviews:

- Facility Warden
- PREA Compliance Manager
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Residents

Site Review Observations:

- Review of resident disciplinary files
- Review of forty-three (43) sexual abuse/sexual harassment case files

Standard Subsections:

(A) Policy (Kansas Statute, 44-12-1001, IMPP #10-103D) provides the standards associated with disciplinary hearings, to includes hearings related to resident-on-resident sexual abuse/sexual harassment. Policy (Kansas Statute, 44-12-1001, IMPP #10-103D) further notes that following an administrative finding that a resident engaged in resident-on-resident sexual abuse, said resident is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the audit time frame, the HCF has had six (6) instances of administrative findings of resident-on-resident sexual abuse, with no (0) subsequent criminal findings of guilt occurring at the facility. Relevant documentation was reviewed.

(B) Policy (Kansas Statute, 44-12-1001, IMPP #10-103D) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. As well, sanctions consider aggravating and mitigating factors. In speaking with the PREA Compliance Manager, it was noted that residents are disciplined in accordance to KAR 44-12-1001 for violations of statutes found in the Resident Rulebook. It was further noted that if the behavior also violated criminal law, new charges would be pursued.

(C) When determining a resident's disciplinary sanctions, policy (Kansas Statute, 44-12-1001, IMPP #10-103D) does consider how a resident's mental disabilities or mental illness contributed to his behavior. HCF disciplinary documentation reflects that the mental disabilities of residents are, in fact, given consideration during the disciplinary process.

(D) Per policy (Kansas Statute, 44-12-1001, IMPP #10-103D), residents found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex resident services. As noted by HCF Mental Health staff, programming and/or interventions services are provided to residents found to have engaged in sexual abuse.

	(E) Per policy (Kansas Statute, 44-12-1001, IMPP #10-103D), the KDOC may discipline a resident for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct. Interviews with the HCF Warden and HCF PREA Compliance Manager support the facility's adherence to this policy. (F) Per policy (Kansas Statute, 44-12-1001, IMPP #10-103D), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Interviews with the HCF Warden and HCF PREA Compliance Manager support the facility's adherence to this policy. (G) Per policy (Kansas Statute, 44-12-1001, IMPP #10-103D), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and resident-on-resident sexual abuse, which is defined as when one or more residents engage in sexual conduct, including sexual contact, with another resident against his or her will or by use of force, threats, intimidation, or other coercive actions. Interviews with the HCF Warden and HCF PREA Compliance Manager support the facility's adherence to this policy. Reasoning & Findings Statement: The resident disciplinary process is a formal means to address institutional misconduct. The HCF uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the HCF has processed six (6) administrative findings of guilt regarding resident-on-resident sexual abuse that occurred at the facility. There have not been any (0) criminal prosecutions resident-on-resident sexual abuse that occurred at the facility. Staff interviews confirm aggravating and mitigating factors are considered as a function of the disciplinary process. In considering agency policies, facility procedures, staff interviews, and resident comments, HCF is compliant with all disciplinary provisions as required under this standard.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19
- KDOC IMPP #16-104D, Consent and Refusal of Health Care Services, 11-1-21
- KDOC SVA Scoring, 2021
- Centurion, P-F-06a, Federal Sexual Abuse Regulations: 2018, 7-1-20
- Centurion, Consent to Evaluate Sexual Abuse Allegation Form, 3-23-17
- Centurion, Initial Evaluation Sexual Abuse Allegation Form, 3-20-17
- HCF Coordinated Response, 7-22-25
- HCF 14-Day Follow Up Assessment List, 2025
- HCF Known Aggressor Mental Health Referrals, 2024-2025

Interviews:

- PREA Compliance Manager
- Intake Staff
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Residents Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Medical Department and Risk Screening Areas
- Review of Medical/Mental Health PREA Screening Forms

Standard Subsections:

(A) Policy (IMPP #10-139D) requires that upon arrival, all HCF residents are screened for sexual abuse risk factors. If the assessment indicates that the resident has had prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within fourteen calendar days of the intake screening. Interviews with residents who reported previous sexual victimization verify that they were subsequently offered a follow-up meeting with Mental Health or that they were offered that follow up at the time of Intake. A review of mental health referrals, as well as conversations with medical and mental health staff, confirm the institutionalization of this practice. As noted by the PREA Compliance Manager, during the audit time frame, 100% of residents who disclosed prior victimization during intake screening were offered a follow-up meeting with a medical or mental health practitioner.

(B) Per policy (IMPP #10-139D), persons with a history of being sexually abusive must be referred for mental health services within 14 calendar days. In speaking with Mental Health staff, it is noted that the nature of the referral is in accordance with the individualized needs of each resident. As noted by the HCF PREA Compliance Manager, within the audit time frame, all residents received at the HCF who had previously perpetrated sexual abuse, as indicated during the risk screening received appropriate referrals to a mental health practitioner as required.

(C) Per policy (IMPP #10-103D, IMPP #10-139D, P-F-06a), regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days of the intake screening. Review of PREA assessment documentation verifies HCF's adherence to agency policy.

(D) Per policy (IMPP #10-103D, IMPP #10-139D, P-F-06a) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. 115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be 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 laws. As noted by medical and mental health staff

during the interview process, medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting. A review of documentation does support facility adherence to policy.

(E) Per policy (IMPP #10-103D, IMPP #10-139D, IMPP #16-104D, P-F-06a) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. §115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be 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 laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18 years or considered a vulnerable adult. In speaking with medical and mental health staff, it was noted that staff do require informed consent prior to reporting incidents of prior sexual victimization that did not occur in an institutional setting for all persons except juveniles and individuals with developmental disabilities. A review of documentation does support facility adherence to policy.

Reasoning & Findings Statement:

Policy (IMPP #10-139D) requires that upon arrival, all HCF residents will be screened for sexual abuse risk factors. If the assessment indicates that the resident had suffered prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within fourteen calendar days of the intake screening. Interviews with residents who reported previous sexual victimization verify that they were subsequently offered a follow-up meeting with Mental Health at the time of Intake. A review of mental health referrals, as well as conversations with medical and mental health staff, confirm the institutionalization of this practice. Within the audit time frame, all residents received at the HCF who previously perpetrated sexual abuse, as indicated during the risk screening, received appropriate referrals to a mental health practitioner as required. As noted by medical and mental health staff, the HCF is providing routine and regular medical screens and other health services in accordance to qualified medical assessments, as well as to policy. Documentation specific to the PREA assessment form for medical and mental health staff reflects the appropriate use of the screening tool to determine necessary housing and medical needs. Lastly, per agency policy, all residents except juveniles and individuals with developmental disabilities, are required to provide informed consent prior to facility staff reporting information about prior sexual victimization that did not occur in an

	institutional setting. Hence, the facility is meeting all provisions as established within this standard.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19 · KDOC IMPP #10-114D, Availability of Emergency Medical, Dental and Behavioral Health Services, 10-6-15 · KDOC IMPP #10-122D, Access to and Availability of Health Care Services, 10-15-15 · KDOC IMPP #16-101D, Non-Essential Medical Services and Procedures for Residents, 4-6-24 · KDOC IMPP #16-102D, Oral Health Care Services, 9-23-25 · KDOC IMPP #16-104D, Consent and Refusal of Health Care Services, 11-1-21 · KDOC IMPP #16-107D, Access to and Availability of Health Care Services, 8-6-25 · KDOC IMPP #16-108D, Availability of Emergency Medical, Dental, and Behavioral Health Services, 8-11-23 · KDOC IMPP #16-109D, Health Care Screenings, Assessments, and Evaluations, 8-8-24 · KDOC SVA Scoring, 2021 · KDOC Referral to Behavioral Health Care Services Form · Kansas Administrative Rule (KAR) #44-5-115, Resident Management, Service Fees · Corizon Health Services, #P-B-05.00, Response to Sexual Abuse, 7-1-16

- Centurion, P-F-06, Response to Sexual Abuse: 2018, 7-1-20
- Centurion, P-F-06a, Federal Sexual Abuse Regulations, 2018
- Centurion, P-F-06b, Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria, 11-2-18
- HCF Coordinated Response, 7-22-25
- HCF Medical Assessment: 1-10-24, 1-15-24, 1-18-24, 1-26-24, 2-1-24, 3-25-24, 9-24-24a, 9-24-24b, 10-30-24
- HCF Behavioral Health Assessment: 1-11-24, 1-19-24, 1-26-24, 2-1-24, 3-25-24, 8-8-24-9-25-24a, 9-25-24b, 11-4-24

Interviews:

- PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- Hutchinson Regional Medical Center Staff
- Security Staff and/or Non-Security Staff Who Have Acted As First Responders
- Random Staff

Site Review Observations:

- Observed Medical Department/Records Storage Area
- Review of Medical/Mental Health Screening Form
- Review of Medical Protocol for Emergency Services
- Modesty shields were in place and/or available most medical examination rooms.
- Review of forty-three (43) sexual abuse and sexual harassment investigations

Standard Subsections:

(A) In accordance with the KDOC and Centurion Health Care policy, all residents reporting sexual abuse will be escorted to health services as soon as possible. In interviewing medical and mental health staff, said staff confirmed the ability to treat residents in accordance to their professional medical judgement. It was further noted by medical and/or mental health staff, that if can staff cannot provide medical treatment that is evidentiary or medically appropriate, the resident will be transported to the Emergency Department (ED) for examination, treatment, and counseling.

(B) As noted by Medical/Mental Health staff, the facility maintains twenty-four (24) hour medical coverage, to include an on-call physician (IMPP #10-114D). Additionally, staffing requirements, and subsequent scheduling documentation, confirms the continuous availability of qualified medical and mental health staff. Lastly, during interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations.

(C) As noted by Medical/Mental Health staff, residents alleging sexual abuse will be transported to the area hospital where they will receive timely and appropriate prophylactic information and treatment for sexually transmitted diseases as medically appropriate (IMPP #10-114D). In speaking with medical staff, adherence to this policy was confirmed. In speaking with medical and hospital personnel, it was further noted that all medical precautions, to include appropriate prophylactic information and treatment for sexually transmitted diseases, are given to victims of sexual abuse. Residents who had previously made allegations of sexual abuse also confirmed that they had received medical and/or mental health treatment in a timely manner.

(D) Policy (IMPP #10-103D) allows that all residents claiming sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. These services are provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident (KAR #44-5-115). In speaking with medical staff, adherence to this policy was confirmed. Additionally, residents who had previously received medical treatment for allegations of sexual abuse confirmed that they were not charged a medical fee for said services.

Reasoning & Findings Statement:

This standard is designed to provide residents with access to emergency medical and

	mental health services. In this, facility staff meet all provisions within this standard. Policy allows that upon receipt of a resident into the Medical Department, medical staff shall determine the resident's course of treatment; specifically, what is medically indicated based on evidence collection or physical trauma. Resident interviews further acknowledge that residents are provided with appropriate medical and mental health treatment. Lastly, documentation reflecting access to medical and mental health care, to include outside services, was reviewed. In reviewing the totality of the information provided, the HCF has met the provisions of this standard.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #10-139D, Screening for Sexual Victimization and Abusiveness, 10-16-19 · KDOC IMPP #10-114D, Availability of Emergency Medical, Dental and Behavioral Health Services, 10-6-15 · KDOC IMPP #10-122D, Access to and Availability of Health Care Services, 10-15-15 · KDOC IMPP #16-101D, Non-Essential Medical Services and Procedures for Residents, 4-6-24 · KDOC IMPP #16-102D, Oral Health Care Services, 9-23-25 · KDOC IMPP #16-104D, Consent and Refusal of Health Care Services, 11-1-21 · KDOC IMPP #16-107D, Access to and Availability of Health Care Services, 8-6-25 · KDOC IMPP #16-108D, Availability of Emergency Medical, Dental, and Behavioral Health Services, 8-11-23 · KDOC IMPP #16-109D, Health Care Screenings, Assessments, and Evaluations, 8-8-24 · KDOC SVA Scoring, 2021

- KDOC Referral to Behavioral Health Care Services Form
- Kansas Administrative Rule (KAR) #44-5-115, Resident Management, Service Fees
- Corizon Health Services, #P-B-05.00, Response to Sexual Abuse, 7-1-16
- Centurion, P-F-06, Response to Sexual Abuse: 2018, 7-1-20
- Centurion, P-F-06a, Federal Sexual Abuse Regulations, 2018
- Centurion, P-F-06b, Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria, 11-2-18
- HCF Coordinated Response, 7-22-25
- HCF Medical Assessment: 1-10-24, 1-15-24, 1-18-24, 1-26-24, 2-1-24, 3-25-24, 9-24-24a, 9-24-24b, 10-30-24
- HCF Behavioral Health Assessment: 1-11-24, 1-19-24, 1-26-24, 2-1-24, 3-25-24, 8-8-249-25-24a, 9-25-24b, 11-4-24

Interviews:

- PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- Hutchinson Regional Medical Center Staff

Site Review Observations:

- Observed Medical Department/Records Storage Area
- Review of Medical/Mental Health Screening Form
- Review of Medical Protocol for Emergency Services
- Modesty shields were in place and/or available medical examination rooms.
- Review of forty-three (43) sexual abuse and sexual harassment investigations.

Standard Subsections:

(A) Policy (IMPP #10-103D) requires that all allegations of sexual assault must be evaluated immediately by the facility health staff. In providing this evaluation, medical services should follow medical policy, which includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical or mental health treatment to any resident who claimed to have been a victim of sexual abuse. In speaking with residents who were previously receiving mental health treatment services for sexual abuse allegations, they confirmed that upon request, they were allowed to speak with mental health staff at their assigned facility.

(B) In reviewing a collection of mental health policies, as well as speaking with Medical/Mental Health staff, it is evident that the KDOC offers continuing medical and mental health services to residents throughout their assignment to the KDOC, and if appropriate, follow-up care with an outside facility.

(C) As noted by Medical/Mental Health staff, agency policy requires that all victims of sexual abuse shall 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. If it is not medically appropriate to refer the resident to an outside hospital for a forensic exam, the resident is treated in the facility infirmary after evaluation by a primary care provider. In each instance, as confirmed by medical and mental health staff, related services are provided in accordance to the judgement of qualified health care providers.

(D) As required by policy, all resident victims who allege sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Interviews with Medical Staff confirm the facility's compliance with this provision. However, it is noted that the HCF does not have any biological females assigned to the facility. As such, pregnancy testing would not be medically appropriate.

(E) As required by policy, if pregnancy results from being a victim of sexually abusive vaginal penetration while incarcerated, the resident must be given timely and

comprehensive information about the timely access to all lawful pregnancy related medical services. Interviews with Medical Staff confirm the facility's compliance with this provision. However, it is noted that the HCF does not have any biological females assigned to the facility. As such, pregnancy related medical services would not be medically appropriate.

(F) Per staff assigned to the local hospital, when medically appropriate, victims are offered tests for sexually transmitted infections. In speaking with hospital staff, it was noted that all residents are provided medical services as appropriate for the nature of their concerns. Additionally, in speaking with HCF Medical staff, it was noted that any medication prescribed to a resident while at the local hospital would be reviewed/ continued by facility-based providers if deemed medically appropriate. In speaking with residents who had previously alleged sexual abuse, agency adherence to this policy was confirmed.

(G) Policy (IMPP #10-103D) requires that victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. In speaking with medical staff, as well as local hospital staff, adherence to this policy was confirmed. Additionally, HCF residents who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

(H) Policy (IMPP #10-103D, IMPP #10-139D) requires that mental health services will conduct mental health evaluations on known abusers within sixty (60) calendar days of learning of such history and offer treatment when deemed appropriate. In speaking with Mental Health staff, the need for known abusers to receive mental health services was stressed.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The HCF offers qualified and coordinated medical and mental health care regardless of a resident's ability to pay for said services. As appropriate, residents are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, agency policy requires that access to said treatment follows the resident throughout the KDOC system and can be coordinated with community care upon the resident's release from the KDOC. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that residents receive every aspect of sexual abuse treatment, addressing

	both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the HCF Medical and Mental Health Departments have collectively exceeded the provisions of this standard.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 · KDOC IMPP #12-118D, Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews, Sexual Incident Review, 3-28-18 · KDOC PREA Application User Manual, 12-20-17 · KDOC Memo, Retaliation Monitoring and SAIR Board Review, 6-29-23 · HCF Coordinated Response, 7-22-25 · HCF Sexual Assault Incident Review: 2-22-24, 4-10-24a, 4-10-24b, 8-21-24a, 8-21-24b, 8-21-24c, 10-25-24a, 10-25-24b, 12-6-24, 12-31-24, 2-18-25a, 2-18-25b, 4-25-25, 9-24-25 Interviews: • Agency PREA Coordinator • Facility Warden • PREA Compliance Manager • Incident Review Team Member Site Review Observations:

- Inspected Incident Review Team procedures
- Inspected Incident Review Team minutes
- Review of forty-three (43) sexual abuse and sexual harassment investigations.

Standard Subsections:

(A) Policy (IMPP #12-118D, IMPP #10-103D) indicates that a Sexual Abuse Incident Review (SAIR) Team shall review all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of the investigation. During the audit time frame, the HCF concluded ten (10) sexual abuse allegations, excluding only unfounded incidents. Accordingly, all such investigations were subject to a Sexual Abuse Incident Review.

(B) Policy (IMPP #12-118D, IMPP #10-103D) requires the SAIR Team to review all sexual abuse incidents, unless determined to be unfounded, within thirty (30) calendar days of the conclusion of investigation. During the audit time frame, the HCF concluded ten (10) sexual abuse investigations that were not deemed unfounded. Accordingly, per the HCF PREA Compliance Manager, the HCF has engaged Sexual Abuse Incident Reviews on all such investigations. Documentation evidencing the practice of Sexual Abuse Incident Reviews was examined to ensure these reviews ordinarily occurred within 30 days of concluding the investigation.

(C) Policy (IMPP #12-118D) requires that “each facility shall conduct a sexual abuse incident review coordinated by the facility PREA Compliance Manager at the conclusion of every sexual abuse investigation, including those in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. Per agency policy, the SAIR team shall include, at a minimum:

- The PREA Compliance Manager, or other staff designated by the warden/superintendent, as chairperson;
- The EAI Special Agent Supervisor or EAI Special Agent;
- A CSII/COIII (Lieutenant) or higher;
- A health care or mental health professional; and
- Additional staff as appointed by the warden/superintendent.

	(D) Policy (IMPP #12-118D) requires that the SAIR shall consider: · whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse, · Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility, · Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; · Assess the adequacy of staffing levels in that area during different shifts, and · Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Upon concluding the SAIR meeting, a report shall be prepared of its findings, as well as any recommendations for improvement. (E) Upon completion of the incident review report, “the facility shall implement the recommendations for improvement or shall document its reasons for not doing so” (IMPP #12-118D). In speaking with the HCF Warden, the responsibilities of the managing officer to implement SAIR recommendations was explained. Reasoning & Findings Statement: During the audit time frame, the HCF completed ten (10) sexual abuse investigations, excluding only unfounded incidents. As such, it was necessary to engage the Sexual Abuse Incident Review Team upon the conclusion of each investigation. A review of documentation reflects the ordinarily timely convergence of designated Sexual Abuse Incident Review Team staff members. In speaking with the HCF PCM, the HCF Warden, and the HCF Institutional Investigator, each person explained their role within the incident review process. As such, it is evident that the facility has procedures in place to engage incident reviews and that staff are knowledgeable in their obligations to the team. Accordingly, the HCF meets all requirements of this standard.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC Survey of Sexual Victimization: 2021, 2023
- KDOC Annual PREA Report: 2021-2024
- KDOC Contracted Facility Memo, PREA Data
- HCF Coordinated Response, 7-22-25
- HCF DOJ Survey of Sexual Victimization: 11-1-22, 3-29-23, 4-20-23

Interviews:

- Agency PREA Coordinator
- Facility Warden
- HCF PREA Compliance Manager

Site Review Observations:

- Extensive review of agency website/PREA section
- Reviewed 2024 Annual PREA Report

Standard Subsections:

(A) Policy (IMPP #10-103D) provides all staff within the KDOC a standardized set of definitions specific to sexual abuse/sexual harassment allegations. Policy (IMPP #10-103D) further mandates that all investigators will report their investigative summary and report, as well as other relevant documentation, “in as prompt a manner as possible.” In speaking with the HCF EAI Investigators, adherence to this provision was confirmed.

	(B) Policy (IMPP #10-103D) further requires that “the KDOC PERA Coordinator must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.” (C) Per the PREA Coordinator, the KDOC utilizes the U.S. Department of Justice, Bureau of Justice Statistics, Survey of Sexual Victimization, to report its statistical data. The data collection device includes information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics. (D) Per the HCF EAI Investigators, all case files entered into the EAI Case Log are maintained indefinitely. (E) Per the PREA Coordinator, the agency does require contracted agencies to collect incident-based and aggregated data. This data is made available to the public through review of the agency’s website. (F) Per the PREA Coordinator, the agency is required to provide aggregated data on sexual abuse and sexual harassment occurring within the KDOC to the Department of Justice (DOJ) upon request. If requested, this data would be provided to the DOJ no later than June 30th of each year. Reasoning & Findings Statement: This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on a monthly basis. That data is then aggregated and made available for public review. The HCF has complied with the timely collection of said data and subsequently furnishes it to appropriate entities as required. Hence, the HCF has met all provisional requirements and is in compliance with this standard.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC Survey of Sexual Victimization: 2021, 2023
- KDOC Annual PREA Report: 2021-2024
- HCF Coordinated Response, 7-22-25

Interviews:

- Agency Head
- Agency PREA Coordinator
- Facility Warden
- HCF PREA Compliance Manager

Site Review Observations:

- Extensive review of agency website/PREA section
- Reviewed KDOC Annual PREA Report, 2021-2024

Standard Subsections:

(A) Policy (IMPP #10-103D) requires the PREA Coordinator to review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Specifically, the KDOC works to identify problem areas, take corrective action on an ongoing basis, and prepares an annual report of its findings from the data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the KDOC Annual PREA Report for years 2021-2024 does reflect the intelligent use of said data.

	(B) A review of the KDOC Annual PREA Report for years 2021-2024 include annual statistics that compare 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. The PREA Coordinator confirms adherence to this policy. As well, the KDOC Annual PREA Report for years 2021-2024 does reflect the intelligent use of said data. (C) Policy (IMPP #10-103D) requires that upon completion of each year's Annual Internal Report on Sexual Assault Data, "the report shall be approved by the Director and posted on the DRC internet site." A review of the KDOC website indicates that upon approval from the agency director, the report is then made available to the public through the KDOC website. The PREA Coordinator confirms adherence to this policy. Furthermore, a review of the KDOC website finds all agency PREA reports publicly available: https://www.doc.ks.gov/facilities/prea/PREA_Annual (D) Policy (IMPP #10-103D) requires that "any information redacted from the report due to a clear and specific threat to the safety and security of the facility must indicate the reason for redaction." In speaking with the agency PREA Coordinator, it was noted that should the agency need to redact specific information other than publicly identifying statistics, proper procedural restraints would be applied. Reasoning & Findings Statement: This standard works to determine if agency, and by extension, facility base staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, HCF PREA Compliance Manager, and the HCF Warden, the manner in which these persons utilized the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the HCF has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19
- KDOC Survey of Sexual Victimization: 2021, 2023
- KDOC Kansas Records Retention Schedules, 10-28-10
- KDOC Memo, Aggregated Sexual Abuse Data
- KDOC Annual PREA Report: 2021-2024
- HCF Coordinated Response, 7-22-25
- HCF EAI Sexual Abuse and Sexual Harassment Case Log, 2024-2025
- HCF Memo, Data Link, 11-4-25

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Per the HCF EAI Investigators, all investigative data is retained permanently. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) The PREA Coordinator confirms agency compliance with this provision. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the

	public through the KDOC website. (C) The PREA Coordinator confirms that all personal identifiers have been removed from publicly available data. (D) Per the HCF EAI Investigators, all investigative data is retained permanently. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the KDOC website. Reasoning & Findings Statement: This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the KDOC PREA Coordinator, as well as the administration of the HCF, operate with transparency in government. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 KDOC PREA Webpage · HCF Coordinated Response, 7-22-25 · HCF Audit Notice, English · HCF Audit Notice, Spanish

Interviews:

- Agency PREA Coordinator
- Facility Warden
- PREA Compliance Manager
- Random/Targeted Staff
- Random/Targeted Residents

Site Review Observations:

- Onsite inspection of the entire HCF
- Review of documentation available via the KDOC PREA website

Standard Subsections:

(A) As evidenced by presence of facility audits on the KDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all KDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

(B) This is Audit Year 1 of Cycle 5.

(H) The auditor had full access to all areas of the facility.

(A) All documents requested by the auditor were received in a timely manner.

(A) The auditor was permitted to conduct private interviews with residents.

(B) Residents were permitted to correspond with the auditor using privileged mail

	processes. Reasoning & Findings Statement: Both the PREA Coordinator and the HCF PCM were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested incarcerated person functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the HCF. Accordingly, HCF has exceeded the provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: · KDOC IMPP #10-103D, Coordinated Response to Sexual Abuse and Harassment, 10-16-19 KDOC PREA Webpage · HCF Coordinated Response, 7-22-25 Interviews: • Agency PREA Coordinator • HCF PREA Compliance Manager Site Review Observations:

- Review of documentation available via the KDOC PREA website

Standard Subsections:

(F.) A review of the agency website reflects that the KDOC has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator affirms that all facilities within the KDOC have been audited, and their reports subsequently published, on the agency's website.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the KDOC does have an agency website and has made all facility PREA reports conveniently accessible to the public.

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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
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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
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115.12 (a) Contracting with other entities for the confinement of inmates

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
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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

	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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	yes

	U.S.C. 1997)?	
	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
	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 two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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,	na

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	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.)	na
115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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	yes

	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)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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 receive 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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	yes

115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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

	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	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
	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
115.43 (b) Protective Custody		
	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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c) Protective Custody		
	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

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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
115.52 (f)	Exhaustion of administrative remedies	
	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

	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	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?	
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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?	
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c)	Reporting to inmates	
	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 inmate 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
	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
	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
	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
115.73 (d)	Reporting to inmates	
	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
	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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	

	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	

	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	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, there has never been a Final Audit Report issued.)	
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