PREA Facility Audit Report: Final

Name of Facility: Kansas Juvenile Correctional Complex
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 11/08/2025

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: James J. Hill	**Date of Signature:** 11/08/2025

AUDITOR INFORMATION	
Auditor name:	Hill, James
Email:	jayh.assessor@gmail.com
Start Date of On-Site Audit:	09/22/2025
End Date of On-Site Audit:	09/24/2025

FACILITY INFORMATION	
Facility name:	Kansas Juvenile Correctional Complex
Facility physical address:	1430 Northwest 25th Street, Topeka, Kansas - 66618
Facility mailing address:	

Primary Contact

Name:	Jenny White
Email Address:	jenny.white@ks.gov
Telephone Number:	785-354-9800

Superintendent/Director/Administrator	
Name:	Candice Byrd
Email Address:	candice.byrd@ks.gov
Telephone Number:	785-354-9800

Facility PREA Compliance Manager	
Name:	Jenny White
Email Address:	Jenny.White@ks.gov
Telephone Number:	785-354-9800

Facility Health Service Administrator On-Site	
Name:	Soliel Wall
Email Address:	swall@teamcenturion.com
Telephone Number:	785-354-9800

Facility Characteristics	
Designed facility capacity:	307
Current population of facility:	155
Average daily population for the past 12 months:	154
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12.22.5 years old
Facility security levels/resident custody levels:	Maximum security
Number of staff currently employed at the facility who may have contact with residents:	231
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	70
Number of volunteers who have contact with residents, currently authorized to enter the facility:	52

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:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Valerie Watts	**Email Address:**	Valerie.Watts@ks.gov

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:	
28	• 115.313 - Supervision and monitoring • 115.316 - Residents with disabilities and residents who are limited English proficient • 115.317 - Hiring and promotion decisions • 115.321 - Evidence protocol and forensic medical examinations • 115.322 - Policies to ensure referrals of allegations for investigations • 115.331 - Employee training • 115.332 - Volunteer and contractor training • 115.333 - Resident education • 115.334 - Specialized training:

	Investigations • 115.335 - Specialized training: Medical and mental health care • 115.341 - Obtaining information from residents • 115.342 - Placement of residents • 115.351 - Resident reporting • 115.352 - Exhaustion of administrative remedies • 115.353 - Resident access to outside confidential support services and legal representation • 115.361 - Staff and agency reporting duties • 115.364 - Staff first responder duties • 115.367 - Agency protection against retaliation • 115.371 - Criminal and administrative agency investigations • 115.378 - Interventions and disciplinary sanctions for residents • 115.381 - Medical and mental health screenings; history of sexual abuse • 115.382 - Access to emergency medical and mental health services • 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers • 115.386 - Sexual abuse incident reviews • 115.387 - Data collection • 115.388 - Data review for corrective action

	• 115.389 - Data storage, publication, and destruction • 115.401 - Frequency and scope of audits
Number of standards met:	
15	
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:	2025-09-22
2. End date of the onsite portion of the audit:	2025-09-24

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:	Stormont Vail Hospital

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	307
15. Average daily population for the past 12 months:	154
16. Number of inmate/resident/detainee housing units:	20
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:	156
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:	1
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:	58
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:	1
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:	1
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:	1
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:	5

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:	1
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:	2
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:	19
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):	No text provided.
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:	226
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:	59

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:	38
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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
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
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Resident roster containing demographic information was used.
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 text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
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:	1
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:	1
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:	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.
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:	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.
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:	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.
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:	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.
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:	2
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:	2
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:	1
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

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
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 text provided.
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):	22
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
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:	2
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.	No text provided.

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).	No text provided.

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.).	No text provided.

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	4	0	4	0
Staff-on-inmate sexual abuse	8	0	7	1
Total	12	0	11	1

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	2	0	2	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	5	0	5	0

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	0	2	2
Staff-on-inmate sexual abuse	0	2	4	2
Total	0	2	6	4

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	1	0	0	0
Total	0	1	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	1	1	0
Staff-on-inmate sexual harassment	0	0	2	0
Total	0	1	3	0

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:	7

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:	4
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:	1
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:	3
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:	2
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:	3
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.	No text provided.

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, LLC

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #01-100D The mission of the Kansas Department of Corrections (KDOC) is "Partnering to Promote Safety and Responsibility through Best Practices." Accompanying this mission, KDOC's vision is "Transforming Lives for the Safety of All." Within its P&P, KDOC believes achievement of this mission relies heavily on the staff. The Kansas Juvenile Correctional Complex (KJCC), considered a juvenile confinement facility, is under the authority of KDOC. There were no other accreditations reported by the KDOC or KJCC. IMPP #10-103D KDOC has a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it directly operates or those under contract. Additional KDOC policies outline their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Within the policies, definitions of prohibited behaviors regarding sexual abuse and sexual harassment

	are included, in accordance with PREA standard §115.6. Keeping with the zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of a resident is termination. All terminations for violations of KDOC's sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, must be reported to relevant licensing bodies, as applicable. This policy also includes a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. For preventive measures, KDOC designates a PREA Coordinator (PC) to oversee agency efforts to comply with PREA standards. Additionally, each warden/superintendent must assign one (1) KDOC employee as the facility PREA Compliance Manager (PCM). Evidence review: Coordinated response for KJCC: This document covered what actions are to be taken in response to an allegation of resident sexual abuse and harassment. The plan coordinates actions taken by staff first responders, medical and behavioral health practitioners, investigators, and facility leadership, which includes the facility PCM. KDOC Organizational Chart: Document dated 1/15/2025, illustrated KDOC employs or designates an upper-level, agency-wide PC. PCM list 2025: This document illustrates KDOC has 10 facilities with designated PCMs and/or alternate PCM. In addition to the PCMs, there is one (1) agency PC. The KJCC PCM, who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards, is included on this list. KJCC organizational chart: Document dated 3/28/2024. This document illustrates KJCC employs a PCM, who reports to the Deputy Superintendent. Summary of interviews: Agency PC The PC reported having enough time to manage all PREA-related responsibilities. There were no additional job-related functions, as sexual safety in confinement facilities is a priority within KDOC. The PC conducts regular visits to the facility as necessary, including when there are requests to do so. Throughout KDOC, there are nine (9) facility PCMs. Additionally, there is one (1) PCM alternate, who is assigned to KDOC's work release program, which is considered a satellite unit of another facility. The PC works to be resourceful for each PCM, maintaining availability to assist. Emails are typically responded within 24 hours. Regular meetings are held with the PCMs, whether virtual or in-person, as well as individual and group settings. The PC's analysis on incident-based data is discussed during these meetings. PCMs beginning their roles meet with the PC for training, using material from the National

	PREA Resource Center (NPRC). If an issue with complying with a PREA standard is identified, discussions occur with the Director of Operations for input and implementation. Issues that appear to be case or facility-specific, the PCM is sought to provide additional input. An identified issue will also be discussed with the PCMs, inquiring if the issue is present throughout the agency. KDOC is constantly seeking ways to maintain and improve safety. Facility PCM The PCM reported having enough time to manage all PREA-related responsibilities. The PCM's efforts to coordinate KJCC's compliance with PREA standards include: conducting PREA-related trainings for new hires, conducting annual PREA-related trainings for all KJCC employees, circulating monthly training refreshers, assuring PREA-related signage is posted throughout the facility, review PREA-related incident reports for appropriate responses, and meets with agency-level officials (ie the agency PC) for status updates. If there is an issue in complying with a PREA standard, the PCM meets with the Superintendent and Deputy Superintendent to establish corrective active efforts. Topics addressed during these meetings could include: staffing patterns/positioning, observations from PREA-related incident reports, and recommendations to improve supervision efforts (ie cameras, mirror installations). All allegations, including rumors, of sexual abuse or sexual harassment are taken seriously, and immediately investigated. Residents are under constant staff supervision and escorted throughout the facility.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document summary: Memo dated by 8/9/2025, reports KJCC does not contract with any agency for the confinement of residents.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #12-137D This policy was established to ensure each KDOC operated facility develops, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against

	sexual abuse. The Staff Analysis Report is discussed within the procedures, mandating it must be completed annually. The Analysis Report addresses staffing levels, video monitoring or other technological needs, and resources the facility has available to commit to ensure adherence to its operational staffing plan, taking into consideration all eleven (11) components mandated in §115.313(a). Per policy, each time KJCC is not compliant with the operational staffing plan, the deviation(s) shall be justified and documented using the process required in policy. IMPP #10-103D KDOC requires each facility to develop General Orders reflecting the 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. 1) Each facility shall ensure that rounds occur periodically in all areas of the facility. 2) Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. 3) The rounds will be documented as “unannounced rounds” and readily accessible during audits as outlined in the facilities standard operating procedures. KJCC Post Order #1 requires the Shift Supervisor to make unannounced rounds of every occupied area of the facility no less than once per shift. KJCC Post Order #3 prohibits staff from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Evidence review: KJCC Staff Analysis report, dated 3/21/2025, signed by the Superintendent and PCM. This document address deviation from the staffing plan. The staffing plan covered all eleven (11) components mandated in standard §115.313(a) 2025-2026 Operational Staffing Plan, signed in February 2025. This document was signed by the Superintendent and Chief of Security. The uploaded spreadsheet reports the ADP was 163. Uploaded spreadsheet, most recent date of 7/31/2025, reported KJCC’s ADP as 154. When the Operational Staffing Plan was reviewed and signed in February 2025, the uploaded spreadsheet supports the ADP was 163. The PAQ listed unscheduled absences prior to shift and sick leave with poor notification account for unplanned temporary deviations in the staffing plan. Posts are closed and collapsed in accordance with the facility staffing plan to have the least impact on facility security. Posts may be put into single coverage for a minimal amount of time if staff arrive late to their shift as well. Single coverage documentation, capturing dates 1/5/2025 – 6/14/2025, illustrated five (5) occurrences of when staffing levels were below PREA requirements. Roster report, dated 12/27/2024, illustrates the staffing assignment, in accordance

	to shift and assignment. There are three (3) shift assignments, covering operations for 24 hours. The roster report seeks to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. KJCC uses an automated scheduling and management that records personnel assignment and scheduling. Reports varying by shift, dating July 2024 – June 2025 were forwarded to this auditor for review. The report is prepared by the shift lieutenant, which assists in maintaining staffing ratios at minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Documented unannounced round entries from July 2024 – June 2025 support completion in accordance with standard. The entries also illustrate the rounds are completed by staff ranked sergeant level or higher. These rounds were documented as occurring on all shifts. Summary of interviews: Agency PC The PC is consulted regarding any assessments of, or adjustments to, the staffing plan for KJCC. The assessments are conducted on an annual basis, often in January. Staffing plans are completed at the facility level, involving the PCM and KJCC administration. The staffing plan is then forwarded to the PC and KDOC SOC. Superintendent The Superintendent and PCM develops a staffing plan annually. Adequate staffing levels to protect residents against sexual abuse are considered in this plan. Staffing needs may change; however, the plan assesses staff need and placement. If necessary, deviations from the staffing plan are documented. Video monitoring consideration is part of this plan and frequently reviewed. Additional cameras are added when necessary. The staffing plan is documented and printed into a hard copy, then forwarded to the PC and KDOC SOC. KJCC follows guidance from the Center for Improving Youth Justice and National Commission on Correctional Health Care in relation to generally accepted detention and correctional practices. There are no current judicial, Federal, or internal/external findings of inadequacy against KJCC. The staffing plan considers all components of §115.313(a)(1) – (a)(11). The Superintendent checks for compliance with the staffing plan through daily shift notes, email communication, and documented deviations. Circumstances where KJCC has been unable to meet the requirements of the staffing plan include position vacancies and unscheduled absences. All instances and explanations of non-compliance with the staffing plan are documented and escalated to KDOC administration. Staffing ratios are determined by the established PREA standards. KJCC follows the 1:8 ratio during functioning hours and 1:16 during non-functioning hours. The facility maintains appropriate staffing ratios through monthly new hires and staff retention monitoring. Facility PCM The facility staffing plan considers generally accepted juvenile detention and correctional/secure residential practices, including: KDOC policies, physical plant layout and security, staff positioning and ratios, outcomes of internal PREA audits

	and external evaluations, substantiated and unsubstantiated investigative outcomes, installation of cameras and security mirrors, staffing during resident programming, and current resident population. KJCC does not have any current judicial, Federal investigative, or internal/external findings of inadequacies. Units are designed to house no more than 10-15 residents, and staffed accordingly. The staffing plan prepares for ratios of 1:8 during functioning hours and 1:16 during non-functioning hours. Any deviations from the staffing plan are brief/temporary and documented within facility records. Residents are screened for safety within 72 hours of admission. When assigning residents to a housing unit, known perpetrators are separated from known victims. If residents of both statuses are housed in the same unit, they are separated by tier. Residents who identify as lesbian, gay, bisexual, transgender, or intersex are not separated because of their status. Residents are housed according to the gender identification on their birth certificate. Intermediate/higher Level Staff The interviewees' rank is lieutenant, having voiced they have conducted unannounced rounds, in accordance with policy. Staff ranked sergeant or higher are responsible for conducting unannounced rounds in the facility. These rounds are documented in electronic logbooks. The interviewee reported the rounds are initiated at random times and locations to prevent staff from alerting others. It was noted that unannounced rounds are ingrained into the KJCC culture, so staff are aware that leadership may enter at any point. Site Review: KJCC was observed to operate in accordance with the most recent staffing plan. There were no observations of any deviations. Staff-to-resident ratios were observed to be compliant in the housing units, programming areas, resident work sites, educational area, and other locations where residents may access. This was observed during all shifts (functioning and non-functioning hours). Housing units housed 10-15 residents, and were observed to operate in appropriate staff-to-resident ratios. Cameras were observed throughout KJCC, especially where residents and/or staff may frequently access. Many of the areas with controlled or secure access had cameras nearby to monitor entry/usage. KJCC administrators have the ability to request additional camera equipment if found necessary. There were no observations of residents having access to unauthorized areas. Access controls were present throughout the facility, whether passage was allowed by monitoring security staff, or keys were required. Shift supervisors or higher were observed to have a frequent presence throughout the facility, including housing areas.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Policy review: IMPP #12-103 A pat-down or full-frisk search of residents may be conducted at any time or place. This agency policy prohibits cross-gender pat-down searches of residents, absent exigent circumstances. A strip search shall be performed by, and only in the presence of, employees of the same gender as the resident being searched, except in exigent circumstances. Absent exigent circumstances, any staff person witnessing the search, whether in person or via remote view camera observation, shall also be of the same gender as the resident being searched. Strip searches shall be conducted in a private place which prevents the search from being observed by those not assisting in the search, unless the residents sign a privacy waiver, or an emergency requires that the search be conducted immediately and there is no opportunity to move to a private area or behind a privacy screen. Staff are expected to be cognizant of transgender and intersex residents, conducting searches in a respectful, and least intrusive, manner as possible. In the event a cross-gender pat search, strip search, or visual body cavity search cannot be avoided, the facility shall document, providing justification. IMPP #10-103D Staff shall be aware of a resident's state of undress. The presence of staff of the opposite gender shall be announced prior to entering a housing unit and the announcement will be documented in the chronological log by the person making the announcement. Additionally, the presence of opposite-gendered staff shall be announced before entering restroom/shower areas where a resident would normally be undressed. A resident shall be able to shower and perform bodily functions without nonmedical staff of the opposite gender viewing them, except in exigent circumstances (as defined per national PREA standards) or when such viewing is incidental to routine security checks. If circumstances arise to where a cross-gender announcement could compromise the safety, security, and good order of the facility, then the Staff may declare the circumstances to be exigent and enter without an announcement to the restroom/shower area. All exigent circumstances shall be documented by the shift supervisor and the PCM must be notified. Exigent circumstances are defined by any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. To notify hearing impaired residents of cross-gender staff in the housing units, all housing units should display a sign indicating when a cross-gender staff member is present. P-F-06B (pertaining to contracted medical personnel and KDOC) Transgender patients will not be searched or examined by non-medical staff for the sole purpose of determining the patient's genital status IMPP #10-143D It is the policy of the KDOC to provide a safe and secure environment for all residents. A resident's biological sex and gender identity are recognized as factors in determining whether the resident is likely to become a victim of abuse in a

	confinement setting and must be considered in applicable decision-making processes regarding the resident. The Department screens residents to help identify potential aggressors and victims. No search or physical exam may be conducted by a non-medical person to determine a resident's genital status. The policy includes a form titled "Transgender Evaluation" which is to be completed by a mental health practitioner and medical provider. Additionally, there is a form titled "Transgender/ Intersex Placement Review", which is completed and approved at the agency level. Evidence review: Memo dated 8/9/2025 reports KJCC does not conduct cross-gender pat downs, strip searches, or visual body cavity searches. A separate memo of the same date prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Example of a created log to use in the event a strip search is conducted. The training titled "Searches 101 & Rules of Evidence" was reviewed and illustrated proper search techniques, including prohibitions against cross-gender searches. This was accompanied by a generated spreadsheet identifying employees who completed the training. Additional information: During the pre-audit phase, KJCC submitted photos of signs posted outside housing units, notifying individuals of the opposite gender to announce themselves upon entry. Logbook entries from July 2024- June 2025 demonstrate how staff document when opposite gender individuals enter a housing area. The PAQ reported there were no cross-gender searches conducted in the 12 months preceding the audit. Additionally, there were no reported searches conducted on individuals who identify as transgender/intersex for the sole purpose of determining gender identification. The PAQ reported all security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. This statement was accompanied by a generated spreadsheet identifying employees who completed a training titled "At Risk Populations and Professional Communication." Training attendees must sign a document confirming attendance/participation and comprehension of what was presented. Summary of interviews: Randomly Selected Residents (12) Opposite gender staff were reported as announcing their presence when entering the housing area or any area where residents shower, change clothes, or perform bodily functions. All residents denied being pat or strip searched by opposite gender staff.

	Resident identifying as Transgender The resident denied being strip-searched for gender determination. Randomly Selected Staff (12) All were aware of KDOC's policy to train staff on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. This topic was also covered during PREA training, which occurs during onboarding and then annually. All staff reported being restricted from conducting cross-gender pat-down searches, except in exigent circumstances. Staff were aware of what defines exigent circumstances; however, stated the facility always has male and female staff onsite, so having to do so would be unlikely. None of the staff reported searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status, saying this would most likely be determined prior to admission. Staff reported they are required to announce their presence when entering a housing unit that houses residents of the opposite gender. Residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Staff voiced they also announce themselves when beginning a round, allowing a resident an opportunity to cover themselves appropriately. Shower stalls only allow one (1) resident at a time, ensuring privacy and safety. Non-medical staff involved in cross-gender strip or visual searches All strip searches of residents are performed by staff of the same gender. There are two (2) staff present, with one (1) staff member being ranked sergeant or higher. Though unlikely, if an urgent circumstance required cross-gender strip or visual body cavity search, it would have to be approved by a supervisor. Site review: Each housing unit contained signs notifying opposite gender staff they must announce themselves when entering the unit. These signs were present in the joining hallway before entering the housing unit, as well as the sub control room, which is only accessible by staff. Opposite gender staff were observed announcing themselves prior to entering a housing unit or conducting a round. Resident cells contained a level of privacy that allowed bodily functions to be completed without cross-gender viewing. Showers only allow (1) resident to use at a time and also maintain a level of privacy to prevent cross-gender viewing. Strip searches are conducted in private areas, out of camera view, preventing any cross-gender viewing or other privacy violations. When speaking with staff, strip searches were only conducted when residents entered, or were returning to, the facility from being off campus, returning from visitation, or a safety threat was present. Staff conveyed a supervisor or higher must be present. Facility cameras were placed in a manner to where resident privacy was maintained when showering or performing other bodily functions. The auditor viewed camera footage in these areas, observing residents' privacy was maintained, and that opposite-gender staff would be unable to view.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D The facility shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. IMPP #10-138B This policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Evidence review: PREA education flyer provided at intake, in English and Spanish formats. PREA acknowledgement form in English and Spanish formats. KJCC PREA refresher correspondence, emphasizing that residents can only provide interpretation services unless there is a dangerous circumstance requiring an immediate need for assistance. Contract between KDOC and interpreter services. Services include document translation and interpretation services. Details included state regional access, languages formats, and costs for services. Instructions on accessing the interpreter were provided. PREA comprehensive brochure in English and Spanish formats. Email from 2023 emphasizing requirements in §115.316. Additionally, the facility submitted a memo, dated July 2025, identifying available staff members who can provide translation services for residents who are limited English Proficient and residents with disabilities. These staff members are considered fluent in Spanish and Arabic. The memo reminds staff that residents should not be used to translate anything that may be PREA or HIPAA related. Facility memo dated 8/9/2025, emphasizing IMPP #10-138D, prohibiting use of resident interpreters. The memo reports there was zero (0) occurrences of this action in the 12 months preceding the audit. Summary of interviews: Two (2) residents were asked questions using this interview protocol

	KJCC was reported as providing information about sexual abuse and sexual harassment in an understandable manner. One (1) resident referred to the posted signs and housing phone prompts. The other resident referred to the education pamphlet received from the Corrections Counselor. Both residents reported having staff assistance, when necessary, whether it is a physical handicap or understanding an assignment. Neither reported relying on another resident for assistance. KDOC SOC KDOC has established procedures to provide residents with disabilities or who are limited English proficient 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. Educational materials have been created using guidance from the National PREA Resource Center, as well as simplified for better comprehension. Materials are often designed and created in color, allowing the information to be easily distinguished. Educational material is also presented in video, and includes formats such as sign language and closed captioning. KJCC also maintains a current list of staff capable of speaking multiple languages. Approved KJCC staff interpreters are provided salary differential for this service. Randomly Selected Staff (12) All staff reported KJCC does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. There are several staff members to assist residents with unique needs, so there is no reliance on resident assistants. Site review: Two (2) of the random staff interviewed were capable and compensated for providing interpretive services for residents. Housing unit telephones provided prompts in Spanish, allowing residents access to reporting services, if needed. PREA education signage was observed to be posted throughout the facility in English and Spanish. The PCM also displayed a language transmitter that can immediately assist in communicating with a resident.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #02-126D KDOC policy requires that before it hires any new employee who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would

	work; and (c) consistent with Federal, State, and local law, makes 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. Policy prohibits KDOC from hiring or promoting anyone into a position who may have contact with residents that: 1) Has engaged in sexual abuse of residents in an institutional setting; 2) Has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion; or 3) Has been civilly or administratively adjudicated to have engaged in such activity. All incidents of sexual harassment perpetrated by an applicant against residents shall be considered in making hiring and promotional decisions. For KJCC, a Kansas Child Abuse and Neglect Central Registry check shall be completed on all new hires and promotional candidates, including contract employee candidates who may have contact with residents. A fingerprint check shall be completed on all new hires either in the approved computerized data base or through submission of fingerprints to the Kansas Bureau of Investigations (KBI) to complete the check. Candidates for any position shall be disqualified from further consideration for employment, and if hired, there shall be grounds for termination of employment, if: 1) the candidate refuses to execute or provides any false response to a question on the KDOC Security and Employment Information form or makes any material false statement to any question during the application, screening, or interview process while seeking employment or promotion, and/or 2) The candidate refuses to execute the KDOC Candidate’s Authorization and Request to Release Information form. In conjunction with the IMPP #02-126D, Attachment C considers any previous incidents of sexual abuse and/or sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Evidence review: Employee list dated July 2025 Contractor list (medical, mental health, and education) dated July 2025 KDOC Security and Employment Information Form KDOC candidate’s authorization and request to release information KDOC authorization and request to release information through Kansas Department of Children and Families. Letter example of how KJCC makes its best effort 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. This

	example illustrates how this effort is overseen by HR personnel. Completed criminal background and child abuse registry checks for the volunteers who were interviewed, illustrating compliance. Completed criminal background and child abuse registry checks, as well as employee self-report statements, were completed for all KJCC employees interviewed, illustrating compliance. Additional information: The PAQ reported 100% of persons hired or provided contracts in the 12 months preceding the audit received background checks in accordance with §115.317. Summary of interviews: Administrative Human Resources (HR) Staff Criminal record background checks are conducted for all newly hired employees, contractors, and volunteers who may have contact with residents. This is also the protocol for employees who may have contact with residents and are being considered for promotions. The facility also considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Before hiring new employees or contractors who may have contact with residents, KJCC consults the Kansas Department Children and Families (KDCF) registry. The Administrative HR staff reported the background checks are lengthy, as the packet used is typically 10 pages. The background checks are requested by the KDOC Enforcement, Apprehension, and Investigations (EAI) Division, which uses NCIC/NLETS for verification. Once the NCIC/NLETS report is received, the information is shredded. The EAI Division signs that the criminal background checks were conducted. Criminal background checks are conducted yearly. The Administrative HR conducts checks with KDCF. KJCC asks all applicants and employees who may have contact with residents about previous misconduct in written applications for hiring or promotions. KDOC employees have a continuing affirmative duty to disclose any previous misconduct. When a former employee applies for work at another institution, upon request from that institution, KJCC, with the assistance of the EAI Division, provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #01-123D New construction, renovation, or expansion of a facility shall comply with recognized

	professional correctional standards and applicable to federal and state statutes, rules and regulations. This shall include the PREA standards and consideration of the effect of such changes to protect residents from sexual abuse. Evidence review: Memo dated 8/9/2025, reported KJCC has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Summary of interviews: KDOC Secretary of Corrections (SOC) The SOC reported resident and staff safety is considered when designing, acquiring, or planning substantial modifications to facilities. Other considerations include how the architectural design affects the scope of work in relation to PREA-mandated compliance and overall safety. Video cameras were identified as the primary form of monitoring technology utilized, where installation considerations include potential supervision blind spots or areas identified as a place of need. The most updated video equipment is used, citing recent upgrades to the video system. The camera system allows for video retention, aiding investigative efforts when responding to an incident. Access to the camera review system is limited to agency/facility leadership and agency investigators. The SOC voiced a belief of never having enough cameras within the facility. Superintendent KJCC has not had any substantial expansions or modifications since the last PREA audit but would be considered in an effort to increase safety for residents and staff. The facility frequently considers using video monitoring technology to enhance residents' protection from sexual abuse. The Superintendent reported camera coverage was recently increased.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KDOC includes the Coordinated Response to Sexual Abuse and Harassment within its policies, addressing how allegations of sexual abuse will be investigated. This policy includes KDOC staff expectations from receipt/discovery of an allegation, protecting the alleged victim, preserving evidence, providing medical and mental health services, forensic interviews/examinations, and investigations. Additionally, this policy includes facility responses to assure a safe environment and that victim support services are offered/provided.

When medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the resident.

KDOC facilities must attempt to provide victims of sexual abuse victim advocacy services from
a local rape crisis center. If this is not possible, efforts must be made to provide victim advocacy services through a community-based organization or by a qualified staff member. The facility must document its efforts in doing so. If the community provider is not available, contact is to be made with one of the qualified staff trained in providing emotional support to resident victims of sexual abuse. Each facility must attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes.

IMPP #22-103
Per KDOC policy, the EAI Division is responsible for all investigations that cannot be resolved at the supervisory level or by an Equal Employment Opportunity (EEO) investigation. These investigation outcomes could result in the suspension, demotion, dismissal, or criminal prosecution of an employee. Policy mandates that all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. All allegations of misconduct or criminal activity received by EAI shall be reviewed and determined as to how the allegation will be handled. EAI will review the information and determine if the investigation should be conducted by that office or if the issues would be more appropriately handled through a different process.

Coordinated response and investigative protocols policies are intended to facilitate responses in accordance with §115.321(a) and §115.321(b).

IMPP #22-101D
This policy pertains to the esponsibilities of the EAI Director. EAI is headed by a director, who is responsible for the supervision of Special Agents assigned to facility and field operations. EAI will be responsible for the apprehension of fugitives, internal and criminal investigations, data gathering and dissemination, assisting federal, state and local law enforcement agencies, and will act as a liaison and resource for all intelligence data for outside agencies from the Department of Corrections. The Director answers directly to the Secretary of Corrections.

Summary of interviews:

Two (2) residents were questioned using this interview protocol
After learning about the incident, both residents were allowed to contact their family. Outside emotional support services were not mentioned.

Facility PCM
KJCC has a MOU with Lifehouse Child Advocacy Center (LCAC) for local emotional support, if needed. LCAC was vetted before initiating contact, which resulted in

	meetings being held regarding service details. The MOU is reviewed annually. The PCM assists residents in obtaining assistance through this local program. Additionally, for immediate emotional support, residents can use the housing unit telephones to contact Childhelp, a non-profit organization. Resident victims may request a victim advocate for emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. KJCC utilizes Stormont Vail Health for SAFE/SANE examinations, whom also has community advocate on staff. Randomly Selected Staff (12) The interviewed staff were able to verbalize an understanding of KDOC's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The staff referred to the Coordinated Response. Many of the staff interviewed pointed out the "Coordinated Response card", which is a reference that can be kept in-hand and referred to if an incident occurred. Staff knew residents should be separated if a sexual abuse allegation was made, being directed not to commit any actions that could compromise physical or DNA evidence. Additionally, staff knew to secure the area of the alleged incident and immediately notify the shift supervisor, in accordance with the Coordinated Response. The interviewed staff reported the PCM and the EAI Division would be responsible for conducting sexual abuse investigations. Stormont Vail Forensic Nurse Supervisor (Topeka, KS) It was reported that referrals for SAFE.SANE exams are not typical for KJCC residents, having no recollection of a previous occurrence. However, if needed, a KJCC resident could be taken to Stormont Vail Hospital for a SAFE/SANE. A SAFE/SANE could be provided anytime, as on-call support is available after hours. Stormont Vail Hospital also employs victim advocates; however, an advocate from outside the hospital would be allowed to support a resident if requested. The Nurse Supervisor could not recall if there was an MOU between the hospital and KJCC; however, the absence of an MOU would not prevent a SAFE/SANE from taking place.

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP # 22-103D Per policy, KDOC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Also in policy, KDOC ensures allegations of sexual abuse and/or sexual harassment are referred to the EAI Division, who has legal authority to conduct administrative and criminal

	investigations. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Evidence review: KDOC’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website (https-://www.doc.ks.gov/facilities/prea). The EAI Division was identified as the investigative agency. Memo dated 8/9/2025, reported KDOC/KJCC uses an internal application to centrally store all referrals of allegations of sexual abuse or sexual harassment for administrative and criminal investigations. Summary of interviews: KDOC SOC The SOC reported KDOC, in accordance with agency policy, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. This is illustrated through KDOC’s mandated Coordinated Response. When a Coordinated Response becomes necessary, protocols such as assuring the alleged victim and alleged perpetrator are separated, preserving evidence, securing the incident scene, and coordinate appropriate medical and forensic follow-ups are initiated. During the Coordinated Response, the facility PCM, EAI Division, and agency PC are included for guidance and updates. The EAI Division investigates all PREA-related allegations/incidents, including those in which the alleged victim or alleged perpetrator may no longer be housed within or associated with the agency. The agency PC maintains contact with the EAI Division for all PREA-related investigations. Additionally, the SOC indicated PREA-related incidents, investigative outcomes, and facility responses are reported to him. Criminal prosecution for PREA-related incidents occurs when the evidence warrants such. Two (2) EAI Division Investigators Agency policy requires allegations of sexual abuse or sexual harassment be referred to the EAI Division for investigation, as this is also part of the Coordinated Response. The EAI Division also has the legal authority to conduct criminal investigations.

115.331	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D

	This policy mandates all KDOC staff members receive training on topics described in §115.331(a). Additionally, the training is to be tailored to the gender of the residents at the facility, in accordance with §115,331(b). Employees who are reassigned from facilities housing the opposite gender are given additional training, as well as those who are transferring from an adult to juvenile facility, or vice versa, as required by §115.331(c). IMPP #03-104D This policy details officer certification and contractor requirements, both at orientation on an annual basis, in accordance with §115.331(c). Evidence review: The lesson plan titled, “Basic PREA Training” illustrates how required items listed in §115.331(a) are covered. The “Basic PREA Training Acknowledgment” illustrates how individuals receiving training detailed in §115.331(a) are required to provide a signature confirming they have received and understood the topics covered. Employees are expected to sign this form during the orientation and annual classes. This is aimed to meet the standard requirement in §115.331(d). Monthly “PREA Refresher emails” sent monthly by the PCM to KJCC employees, highlighting sexual safety topics. New employee PREA Training Acknowledgement Forms, ranging from August 2024 – August 2025. Annual PREA Training Acknowledgement forms, ranging from December 2024 – August 2025. Training records for all staff who were interviewed during the audit. Records indicated all staff were current on training in accordance to §115.331(a) and KDOC policy. Summary of interviews: Randomly Selected Staff (12) All interviewed staff reported being trained on required topics in §115.331(a)(1) – (a)(11). While being interviewed, all were able to voice comprehension of each topic. Training was reported as occurring during onboarding and annually.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	Policy review: IMPP #10-103D This KDOC policy mandates that all volunteers and contractors who have contact with residents be trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. IMPP #13-101D The level and type of training provided to volunteers and contractors is based on the services they provide, level of contact they have with residents, and as determined by the facility superintendent. Training in accordance with §115.332 must occur prior to resident contact and subsequently on yearly basis. This KDOC policy requires facilities to maintain documentation confirming that the volunteers and contractors understand the training they have received. Evidence review: Volunteer Power Point, dated 2024 was reviewed, illustrating that volunteers and contractors who have contact with residents are notified of KDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Annual volunteer Power Point, dated 2023, was reviewed, illustrating that volunteers receive yearly refreshers. Training records were observed for the volunteers and contractors (placed in §115.331) who were interviewed during the audit. Records indicated all were current on training in accordance to §115.332. Summary of interviews: Two (2) volunteers and three (3) contracted staff All reported being trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, in accordance with KDOC policy and procedure. Education training occurs yearly for volunteers and contractors. Monthly refreshers are emailed to contracted staff. Responses regarding what the training entailed included: potential signs of sexual abuse, dynamics of sexual abuse in a confinement facility, separating the victim and perpetrator, and expectation to report to leadership (including the PCM, who is also the volunteer coordinator). Contracted staff are also provided with a PREA coordinated response card, which aids ensuring proper response steps are taken. One (1) of the interviewees was assigned to the onsite clinic and able to provide additional insight on medical and mental health responses, including measures taken to assist the investigative process. All interviewed staff reported they were notified of KDOC's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed how to report such incidents.

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KDOC policy requires that during the intake process, residents must receive information explaining, in a manner clearly understood by the resident, 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 30 days of intake, KDOC policy requires that residents are provided comprehensive education in Person, or through video, regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. Residents must receive education upon transfer to a different facility of the policies and procedures of the resident’s new facility that differ from those of the previous facility. KDOC facilities must provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Resident PREA Orientation attendance must be documented and acknowledgement of receipt must be signed and kept in the resident’s master file. Policy requires that key information about KDOC’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Kansas Administrative Regulations (KAR) #44-15-204 Policy regarding Sexual Abuse and Harassment Grievances. This regulation provides procedures for sexual abuse and sexual harassment grievances, or retaliation for making a report. Evidence review: PREA Acknowledgement Form (English and Spanish versions), which KJCC residents sign confirming they have received information regarding: the zero-tolerance policy, reporting methods/options, local advocacy agency, rights to be free from sexual abuse and sexual harassment, right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such

	incidents. This information is provided in an age-appropriate fashion. PREA Flyer (English and Spanish versions), which are posted throughout the facility, providing information on: zero-tolerance policy, definition of sexual abuse and sexual harassment, notification of law against sexual abuse and sexual harassment, reporting methods (with phone numbers), notification that anonymous and third-party reports are allowed, and advocacy contact methods. This information is provided in an age-appropriate fashion. Resident-signed PREA Acknowledgement Forms, for education received during intake/orientation and refresher. Resident Handbook, displaying PREA information in accordance with §115.333, also provided in an age-appropriate fashion. Comprehensive brochure (English and Spanish versions), explaining history and intentions of PREA, residents rights to be safe, KDOC zero-tolerance policy, KJCC responses to reports of sexual violence, brief definition of forensic examinations, definitions of resident-to-resident and staff-to-resident sexual abuse and sexual harassment, notification that all sexual activity is not allowed and subjected to possible disciplinary action, reporting methods, notification of ability to report anonymous or third-party, and sexual advocacy contact information. PREA intake and refresher video for residents, which are available in English, Spanish, and sign language. The videos also contain captions. Signed receipt/acknowledgements of the residents interviewed were observed. These residents received resident education during the intake/orientation phase, then received semi-annual refreshers. Summary of interviews: Randomly Selected Residents (12) All interviewed residents voiced they were informed about their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and the right not to be punished for reporting sexual abuse or sexual harassment. KJCC rules against sexual abuse and harassment were also provided. The residents reported this information was provided upon entering the facility. Correctional Counselor 1 Residents are provided with information about the KDOC’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. All residents are provided the information during intake, even if they are only being transferred from another unit. Education is normally provided within one (1) to (2) hours of a resident being brought into the unit. The Correctional Counselor often refers to the PREA signage that is posted. PREA-related education is also discussed during risk assessments and reassessments. A KDOC video is also used to inform residents of PREA-related education. Education also includes informing residents of their right to be free from sexual abuse and sexual harassment, and to be free from

	retaliation for reporting such incidents. Site review notes: The facility reported there were no intakes scheduled when the onsite visit occurred. While interviewing the Correctional Counselor, the intake process was demonstrated. The Correctional Counselor demonstrated that each required topic in §115.333 was carefully explained in an understandable manner for each resident. After verbalizing the education, residents were to sign an acknowledgement receipt, then given a copy of the presented material. Staff are available to assist residents with limited English proficiency. The Correctional Counselor communicated PREA educational videos are available in multiple formats to assist residents. The PCM also displayed a language transmitter that assists in communicating with a resident. The auditor observed there were comprehensive PREA education postings throughout the facility, in various areas accessed by residents, staff, contractors, and visitors (also containing public access numbers). The PREA comprehensive education included information such as rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This signage was also in English and Spanish and were in a large enough font to accommodate someone with low vision. Resident Handbooks were also available to residents in the housing areas.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KDOC policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. EAI Investigations and Protocol Manual This documentation specifies investigative steps and protocols upon receiving an allegation of sexual abuse and sexual harassment within KDOC facilities. This manual also cites KDOC policy IMPP #10-103D, which was written in accordance with §115.334. Evidence review: Facility PCM training certificate confirming completion of specialized investigations training in accordance with §115.334. Corresponding training agenda was provided, confirming required topics were covered. Facility PCM and EAI investigator training certificate confirming completion of specialized investigations training in accordance with §115.334.

	EAI Chief Investigator training records. Specialized Investigator Training agenda covering topics specific to §115.334. Training records in accordance with §115.331 (record location) were observed for the investigators who were interviewed during the audit. Records indicated all were current on training in accordance to §115.331. Summary of interviews: Two (2) EAI Division Investigators In addition to training requirements of §115.331, both investigators reported receiving training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Reported training has been provided from various services, including: the Moss Group, National Institute of Corrections, and law enforcement/correctional conferences. Training has been received on-line and in-person. Topics addressed through these trainings include: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative or prosecution referral, Reid Technique, and Verbal Judo.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: KDOC IMPP #10-103D Requires medical and behavioral health staff training to include: how to detect and assess signs of sexual abuse and sexual harassment and preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility shall maintain documentation that medical and behavioral health practitioners have received the training. Medical and behavioral health care practitioners shall also receive the training mandated for staff members under §115.331 and/or §115.332, depending upon the practitioner’s status at the agency. Medical and behavioral health contractor policies (Y-B-05) in accordance with §115.335 and KJCC protocols. Medical and behavioral health contractor policies (Y-C-09) in accordance with §115.335 and KJCC protocols. Evidence review:

	KDOC presentation, titled “Specialized Training Medical & Mental Health Professionals”, meeting requirements in §115.335. Contractor training presentation, titled “PREA Overview”, meeting requirements specified in §115.335. KJCC Contractor roster and training record spreadsheet. Memo dated 8/9/2025, reporting SAFE/SANE exams are not conducted at the facility-level. Training records in accordance with §115.331 (record location) were observed for the medical and mental health practitioners who were interviewed during the audit. Records indicated all were current on training in accordance to §115.331. Summary of interviews: Two (2) Behavioral Health Therapists and one (1) Medical Health Professional Forensic examinations and SAFE/SANEs are not conducted onsite. Residents would be transported to Stormont Vail Health if there was a need for a forensic examination or SAFE/SANE. All reported receiving specialized training regarding sexual abuse and sexual harassment in accordance with topics described in §115.335, and was able to verbalize expected response actions. This training was received during onboarding and reoccurs annually through KDOC.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-139D This KDOC policy requires screening for victimization and abusiveness: an initial screening within 72 hours of intake and a full reassessment within 30 days of intake, aimed at enhancing safety and security for all residents, pursuant to §115.341. Within the initial 72 hours of intake and prior to placement in multi-occupancy housing, residents are to receive the initial risk screening prior to being placed into multi-occupancy housing; ensuring that no victim or potential victim of sexual abuse is housed with a sexual aggressor or potential sexual aggressor. Intake or designated facility staff conducts this assessment to ensure that relevant information is relayed to the appropriate parties (§115.341(e)) and document information in the assessment. This information is ascertained through conversations with the resident during the intake process and medical and mental

	health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral health records, and other relevant documentation from the resident's files. For juvenile residents, re-assessments must be completed every 180 days. A re-assessment should also be completed when: the facility's PCM notifies the counselor of that a triggering event, such as a substantiated PREA-related incident has occurred or the resident self-discloses an act of sexual predation or victimization In some cases, a staff member may request an override of a resident's internal classification score when he or she feels a higher or lower score is indicated. This may either be requested by the staff member conducting the instrument or by a staff member reviewing it. The request can be made at the end of the screening within the internal application portal. The staff member is required to provide justification to support the override and may then submit it for approval or disapproval. The PC is responsible for approving or disapproving all override requests. Staff responsible for housing assignments shall immediately be notified when a resident scores at risk for potential victimization or predation. Evidence review: Internal PREA application manual, which illustrates how to properly use the program and when screenings occur. Instructions on how to objectively use the internal application was also provided. The manual also specifies that access to this application is approved by the PC, assuring only necessary individuals access the program. Addendum to Internal PREA application manual, dated 2021, which provided instructions on identifying known victims and assuring they are housed separately from known aggressors. KJCC was able to illustrate how the risk assessments are tracked, providing spreadsheets reporting screening details, assessment scores, and subsequent staff actions. A user manual, dated September 2023, for the risk screening instrument was also provided and reviewed. The manual instructs staff completing the screening to assure this occurs in a private area to assure confidentiality (115.341(e)). A sample risk assessment questionnaire was reviewed, illustrating screenings are conducted using an objective screening instrument. This questionnaire was in accordance with §115.341(c) and §115.341(d), being also reviewed and approved by the PCM and PC. Risk assessments were reviewed for all residents interviewed onsite. Risk assessments were observed to be conducted during intake/orientation, periodically

(every 180 days), or after a significant event while in facility custody (including where a resident was the alleged victim or perpetrator).

Summary of interviews

Randomly Selected Residents (12)
Upon entering the facility, residents reported being asked questions regarding whether they were ever previously sexually abused, identified as LGBTI, the presence of any disabilities, and if there was a perception of being in danger of sexual abuse here within the facility. Many residents were unsure if the questions had been asked more than once.

Agency PC
In order to protect sensitive information from exploitation, KDOC policies outlines who may access a resident's risk assessment within the facility. Information is only distributed to/from certain individuals, including the PC, specific PCM (or alternate), and medical/mental health practitioners. The PC monitors the dissemination of sensitive information. The PCM assures required follow-ups occur within the facility when screening information suggests there is a need. Additionally, KDOC uses an internal PREA database, which can only be accessed by authorized individuals. Access roles are defined and limited to defined job roles. In example, Corrections Counselors can only access information specific to their job duties and caseload.

Facility PCM
Risk screenings are conducted during intake admission, orientation, and periodic reassessments, in a private setting. Screening questions are conducted by intake admissions staff and case managers. Residents are made aware of why the questions are being asked. Screening questions include behavioral/incident history. The risk screening scores assist in identifying a potentially vulnerable or sexually aggressive resident. To protect sensitive information, recorded risk assessments are stored in an internal database, and can only be accessed by authorized individuals (ie PCM, facility administration, mental health staff, and case manager). Individuals such as a teacher or security staff would not be able to access the risk screening.

Correctional Counselor 1
During intake, the Correctional Counselor screens residents upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. The screening occurs within 72 hours of intake. The initial risk screening considers past abuse occurring in home or placement, gender, sexual orientation, and victimization/perpetrator history. A screening instrument is used during the initial screenings, which are conducted in a private area. Screening questions are asked through conversing with the resident, with the responses being documented. Other relevant documentation is also considered. Resident risk levels are reassessed at least every 180 days or after an incident/event. KDOC has outlined who can access a resident's risk assessment. Information is distributed on a need-to-know basis. Individuals include Correctional Counselor, PCM, and others with approved access.

Additional interview note:

	There were two (2) additional residents who identified as LGBTI according to their risk screening score, which the auditor selected for interview. However, when the residents were interviewed, neither disclosed a status of LGBTI. These residents were responses were considered for the random interview protocol. Site review: The facility reported there were no intakes scheduled when the onsite visit occurred. The intake area was viewed during the site visit. The intake sergeant reported preliminary screening questions were asked in a private. The auditor observed the private setting, also noticing there was no collection of resident records that could be accessed by any unauthorized persons. While interviewing the Correctional Counselor, the screening process was demonstrated. Risk screenings occur in the Correctional Counselor's office, which is considered a private setting. The Correctional Counselor demonstrated that questions were carefully asked in an understandable manner for resident comprehension. The questions were asked in conversing format, meant to elicit responses. Responses are then entered into an internal data base by the Correctional Counselor, protecting information from reaching unauthorized persons.

115.342	**Placement of residents**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-139D The scores and information obtained from the risk screening is used to make determinations regarding housing, bed, work, education, and program assignments. The parameters of these determinations are specified at the facility level, per General Order. Residents with a known victim status or potential victim status and must only be housed with others classified as the same or those classified as unrestricted (UN). Residents with classified as known or potential aggressor must only be housed with others classified as the same or those classified as unrestricted (UN). Residents classified as unrestricted can be housed with any classification. Residents at a high risk for sexual victimization must not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made, the resident may be housed for less than 24 hours in restrictive housing while the assessment is completed. Residents placed in involuntary restrictive housing must not ordinarily remain for more than 30 days.

	Housing and programming considerations for transgender or intersex residents who are committed to the KDOC must follow the procedures outlined in IMPP #10-143D. The facility must not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established relating to a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. IMPP #10-143D If a resident self-identifies as transgender or intersex during the intake assessment for the risk screening, the resident must be referred to Medical and Behavioral Health for further evaluation. Upon receipt of the completed evaluation, the PC must convene the agency appointed accommodation committee to complete a placement review. The accommodation committee must make a recommendation on the placement review of the resident based upon all information reviewed. The PC must forward the completed placement review, Medical and Behavioral Health Evaluation and latest risk screening to the Secretary of Corrections/designee for final determination and placement decision. Following the Secretary's decision on the recommendation, it must be forwarded to the Classification Director, who must notify the facility of the decision. Facilities must not place transgender or intersex residents in dedicated buildings, units or wings solely on the basis of such identified status. For each transgender or intersex resident, the re-assessment must be completed at least twice per calendar year to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the resident. Evidence review: KJCC Housing plan illustrates how residents are housed throughout the facility. Residents are housed according to risk level, with specific statuses including potential victims, potential aggressors, and unrestricted. Housing plan also includes units identified specialized /treatment units with additional structure and supervision. Risk screening user manual, which provides guidance on professionally drawing information when interviewing residents, including those who identify as LGBTI. Sample risk screening form, illustrating questions include those required by §115.341, and are scored in an objective manner. Risk score spreadsheet which tracks the screening score for each resident, assigning a classification status. Memo dated 8/24/2024, indicates that KJCC does not assign residents to isolation/ restrictive housing solely on their assessment screening score. Memo dated 8/9/2025, indicates that KJCC does not assign residents to isolation/ restrictive housing solely on their assessment screening score.

	Memo dated 8/9/2025, indicates that all residents who are classified as a juvenile are housed at KJCC, regardless of gender identification. KJCC Housing plan, which was mentioned in standard discussion §115.341, illustrating how residents are assigned according to risk level. While reviewing the risk assessment data and screening scores of residents interviewed onsite, the auditor observed the KJCC Housing plan to be followed accordingly. Summary of interviews: Resident in Isolation (Restrictive Housing Unit) The resident reported having been assigned to the Restrictive Housing Unit on multiple occasions. Each assignment was described as lasting no longer than two (2) days, which included a temporary loss of privileges. Medical and mental health check-ins were conducted daily. Staffing meetings occurred daily to determine if a return to general housing was possible. Resident identifying as Transgender KJCC staff asked questions about safety upon arrival. The resident was never placed in a housing area assigned for only transgender or intersex residents. All residents shower privately. Agency PC KJCC does not have a special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. These residents are housed by safety and security classifications. The PCM monitors the risk assessment scores and will intervene if a resident is assigned a housing location for reasons outside of safety and security. Facility PCM Risk screenings are conducted privately during intake admission, orientation, and reassessments. The risk screening scores assist in identifying a potentially vulnerable or sexually aggressive resident. The risk screening score is reviewed prior to making a resident housing decision. KJCC does not have specialized housing unit(s) for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. Resident risk screening scores are used to assist in guiding housing decisions. Transgender/intersex residents are housed according to the gender on their birth certificate. Programs/services are not limited because of a resident’s LGBTI status. Placement and programming assignments for each transgender or intersex resident is reassessed every six (6) months, at minimum, unless a concern has been identified. The PCM reported frequently checking the status of these residents’ safety. In all housing decisions, KJCC considers whether the placement will ensure the resident’s health and safety, as well as if there would be any management or security problems. Mental health practitioners are also solicited for input. The resident’s own views with respect to his or her own safety is given serious consideration when making placement and programming assignments. In an effort to accommodate safety, all residents shower privately, using a single stall.

	Superintendent Residents are only isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe. This practice would only occur if needed. Temporary isolation would take place in the Restrictive Housing Unit, typically no more than four (4) hours. Correctional Counselor 1 KJCC uses information from the risk screening to keep residents safe and free from sexual abuse and sexual harassment. This includes housing and job assignments. Placement and programming assignments for each transgender or intersex residents are reassessed at least every 180 days. Transgender or intersex residents' own views of safety are given serious consideration in placement and programming assignments. Transgender and intersex residents are given the opportunity to shower separately from other residents. Staff who supervises residents in isolation Residents are not placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse. The Restrictive Housing Unit would most likely only be utilized if a resident was the alleged perpetrator. The Restrictive Housing Unit is only used for a temporary separation, which typically lasts no longer than a day. Residents are sent to the Restrictive Housing Unit for safety concerns. To knowledge, resident victims have never been placed in involuntary isolation from likely abusers. Residents are ordinarily placed in the Restrictive Housing Unit for 24-72 hours. Residents in isolation receive daily visits from medica and /mental health staff, as long as there is no present safety concern. A resident's status in the Restrictive Housing Unit is reviewed daily to determine if continued placement is needed. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional Residents who are placed in short-term isolation receive daily visits from medical and mental health care clinicians. Though isolation/seclusion periods typically last no longer than a few hours, the resident would be seen at least daily. Though a daily follow-up would occur, services would be delayed if there were any present safety issues concerning the resident.

115.351	**Resident reporting**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D There are multiple methods for a resident to report allegations of sexual abuse or sexual harassment. Such allegations may be reported verbally to any staff member or in writing, using a Form-9 or Resident Request to Staff. Residents can make a

	telephone report on any designated phone, free of charge. Calls may be placed anonymously, or the caller may provide identifying information at the caller's discretion. Additionally, KJCC residents can make a report to the Kansas Department of Children and Families, which is a separate entity from KDOC. The sexual assault helpline must be publicized in all KDOC facilities through posters, General Orders, notices, etc. Resident phones must have helpline instructions posted in a conspicuous location on or near the phones. ALL KDOC staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether it is in regard to a resident or another staff member. Staff may report to their supervisor, Appointing Authority, or EAI. Staff first responders are required to complete written reports/narrative/incident report prior to departing shift and submit to Shift Supervisor. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Staff, family members and others may report incidents or suspected incidents of sexual abuse by calling the toll-free number for Kansas Department of Children and Families. Retaliation against residents or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. All staff must report any allegations of retaliation to EAI or the PCM either verbally or in writing. Residents are encouraged to report retaliation as well. Evidence review: Reporting information, whether through phone or email, is provided on the agency website https://www.doc.ks.gov/facilities/prea KJCC flyers (in English and Spanish) provide residents with multiple internal and external reporting methods. KJCC comprehensive education (in English and Spanish) provide residents with multiple internal and external reporting methods. Memo, dated 8/9/2025, reports KJCC does not detain residents solely for civil immigration purposes. Signage reminding staff of the option and methods to make an anonymous/private report incidents of sexual abuse, sexual harassment, and/or retaliation for reporting such incidents. Site review: PREA signage was posted throughout the facility, which included how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The information was observed as readable and accessible, consistent, and placed throughout the facility to convey vital and specific sexual safety information. Posted sign language was easy to understand for the residents. Information specific to internal/external reporting was

observed. The PREA signage was accurate and consistent throughout the facility, accessible to residents, staff, contractors, and visitors (also containing public access phone numbers).

“Form 9” lock boxes were also observed in the housing units. Residents were also observed having access to their tablets, which could also access the “Form 9.”

An informal conversation was held with the mailroom staff. Though not a frequent occurrence, the mailroom staff voiced knowledge that legal mail correspondence is kept private and immediately given to the Correctional Counselor. The Correctional Counselor would provide the legal correspondence to the resident in manner consistent with legal mail, only checking to be sure there were no dangerous items within the envelope. The correspondence would be opened by the resident.

The auditor observed the storage of any information collected and maintained were in digital format, only accessible to authorized personnel. If information was printed, it was maintained in an area with some type of key/access control. Staff logbooks were entered into an electronic device, which is stored in a protective case, making it difficult to be accessed or destroyed by a resident.

Internal phone reporting notification emails were forwarded. Test calls were made during the audit walkthrough and were forwarded to auditor for review. The facility also forwarded prior examples of phone reports that were made prior to the audit, which were also forwarded for review. In all cases, the notification calls were forwarded to the PC, EAI Director, EAI Facility Investigator, Asst. Superintendent, and PCM.

While on site, the auditor tested the external (Kansas Department of Children and Families) entity reporting method. While able to reach KDCF through phones within the housing area, it was noted that if a call was made during peak business hours, callers may have to wait for periods up to an hour before making contact with a representative. This was heard in the KDCF voice recording, advising callers there was a wait. As an alternative, the facility provided prior external entity phone reporting notifications. The call notifications were received by specific agency and facility level personnel, similar to the internal phone reporting methods.

Summary of interviews:

Randomly Selected Residents (12)
All residents were able to provide examples of how they would report sexual abuse or sexual harassment that happened to them or another resident. Responses included telling a staff, calling the hotline, or completing a “Form 9” on their tablet. Most of the residents knew that a phone report could also be made to KDCF, instead of the internal hotline. All residents were aware that a report could be made anonymously. All residents were aware that a third party could make a report on their behalf.

Two (2) residents were questioned using this interview protocol
Both residents denied requiring staff assistance in submitting a written allegation.

	Randomly Selected Staff (12) All staff indicated they could privately report sexual abuse and sexual harassment of residents if desired. Many stated this could be done by going directly to the Superintendent, EAI, or using the internal hotline. All staff voiced feeling comfortable escalating to the shift supervisor. If a verbal report is received by a resident, staff are aware to contact the shift supervisor and submit documentation. Staff reported residents would most likely use their tablet (which can access the “Form 9”) to privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities. Residents can also tell a preferred staff member. Another method identified was that a resident could have a family member or another resident make a report on their behalf. Facility PCM KJCC provides residents with an electronic tablet which helps them make reports of sexual abuse or sexual harassment, retaliation by other residents or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents. The tablet has the ability to send a written report (also called a “Form 9”), which can be accessed by authorized individuals (ie PC, PCM, and facility administration) to initiate an appropriate response. Residents also have the ability to submit printed version of the “Form 9” and place in a lock box, accessible by assigned leadership personnel. In addition to these methods, residents can access a housing unit phone to make a report to an internal and external entity. Residents can choose to remain anonymous when making a report. Each housing unit phone provides instructions on how to contact the internal (KDOC) and external entity (KDCF) to make a report. All methods mentioned enable the receipt and immediate transmission of resident reports to KDOC and KJCC officials. These reports are forwarded to KDOC and KJCC officials within 24 hours.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: KAR #44-15-204 Special procedures for sexual abuse grievances; sexual harassment grievances and grievances alleging retaliation for filing same; reports of sexual abuse or sexual harassment submitted by third parties. Residents shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse by a staff member, contractor, or volunteer, or a grievance in which it is alleged that sexual abuse by another resident or by a staff member, contractor, or volunteer was

	the result of staff neglect or violation of responsibilities. Any resident may submit a grievance to security staff, a unit team member, or administrative personnel in person or by utilizing the resident internal mail system. Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance shall not be referred to a staff member who is the subject of the complaint. Each grievance alleging sexual abuse shall be returned to the resident, with an answer, within 10 working days from the date of receipt. In the grievance is escalated to the agency level, 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. Each resident submitting a grievance concerning imminent sexual abuse shall state the intentions by clearly writing ‘‘Emergency Sexual Abuse Grievance’’ on the grievance form. Each grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse shall be treated as an emergency grievance. After receiving an emergency grievance alleging imminent sexual abuse, the superintendent or designee shall provide an initial response within 48 hours and shall issue a final decision within five (5) calendar days. The initial response and final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. There shall be no time limit for submission of a grievance regarding an allegation of sexual abuse. After receiving an emergency grievance alleging imminent sexual abuse, the superintendent or designee shall provide an initial response within 48 hours and shall issue a final decision within five (5) calendar days. 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 and shall also be permitted to file these requests on behalf of any resident. If a third party files such a request on behalf of a resident, the alleged victim shall agree to have the request filed on their behalf. The alleged victim shall personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the facility shall document the resident’s decision. Any resident may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the grievance was made in bad faith. In this instance, a disciplinary report, as appropriate, may be issued.

KAR #44-15-106

Emergency grievances shall be forwarded immediately, without substantive review, to the level at which corrective action can be taken. Emergency grievances shall be expedited at every level.

IMPP #11-122J
This policy reiterates KAR #44-15-204. This policy also provides a sample grievance form, which illustrates there an option to make a sexual abuse allegation.

KDOC Article 15 – Resident Grievance Procedure (123-15-107)
This article outlines the resident grievance process, including those where sexual abuse, sexual harassment, and retaliation of such reports are alleged.

KDOC Article 15 – Resident Grievance Procedure (44-15-101b)
This article informs residents that if a grievance is filed one (1) year after the event, it may be subjected to return without an investigation. However, this article also allows a time extension on resolving the grievance is agreed upon, in writing, by the resident and staff answering the grievance. Appeal processes remain applicable.

Evidence review:

Memo, dated 8/9/2025, reported there were no grievances received in the 12 months preceding the audit alleging sexual abuse.

Summary of interviews:

Two (2) residents were questioned using this interview protocol
After the facility learned of the allegation, both residents were informed that a decision would be made about the report. Both residents were told advised by a staff member, verbally and written, about the outcome in a timely manner.

Site review:
PREA signage was posted throughout the facility, which included how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The information was observed as readable and accessible, consistent, and placed throughout the facility to convey vital and specific sexual safety information. Posted signage language was easy to understand for the residents. Information specific to emotional support services and internal/external reporting was observed. The PREA signage was accurate and consistent throughout the facility, accessible to residents, staff, contractors, and visitors (the public access phone number was provided).

“Form 9” lock boxes were also observed in the housing units. Residents were also observed having access to their tablets, which could also access the “Form 9.”

Internal phone reporting notification emails were forwarded. Test calls were made during the audit walkthrough and were forwarded to auditor for review. The facility also forwarded prior examples of phone reports that were made prior to the audit, which were also forwarded for review. In all cases, the notification calls were

	forwarded to the PC, EAI Director, EAI Facility Investigator, Asst. Superintendent, and PCM. While on site, the auditor tested the external (Kansas Department of Children and Families) entity reporting method. While able to reach KDCF through phones within the housing area, it was noted that if a call was made during peak business hours, callers may have to wait for periods up to an hour before making contact with a representative. This was heard in the KDCF voice recording, advising callers there was a wait. As an alternative, the facility provided prior external entity phone reporting notifications. The call notifications were received by specific agency and facility level personnel, similar to the internal phone reporting methods.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D Victims of sexual abuse shall be provided the brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM. The KDOC shall attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. If this is not possible, efforts shall be made to provide victim advocacy services through a community-based organization or by a qualified staff member. The facility shall document its efforts in doing so. The KDOC shall attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. Evidence review: Signage that provides residents with procedures and phone numbers for contacting victim advocates on a national (Childhelp) and local level (Lifehouse). The national service is a 24-hour helpline, while the local advocacy center can provide support to residents on a more personal level. The 24-hour line can be accessed through the residential housing phones. The local advocacy services can be coordinated through the PCM. Within the sign, residents are advised that contact with these agencies are confidential and not monitored. The signage also warns residents of consequences for any misuse of the 24-hour line. MOUs between Lifehouse and KJCC from 2024 and 2025. The MOUs detail the confidentiality expectation between Lifehouse and KJCC residents, unless there is a disclosure of a potential safety threat (self or others) or misuse use. Lifehouse provide services through mail and in-person, including during medical and investigative interviews. KJCC staff are to assist in coordinating ongoing support if

	services are engaged, including confidential access. The contained language indicates the MOU is examined yearly. Residents are given flyers and comprehensive education brochures (in English and Spanish), advising of protocols in accessing confidential emotional support services. The signs also inform residents that support is provide for previous abuse occurring outside the facility. Residents are also informed, prior to accessing these services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any confidentiality limits (ie potential harm to self or others in the facility). Memo dated 8/9/2025, advises KJCC does not detain residents solely for civil immigration purposes. KJCC residents are provided with a resident handbook, which provides information regarding the right to confidential contact and communication with their attorney, the Superintendent, clergy, and the Deputy Secretary. Additionally, residents are informed of their right to reasonable contact with their parent guardian, whether through telephone calls, mail, and/or visitation. Summary of interviews: Randomly Selected Residents (12) The majority of the residents interviewed were unaware of outside emotional support services. These services were often confused with the onsite Behavioral Health Services. Due to KJCC being a state facility, none of the interviewed residents had access to an attorney. All residents reported having reasonable access to parents/legal guardians through phone calls and visitation. Two (2) residents were questioned using this interview protocol Both residents were able to contact their family after the facility learned of the allegation and received mental health follow-up. However, there was no mention of attorney contact or outside emotional support services being received. Neither resident had an attorney of record. Superintendent Residents are provided with reasonable access to their parents or legal guardians through monitored visits and general telephone access. KJCC would provide residents with reasonable and confidential access to their attorneys through (monitored) private visitation and phone access. If phone contact with an attorney was needed, the resident’s case manager would coordinate this process by allowing access to their office phone, monitoring for safety (not violating attorney-client privileges). Facility PCM As long as there is no present court order preventing contact to a resident’s parents or legal guardian, KJCC provides reasonable access through visitation and phone privileges. Any notes about parent/guardian contact would be present in a resident’s

file. KJCC residents typically do not have an attorney retained, due to no longer being under juvenile court jurisdiction. However, if there is a request or need for attorney contact, this could be coordinated with the resident's case manager, in a private setting.

Correctional Counselor 2
The Correctional Counselor answered questions regarding resident mail protocols. It was reported all outgoing mail is scanned for content before being sealed departing the facility. The outgoing address is checked to assure the mail is not being sent to prohibited persons. The Correctional Counselor reported they do not handle incoming mail, but would sign for any legal mail, then deliver to the resident. The resident would open the mail in the presence of the Correctional Counselor, only to assure there was no contraband or other prohibited items. Legal mail is not scanned by the Correctional Counselor. There was no recollection of ever receiving mail from an emotional advocate or rape crisis center.

Stormont Vail Forensic Nurse Supervisor (Topeka, KS)
It was reported that referrals for SAFE.SANE exams are not typical for KJCC residents, having no recollection of a previous occurrence. However, if needed, a KJCC resident could be taken to Stormont Vail Hospital for a SAFE/SANE. A SAFE/SANE could be provided anytime, as on-call support is available after hours. Stormont Vail Hospital also employs victim advocates; however, an advocate from outside the hospital would be allowed to support a resident if requested. The Nurse Supervisor could not recall if there was an MOU between the hospital and KJCC; however, the absence of an MOU would not prevent a SAFE/SANE from taking place.

Site review:
PREA signage was posted throughout the facility, which included how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The information was observed as readable and accessible, consistent, and placed throughout the facility to convey vital and specific sexual safety information. Posted signage language was easy to understand for the residents. Information specific to emotional support services and internal/external reporting was observed. The PREA signage was accurate and consistent throughout the facility, accessible to residents, staff, contractors, and visitors (the public access phone number was provided).

An informal conversation was held with the mailroom staff. Though not a frequent occurrence, the mailroom staff voiced knowledge that legal mail correspondence is kept private and immediately given to the Correctional Counselor. The Correctional Counselor would provide the legal correspondence to the resident in manner consistent with legal mail, only checking to be sure there were no dangerous items within the envelope. The correspondence would be opened by the resident. This would be the same process for mailings to/from emotional support services, which was also reported as not common.

There were initial issues when testing phone contact for emotional support services (Childhelp). Due to the reason being unknown, the PC immediately submitted a

	service request, initiating correctional efforts. The service entity tested the contact method and found no issues. After conveying this information to the PC, emotional support services were able to reached from the housing area. This information was reported back to the service entity via email, and forwarded to the auditor for record. Posted PREA signage contained information on accessing emotional support services. Telephones in the housing area provided assistance on how to access emotional support services. Correctional Counselors offices were located in the Housing Unit, which would allow residents the ability to privately speak with emotional support services.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	IMPP #10-103D Staff, resident family members or others may report incidents or suspected incidents of sexual abuse by calling the KDOC sexual assault hotline. Allegations of sexual abuse or harassment reported through the third-party reporting line must be confidential and may remain anonymous at the request of the reporting party. These calls must be forwarded to EAI for investigative follow-up. For KJCC residents, staff, family members and others may report incidents or suspected incidents of sexual abuse by calling the toll-free number to Kansas Department of Children and Families. Evidence review: Third party reporting information, including phone and/or email contact is provided through the KDOC website (https://www.doc.ks.gov/facilities/prea).

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D All staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is in regard to a resident or another staff member. Staff

	may report to their supervisor, Appointing Authority, or EAI. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Apart from reporting to designated supervisors, staff must not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. For KJCC residents, any staff who witnesses, suspects, or receives a report that a resident is a victim of sexual abuse/harassment can make a report to Kansas Department of Children and Families. Retaliation against residents or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. All staff must report any allegations of retaliation to EAI or the PCM either verbally or in writing. Residents are encouraged to report retaliation as well. IMPP #10-140J This policy mirrors IMPP #10-103D, but is specific to KJCC staff, contractors, and volunteers. Evidence review: First Responder Card (Coordinated Response instructions), which is provided to all KJCC employees, informing of proper responses to sexual abuse allegations. Summary of interviews: Randomly Selected Staff (12) All interviewed staff voiced being required by KDOC policy to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they are expected to report all information related to sexual abuse to the shift supervisor and submit a written report. Superintendent All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are accepted and investigated accordingly by the EAI Division. When the facility receives an allegation of sexual abuse from another facility/agency, the EAI Division is also notified to initiate the investigation process. KJCC would also initiate facility-to-facility communication and to case management (ie parole/probation offices) would occur if applicable. If the resident victim is under the guardianship of KDCF, the allegation would be reported to the assigned caseworker as opposed to the parent. Notification of an alleged sexual abuse incident is made to the appropriate parties by shift's end, within a day. Due to KJCC being a state facility, juvenile courts typically do not retain jurisdiction over potential resident victims. However, if a resident victim has an attorney of record, the same notification protocols would be applied immediately.

	Facility PCM Allegations of sexual abuse and sexual harassment are reported to the EAI Division for investigative follow-up. Resident parents/guardians are also notified of the allegation. If the resident victim is under the guardianship of KDCF, the same notification and methods will also apply. KJCC residents are typically not under the supervision of a juvenile court. However, if a resident has an attorney of record, the same notification would occur. In all cases, guardianship contact occurs within 24 hours. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional All reported disclosing the limitations of confidentiality and the duty to report, prior to the initiation of services to a resident. There is a requirement to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the shift manager, in accordance with the coordinated response. Two (2) of these individuals recalled a previous experience where following this protocol was necessary. One (1) of the interviewees reported not having a previous experience of this nature, but verbalize the KDOC expectations regarding immediately reporting to facility leadership if a report is received. Site review: PREA signage was posted throughout the facility, which included how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The information was observed as readable and accessible, consistent, and placed throughout the facility to convey vital and specific sexual safety information. Signage language was easy to understand for the residents. Information specific to emotional support services and internal/external reporting was observed. The PREA signage was accurate and consistent throughout the facility, accessible to residents, staff, contractors, and visitors (which included a public access line). Internal phone reporting notification emails were forwarded. Test calls were made during the audit walkthrough and were forwarded to auditor for review. The facility also forwarded prior examples of phone reports that were made prior to the audit, which were also forwarded for review. In all cases, the notification calls were forwarded to the PC, EAI Director, EAI Facility Investigator, Asst. Superintendent, and PCM. While on site, the auditor tested the external (Kansas Department of Children and Families) entity reporting method. While able to reach KDCF through phones within the housing area, it was noted that if a call was made during peak business hours, callers may have to wait for periods up to an hour before making contact with a representative. This was heard in the KDCF voice recording, advising callers there was a wait. As an alternative, the facility provided prior external entity phone reporting notifications. The call notifications were received by specific agency and facility level personnel, similar to the internal phone reporting methods

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #10-139D Residents with a known victim status or potential victim status and must only be housed with others classified as the same or those classified as unrestricted (UN). Residents at a high risk for sexual victimization must not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made, the resident may be housed for less than 24 hours in restrictive housing while the assessment is completed. Residents placed in involuntary restrictive housing must not ordinarily remain for more than 30 days. KAR #44-15-204 Each grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse shall be treated as an emergency grievance. After receiving an emergency grievance alleging imminent sexual abuse, the superintendent or designee shall provide an initial response within 48 hours and shall issue a final decision within five (5) calendar days. The initial response and final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Evidence review: The PAQ reported that within the past 12 months, there were no determinations made of a resident being at substantial risk of sexual abuse. Summary of interviews: KDOC SOC There is a zero-tolerance policy for any sexual abuse or sexual harassment within the agency. Upon learning that a resident is subject to a substantial risk of imminent sexual abuse, protective measures including separation from the potential threat, are immediately initiated. KDOC staff are expected to respond to these types of risk reports without delay. Facilities then initiate appropriate response efforts to assure the safety of the potential victim. Support services for the potential victim are offered and provided. Superintendent Upon learning that a resident is subject to substantial risk of imminent sexual abuse, the facility works to immediately assure separation from the potential threat. Separation includes transfer to another housing unit (maintaining same risk level) or reassigning staff. A referral is made to Behavioral Health Services for follow-up. Staff are expected to immediately respond if it is learned that a resident is of substantial/

	imminent sexual abuse risk. If the expectation is not met, staff would be subject to discipline. Randomly Selected Staff (12) The interviewed staff verbalized they would treat a resident report of potential risk of imminent sexual abuse in the same fashion as if there was a report of sexual abuse. Staff knew to immediately contact the shift supervisor and submit a documented report. These actions are expected to immediately take place.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #10-103D When a report is received that a resident has been the victim of sexual abuse or harassment while confined in another facility or under the supervision of another office: 1. As soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that has received the allegation shall notify the head of the office/ facility where the alleged abuse occurred. 2. The head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to this policy. 3. All incidents of resident sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. 4. All instances where sexual abuse is not unfounded (whether substantiated or unsubstantiated) through an appropriate investigation, shall be reviewed by a Sexual Abuse Incident Review Team. No resident who alleges sexual abuse shall be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. In keeping with the KDOC’s zero-tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of a resident is termination. Evidence review: In the PAQ, KJCC reported there were no allegations received within the past 12 months, alleging that a resident was abused while confined at another facility. A letter from mid-2024 was reviewed, during which communication occurred

	between KJCC and another agency, notifying of an incident of alleged sexual abuse and the facility in question. The letter referenced a phone communication between the agencies, prior to the submission of the letter. Interview summaries: KDOC SOC The EAI Director and the agency PC work to try and identify the alleged victim if another agency or separate KDOC facility refers an allegation of sexual abuse or sexual harassment that occurred a facility. The KDOC facility, including the PCM, of where the alleged incident occurred is notified, cooperating with EAI Division investigative efforts. Although not frequent, there have been previous instances where an allegation was made once a confined person transfer KDOC facilities, or when an allegation originates from a county/local confinement facility. KDOC will also notify an external agency/facility if a confined individual makes an allegation of previous sexual abuse or sexual harassment from the said external facility. Superintendent If KJCC received an allegation of sexual abuse or sexual harassment from another facility/agency, the EAI Division would be notified, initiating the investigation process accordingly. There was no recollection of previous instances.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP 10-103D Each facility must utilize the Coordinated Response as a written facility plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment. The response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. Any resident who alleges that he or she has been the victim of sexual abuse must be offered immediate protection from the assailant. KDOC staff must not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse. Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) must be separated, the PCM, EAI, and the Duty Officer and/or warden/ superintendent must be notified, and the Coordinated Response must be initiated.

	The reporting staff member or designee must ensure, as appropriate that a Critical Incident and Kansas Department of Children and Families hotline report is completed. Evidence review: IMPP #10-103D (Attachment A) First Responders are to: 1. Call for immediate assistance and notify Shift Supervisor. 2. Keep victim(s) and alleged perpetrator(s) separate. 3. Secure scene. 4. Complete written reports/narrative/incident report prior to departing shift and submit to Shift Supervisor. 5. Staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. When a forensic medical examination is determined to be needed, and after stabilizing treatment has been provided, healthcare staff must coordinate with the Shift Supervisor, EAI and the PCM, to contact the designated area hospital to discuss the patient's clinical status and arrange for the examination to be conducted. Facility staff are to ensure the alleged victim or perpetrator do not defecate, urinate, wash their hands, brush teeth, gargle, rinse mouth, eat or drink, change menstrual pads or tampons, shower, or change clothing prior to the examination. Coordinated Response PREA Checklists For the audit, there were 14 incidents reviewed for which the facility responded to a sexual abuse allegation. The allegations were received by KJCC staff (security and non-security), including the PCM, and other methods, such as hotline calls or electronic submission (ie "Form 9"). These responses illustrated how the facility separated alleged victims and perpetrators and coordinated visits to the onsite clinics. Of the incidents reviewed, physical evidence was not collected due to delayed allegations or provided information did not warrant such. Summary of interviews: Two (2) residents were asked questions using this interview protocol KJCC staff responded to both residents after the allegation was made. One (1) resident stated there was a delayed response, while the other reported follow-up occurred the same day. One (1) of the incidents were self-reported, while the other was reported to staff by another party. Randomly Selected Staff (12) The interviewed staff were able to verbalize an understanding of KDOC's Coordinated Response protocols. Many of the staff interviewed pointed out the "Coordinated Response card", which is a reference that can be kept in-hand and referred to if an incident occurred. Additionally, staff knew to immediately escalate to the shift supervisor, in accordance with the Coordinated Response, then prepare a documented report. Staff were aware that this information is to be escalated on a "need-to-know" basis. Security First Responder The Security First Responder verbalized their steps in responding to a sexual abuse

	incident would be: separating the alleged victim and abuser, follow through with the coordinated response plan (all facility staff are equipped with a protocol card for reference), collect and preserve evidence, secure scene of incident, make necessary contacts (including the PCM and EAI Division), and assure onsite medical and mental health staff are notified. Interviewee's rank is lieutenant and would oversee the completion of these steps. Non-security First Responder (Correctional Counselor 2) The Non-security First Responder verbalized their steps in responding to a sexual abuse incident would be: separating the alleged victim and abuser and assure there is no cross communication, contact the shift supervisor and await instructions, assure the PCM is notified, make efforts to preserve and track chain of evidence, and secure the scene of incident.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #10-103D The facility's coordinated response plan is contained within this policy. This includes prevention, detection, response, and prosecution/discipline of assailants. This policy targets sexual abuse and sexual harassment of residents, whether by staff or by other residents. IMPP #10-103D (Attachment A) Provides procedures and protocols pertaining to the coordinated response. This includes first responder efforts, escalation to facility leadership (including the PCM), inclusion of medical and behavioral health personnel (including forensic examinations), and agency investigators.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence review:

	MOU between KDOC-Juvenile Services and Teamsters Local 696, dated 2021-2024. The MOU was reviewed and confirmed to not limit the KDOC'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. Summary of interviews: KDOC SOC Due to KDOC overseeing adult and juvenile confinement facilities, there are two (2) different unions employees may join. Eligible staff within the adult facilities may join the Kansas Organization of State Employees, while eligible staff within juvenile facilities may join the Local Teamsters Union. In both cases, union contracts are negotiated and agreed upon when necessary. The KDOC SOC reported that the agreements allow the removal of alleged staff sexual abusers from contact with any residents pending an investigation or a determination of whether and to what extent discipline is warranted. Superintendent When responding to an incident of sexual abuse, what is the KJCC's coordinated plan is initiated. Staff first responders assure the alleged resident victim and alleged resident perpetrator is separated, reported to the shift supervisor, and evidence is preserved. The PCM is notified by the shift supervisor, aiding response efforts. The allegation is forwarded to the EAI Division for investigative follow-up. Medical and mental health practitioners are notified to assure appropriate responses are continued Facility administration monitors follow-up and assists response efforts accordingly.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D Retaliation against residents or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. All staff must report any allegations of retaliation to EAI or the facility PCM either verbally or in writing. Residents are encouraged to report retaliation as well. Each facility must employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with

	investigations. Monitoring must continue beyond 90 days if the initial monitoring indicates a continuing need. The facility must designate who is charged with this monitoring. The obligation to monitor must terminate only if the allegation is determined to be unfounded. Evidence review: Within the PAQ, the PCM is identified as the designated retaliation monitor. An example of the retaliation monitoring form was reviewed, illustrating methods used to ensure protection for residents and staff. Monitoring is initialized within five (5) days of receiving allegation. Form designed to track monitoring efforts for at least 90 days, including utilized protection measures. Documented efforts appear to occur at 30, 60, and 90 days. 18 completed retaliation monitoring forms were submitted to the auditor review. There were no instances of victim retaliation documented within the monitoring periods. Interview summaries: Two (2) residents were questioned using this interview protocol Both residents reported currently feeling safe, having not experienced retaliation after the facility learned of the incident. KDOC SOC KDOC has policies that prohibit staff from retaliating against residents and staff who bring forward allegations of sexual abuse or sexual harassment. Staff who violate this policy are subject to discipline, including termination. In addition to policies, protective measures have been established, such as housing changes for residents, removal or transfer of alleged staff perpetrators, and ongoing support/services for alleged victims and witnesses. Each facility has a staff assigned to monitor for retaliation, which includes status checks at 30, 60, and 90 days. Superintendent The different measures taken to protect residents and staff from retaliation includes retaliation monitoring (completed by PCM), as well as necessary housing changes and staff reassignment (including applicable disciplinary measures if warranted). Staff are also subject to discipline if retaliation is suspected, which could start at retraining or up to termination. Residents are subject to disciplinary consequences if retaliation is suspected. Facility PCM (designated retaliation monitor) The PCM communicates and advises residents and staff about what actions are considered retaliatory, as well as KDOC’s zero-tolerance policy regarding such actions. To prevent retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with the investigation, the following is utilized: changes in resident housing and staff post reassignments, as

	well placement on administrative leave. The PCM initiates conducts monthly follow-ups, at minimum; however, has previously conducted weekly status checks when it appeared warranted. Regular contact with the concerned individual occurs, as well as with the assigned case manager. Additional actions will include monitoring day-to-day interactions, status of investigation, reviewing disciplinary reports, checking unit log entries, and monitoring programming changes. Monitoring the conduct and treatment of residents and staff who report sexual abuse of a resident or were reported to have suffered sexual abuse occurs for 90 days minimum, unless the individual (alleged victim or reporter) leaves the facility. Monitoring would be extended if a need was identified, continuing until the concerns is no longer present.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #10-130D Identification of possible alternatives to restrictive housing for residents who report sexual abuse, and when involuntary restrictive housing of alleged sexual abuse victims is employed, must comply with the requirements set forth in IMPP #20-104J. IMPP #10-139D Residents at a high risk for sexual victimization must not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made the resident may be housed for less than 24 hours in restrictive housing while the assessment is completed. Residents placed in involuntary restrictive housing must not ordinarily remain for more than 30 days. IMPP #20-104J The procedures outlined in IMPP #20-108D, shall be used to request and assess the need for protective custody. The superintendent or designee may consider and place a resident in protective custody without a request from the resident. While on administrative protective custody status, a resident shall have, as much as possible, the same access as the general population to programs, services, property, privileges, and incentives. IMPP #20-105J (excerpt from Privileges and Rights in Administrative Restrictive

Housing)
The resident may retain such privileges, property, and programs as are commensurate with the
particular circumstances or condition for which the resident was placed in administrative restrictive
housing. This decision is to be made by the Restrictive Housing Review Board, Shift Supervisor, or
Chief of Security.

When privileges, property, and/or programs are requested but remain restricted, the following are to be documented on the Administrative Restrictive Housing Review Board Hearing Summary Report: the opportunities that have been limited; the reason for the limitation; and the duration of the limitation. Administrative restrictive housing is not to be used or considered as punishment.

IMPP #20-108D
The KDOC provides those in protective custody, to the extent possible, the same access to education, treatment, recreation, and amenities as those of the same custody level. As such, each facility must operate a protective custody program as an adjunct to the facility's administrative restrictive housing unit. Admission to Administrative Restrictive Housing classified as protective custody is to be made only when there is documentation that protective custody is warranted and that a reasonable alternative is not available. For juvenile services, the request is to be reviewed and approved by the Superintendent or designee. The restrictive housing review board is to review protective custody cases with a goal of reintegration to general population as soon as possible. The resident is to sign a consent form. The resident's treatment team is to develop a special management plan to assure safety and continuous services and programming. Continued confinement after 72 hours is approved by the Superintendent. If the resident does not consent to the protective custody placement, a hearing is to be held according to IMPP #20-105J.

Evidence review:

Within the PAQ, KJCC reported residents are not placed in isolation solely because of sexual abuse victimization. Within the past 12 months, there were no residents reported as being placed on restrictive housing as a response to making an allegation of sexual abuse.

Summary of Interviews:

Resident in Isolation (Restrictive Housing Unit)
The resident reported he has been assigned to the Restrictive Housing Unit on multiple occasions. Each assignment was described as lasting no longer than two (2) days, which included a temporary lost of privileges. Medical and mental health check-ins were conducted daily. Staffing meetings occurred daily to determine if he were able to return to general housing.

Superintendent
Isolation has not been used to protect a resident who was alleged to have suffered

	sexual abuse, as this is not a common practice for KJCC. Any resident isolation assigned is for safety-based reasons and only used on a temporary basis. When a resident alleges sexual abuse, housing separation/transfer is the only method used. If a resident is isolated after alleging sexual abuse, isolation from others would be used as a last resort when less restrictive measures are inadequate to maintain safety. This practice would only occur if needed. If needed, temporary isolation would take place in the Restrictive Housing Unit, typically no more than four (4) hours. Staff who supervises residents in isolation Residents are not placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse. The Restrictive Housing Unit would most likely only be utilized if a resident was the alleged perpetrator. The Restrictive Housing Unit is only used for a temporary separation, which typically lasts no longer than a day. Residents are sent to the Restrictive Housing Unit for safety concerns. To knowledge, resident victims have never been placed in involuntary isolation from likely abusers. Residents are ordinarily placed in the Restrictive Housing Unit for 24-72 hours. Residents in isolation receive daily visits from medica and /mental health staff, as long as there is no present safety concern. A resident's status in the Restrictive Housing Unit is reviewed daily to determine if continued placement is needed. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional Residents who are placed in short-term isolation receive daily visits from medical and mental health care clinicians. Though isolation/seclusion periods typically last no longer than a few hours, the resident would be seen at least daily. Though a daily follow-up would occur, services would be delayed if there were any present safety issues concerning the resident.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: MPP #22-103D KDOC acknowledges it's responsibility for the safe environment of residents and staff, as well as public safety. Allegations of criminal behavior, staff misconduct, and corruption that threaten the department's ability to provide that safety shall be investigated. Investigations into allegations of criminal activity and violations of departmental policy by residents and staff need to be conducted in a timely, consistent, uniform, and procedurally correct manner.

	All investigations that cannot be resolved at the supervisory level or by an EEO investigation and that could result in the suspension, demotion, dismissal, or criminal prosecution of an employee shall be conducted through the EAI Division. All allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. The purpose of a formal investigation is to determine, based on the preponderance of evidence, whether there are sufficient facts or evidence to substantiate, refute, or dismiss allegations of criminal activity or administrative violations. Evidence Collection – All evidence from the crime scene shall be collected in a manner that insures it shall be admissible in court and maximizes the potential for obtaining usable physical evidence. Evidence collected shall be documented using the Evidence Custody Receipt. Evidence shall be collected, stored, and disposed of in accordance with the EAI Manual. When a determination has been made by investigative staff that computer forensics is needed to gather evidence in a criminal case, administrative investigation or gather intelligence information, the supervisor of the facility's investigation section shall confer with the Director of EAI, or designee, to determine if the evidence or intelligence needed cannot be obtained from the KDOC/IT staff. Interviews – Interviews shall be conducted with all suspects, victims, and witnesses pertinent to the investigation, including those parties identified by the above as having relevant information. Every effort shall be made to audio record all interviews, and if deemed appropriate, video record the interview. Any PREA-related case in which the evidence indicates the allegation could be or shall be substantiated shall be reported to the PC by the end of the work day. Investigation reports shall be submitted and completed within seven (7) calendar days of the conclusion of the investigation. The original case file, along with supporting materials and evidence, shall be maintained by the appropriate investigation section. A copy of the investigation report and appropriate documentation shall be provided to the Superintendent and the County Attorney/ District Attorney of jurisdiction if appropriate. Kansas Records Retention Schedules Documents relating to the investigation of incidents and events involving residents and/or staff members including but not limited to assaults, contraband, deaths, escapes, and staff misconduct, are kept until 10 years after completion, then destroyed. Evidence review: As discussed in §115.334, EAI investigators who have received special training in sexual abuse investigations involving juvenile victims.

	19 administrative investigation files were reviewed for the auditing period, from July 2024 – May 2025. Of these investigations, one (1) was forwarded for criminal prosecution. Investigations were initiated promptly and were conducted by EAI investigators. All investigation reports included summaries of evidence, conducted interviews, and any known history (ie previous complaints) considered during the investigation. Administrative investigation outcomes were all either substantiated, unsubstantiated, or unfounded. Summary of interviews: Two (2) residents were questioned using this interview protocol Neither resident reported being required to take a polygraph test after the facility learned of the allegation. Agency PC The EAI Division conducts criminal and administrative investigations for KDOC. External investigations are not common; however, if this occurred, the EAI Division would be the point of contact and be responsible for receiving updates. In events where evidence has been forwarded to a laboratory, the EAI Division would log the status and remain updated by conducting regular follow-ups. Superintendent If an outside agency were to investigate an allegation of sexual abuse, KJCC would remain informed of the progress of a sexual abuse investigation by making themselves available for communication and would cooperating with the external agency, remaining abreast of the investigation status. The EAI Division would be the point of contact. Two (2) EAI Division Investigators In addition to training requirements of §115.331, both investigators reported receiving training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Reported training has been provided from various services, including: the Moss Group, National Institute of Corrections, and law enforcement/correctional conferences. Training has been received on-line and in-person. Topics addressed through these trainings include: techniques for interviewing juvenile sexual abuse victims proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative or prosecution referral, Reid Technique, and Verbal Judo. Juvenile cases are considered a priority within the Division. Investigations are part of KDOC’s Coordinated Response and initiated, typically within 24 hours, following an allegation of sexual abuse or sexual harassment. The investigative checklist is followed when initiating an investigation, which includes reviewing available evidence, identify all individuals involved, interviewing all partied (victims, witnesses, and perpetrator). The investigation process also includes reviewing documentation, corroborating evidence with testimony, preparing the investigation report, and provide the investigative finding. The PCM would be briefed and updated throughout the investigation. Anonymous or third-party reports of sexual abuse and sexual harassment are given due diligence.

	The EAI Division would be responsible for direct and circumstantial evidence, which includes: testimonial evidence, written statements, recorded interviews, video surveillance, physical evidence, and DNA evidence. Collected evidence chain of custody is tracked. If evidence suggests that a prosecutable crime may have taken place, the EAI Division consults with local prosecutors before conducting compelled interviews. The credibility of an alleged victim, suspect, or witness is judged on an individual basis, where testimony is joined with available evidence. Resident who alleges sexual abuse are not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. Cases are referred to prosecution when evidence suggests a need/requirement. Investigations continue even when a staff member who is alleged to have committed sexual abuse or sexual harassment terminates employment or when a victim alleging the incident leaves the facility, until an investigation finding has been made. If an outside agency investigates an incident of sexual abuse in KJCC, the EAI Division will cooperate and remain abreast of the investigative progress. Investigations are not terminated if the source of the allegation recants. Administrative investigations seek to determine whether staff actions or failures to act contributed to the sexual abuse. Administrative and criminal investigations are documented and include: case number, identifying parties, demographics, synopsis, documentation log, event location, narrative, and investigation outcome. Facility PCM The EAI Division conducts all investigations of sexual abuse and sexual harassment. If an outside agency were to conduct an investigation, the EAI Division would be the point of contact and receive status updates. Site review: The auditor observed the storage of any information collected and maintained were in digital format accessible to authorized personnel. If information was printed, it was maintained in an area with some type of key/access control. Areas unauthorized for resident use were clearly identified.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #22-103 The purpose of a formal investigation is to determine, based on the preponderance of evidence, whether there are sufficient facts or evidence to substantiate, refute, or dismiss allegations of criminal activity or administrative violations.

	Summary of interviews: Two (2) EAI Division Investigators In administrative investigations, a preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP 10-103D Following an investigation of sexual abuse, EAI, or designated facility staff, must inform the resident victim of the disposition of the investigation (substantiated, unsubstantiated, or unfounded). Additionally, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever any of the actions occur within §115.373(c) and §115.373(d). IMPP 22-103D (Attachment K, used for §115.373) This policy requires that any resident who makes an allegation that he or she suffered sexual abuse in a KDOC facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Attachment K illustrates the form used to notify a resident of the investigative outcome, during which a signature is obtained. Evidence review: The PAQ reported there were no allegations investigated by an outside entity, within the 12 months preceding the audit. Of the 19 investigation files reviewed, there was only one (1) instance where a KJCC resident was not notified of the outcome. It should be noted the outcome of that particular allegation was unfounded. Summary of interviews: Two (2) residents were questioned using this interview protocol Both residents were advised by a staff member, verbally and written, about the outcome and status of the perpetrator. Superintendent KJCC residents alleging sexual abuse are notified of all investigative outcomes,

	whether they are substantiated, unsubstantiated, or unfounded. The PCM maintains copies of the investigation outcome notifications. Two (2) EAI Division Investigators When a resident makes an allegation of sexual abuse, the EAI Division assures he or she is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review: IMPP #10-103D Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. All terminations for violations of KDOC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. KDOC similarly responds in cases where contractors or volunteers are involved. IMPP #02-120D The disciplinary sanctions for violations of KDOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. PAQ response: KJCC reported that within the previous 12 months, there were two (2) staff cited for violating agency sexual abuse or sexual harassment policies. Both were separated from the facility prior to the audit. One (1) former staff was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Policy review: IMPP #10-103D KDOC policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. IMPP #13-101D KDOC policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. KJCC takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of KDOC sexual abuse or sexual harassment policies by a contractor or volunteer. PAQ response: Within the past 12 months, KJCC reported there were no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Summary of interviews: Superintendent Contractors and volunteers would be prohibited/restricted from further contact with residents if a violation of agency sexual abuse or sexual harassment policies are violated. Additional remedial measures would include contacting other internal facilities of the violation.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse. KDOC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. KAR #123-12-315 Prohibits all lewd acts between residents, whether consensual or non-consensual, allowing disciplinary measures to occur if detected.

	Evidence review: KDOC Resident Handbook provides notification that lewd and sexual acts between residents, consensual or non-consensual, are prohibited and subject to discipline. KDOC disciplines residents for sexual conduct with staff, only upon finding that the staff member did not consent to such contact. KAR Inmate Rulebook echoes the information in the KDOC Resident Handbook. PAQ response: Within the past 12 months, KJCC reported there were two (2) administrative findings of resident-on-resident sexual abuse occurred at the facility. In the same time span, there were no criminal findings of guilt regarding resident-to-resident sexual abuse. KJCC reported not using isolation as a means of formal discipline for resident-to-resident sexual abuse. Within the past 12 months, KJCC reported there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. KJCC offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Additionally, KJCC considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. However, participation is not a condition to general programming or education access. In the past 12 months, KJCC reported there were no instances where residents were disciplined for sexual conduct with staff. Summary of interviews: Superintendent If an investigation outcome finds that a resident engaged in resident-to-resident sexual abuse, disciplinary sanctions would be commensurate of the incident/ behavior. Disciplinary responses would include loss of privileges, multi-disciplinary staffing, and therapeutic approaches. Sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. Mental disability or mental illness is considered when determining sanctions. Isolation is not used as a disciplinary sanction for sexual abuse. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional KJCC offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. Some KJCC residents were assigned to the onsite sex offender treatment program upon admission. If a substantiated incident involved a resident perpetrator who was not assigned to the sex offender program upon admission to KJCC, he or she would still be referred to a licensed therapist for follow-up. These services do not require a resident's participation as a condition of access to a rewards-based behavior management system, programming, and/or education. Residents who are placed in short-term isolation receive daily visits from medical and mental health care

	clinicians. Though isolation/seclusion periods typically last no longer than a few hours, the resident would be seen at least daily. Though a daily follow-up would occur, services would be delayed if there were any present safety issues concerning the resident.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KJCC residents who disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. IMPP #10-139D If the risk screening assessment indicates that a resident has experienced prior sexual victimization, whether in a facility or in the community, the facility must offer the resident follow-up with a medical or behavioral health practitioner within 14 days of the screening. If the risk screening indicates that a resident has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the resident follow-up with a medical or behavioral health practitioner within 14 days of the screening. All notifications to necessary facility staff are made by the staff member completing the screening, as necessary to ensure that the information is be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-up can be provided. Centurion Policy P-F-06 and P-F-06a Medical and mental health practitioners 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. Evidence review: KJCC provided a spreadsheet used to track resident §115.341 assessment outcomes, which also monitors whether a resident, who is either classified as a known victim or known perpetrator, has been referred to medical and mental health services. The PAQ reports all (100%) of residents are referred to follow-up medical and/or mental health services in accordance with §115.341. KJCC submitted several reports/records, dating back to 2024, where alleged resident victims and alleged resident perpetrators were referred to medical and mental

	health practitioners for services after allegations of sexual abuse and/or sexual harassment were made. These referrals/visits occurred within 14 days of learning of the report. Additionally, the auditor reviewed reports/records for when medical and mental health referrals were made after residents disclosed previous sexual victimization upon admission to KJCC. These referrals/visits occurred within 14 days of learning of the report. KJCC tracks the status of which residents being seen by a medical and mental health practitioner upon learning of previous or current incident of sexual victimization. KJCC was able to provide a sample of resident signed acknowledgements of being notified of informed consent and limits to confidentiality. Two (2) KJCC residents were interviewed, who reported prior sexual victimization before facility admission. KJCC forwarded documentation confirming these residents were seen by medical and mental health practitioners within 14 days of admission. Summary of Interviews: Two (2) residents who reported prior victimization at arrival Both residents reported being asked if they wanted to meet with a medical or mental health care practitioner during admission. The medical/mental health follow-ups occurred shortly after admission. Correctional Counselor 1 If a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the PCM would request for a follow-up meeting with a medical and/or medical health practitioner. The same applies to a resident who is known to have previously perpetrated sexual abuse. Appropriate follow-up occurs within 14 days. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional Residents are informed of the informed consent process prior to services being provided. Informed consent is obtained from residents 18 or older before reporting any prior sexual victimization that did not occur at KJCC or any other institutional setting. If the resident is under the age of 18, a report of previous victimization would automatically be reported to KDCF. Site review: The auditor observed the storage of any information collected and maintained were in digital format accessible to authorized personnel. If information was printed, it was maintained in an area with some type of key/access control. Areas unauthorized to residents were clearly marked and monitored by applicable staff/contractors.

115.382	**Access to emergency medical and mental health services**

	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D Resident victims of sexual abuse are to 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. This policy also addresses requirements in §115.382(c) and §115.382(d). Centurion policies #P-F-06 and #P-F-06a Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. These policies also addressed requirements in §115.382(c) and §115.382(d). KAR 44-5-115 This regulation states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Summary of Interviews: Two (2) residents were asked questions using this interview protocol Both residents reported being referred to medical on the day the allegation was received. In both cases, the residents received information about treatment. However, treatment was determined unnecessary after being screened. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional Resident victims of sexual abuse receive timely (immediate) and unimpeded access to emergency medical treatment and crisis intervention services. If necessary, resident victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. All reported the nature and scope of these services are determined according to their professional judgement. Security First Responder The Security First Responder verbalized their steps in responding to a sexual abuse incident would be: separating the alleged victim and abuser, follow through with the coordinated response plan (all facility staff are equipped with a protocol card for reference), collect and preserve evidence, secure scene of incident, make necessary contacts (including the PCM and EAI Division), and assure onsite medical and mental health staff are notified. Interviewee’s rank is Lieutenant and would oversee the

	completion of these steps. Non-security First Responder (Correctional Counselor 2) The Non-security First Responder verbalized their steps in responding to a sexual abuse incident would be: separating the alleged victim and abuser and assure there is no cross communication, contact the shift supervisor and await instructions, assure the PCM is notified, make efforts to preserve and track chain of evidence, and secure the scene of incident.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: Centurion policies P-F-06 and P-F-06a KJCC offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any juvenile facility. Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Treatment services are 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 (also in IMPP #10-103D). Centurion policy Y-B-06 If pregnancy results from sexual abuse while confined, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. IMPP #10-103D KJCC attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Summary of Interviews: Two (2) residents were asked questions using this interview protocol Medical and mental health services were discussed during follow-up. Both residents were offered tests for infections, but declined, due to feeling unnecessary. There was no fee for any medical services received. One (1) resident victim was female, reporting being informed about pregnancy-related services; however, this was unnecessary. Two (2) Behavioral Health Therapists and one (1) Medical Health Professional Evaluation and treatment of residents who have been victimized mental health

	follow-ups (typically occurring no later than 14 days). Additionally, treatment plans are established based on known history and updated recommendations. Medically, a resident can be referred to Stormont Vail health for SAFE/SANEs, during which the onsite medical would conduct follow-ups in accordance with the treatment plan. In the event a pregnancy resulted from sexual abuse while confined, resident victims would immediately be given timely information and access to all lawful pregnancy-related services. Mental health evaluations are completed on all known resident-on-resident abusers. Treatment is provided, if appropriate, is offered without delay. KJCC also has a sex offender program, during which treatment is individualized. All responded that medical and mental health services are consistent with community level of care.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #12-118 KJCC conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. SAIRs are to be conducted within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. KJCC prepares a report of its findings from SAIR meetings, including but not necessarily limited to determinations made pursuant to all provisions §115.386(d) and any recommendations for improvement, and submits such report to the facility PCM and Superintendent. Evidence review: KJCC utilizes an internal PREA application program, used to document SAIR meetings in accordance with all provisions of §115.386. The facility PCM provided 18 documented SAIR meetings, dated from July 2024 – August 2025, during which all were observed to be in accordance with §115.386. It should be noted KJCC conducts monthly SAIR meetings for sexual abuse, sexual harassment, and sexual misconduct. Summary of interviews: Superintendent KJCC has a sexual abuse incident review (SAIR) team, which includes upper-level management and allows for input from line supervisors, investigators, and medical or mental health practitioners. These meetings are scheduled on a monthly basis. The SAIR team use the information from the meeting to learn information from the

	investigation, identify needed improvements, training needs, and receive therapeutic input/approaches. The SAIR team considers and prepares a report on the findings required by §115.386 (d)(1) – (d)(5). Facility PCM In accordance with §115.386 and KDOC policy, a sexual abuse incident review occurs for all applicable incidents with a substantiated and unsubstantiated investigative outcome. A report of its findings from the review is prepared, including any determinations and corrective recommendations for improvement per standard 115.386 (d)1 – (d)5. Corrective recommendations/actions can include restricted area consideration, installation of additional cameras, and additional staff training. The corrective actions are communicated through work orders, email communication, trainings, and staff meetings. SAIR team member (EAI Investigator 2) SAIR team meetings considers, examines, and assessed items required by §115.386(d)(2) – (d)(5).

115.387	**Data collection**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility EAI Unit must utilize a uniform case log system and follow investigative protocol in accordance with agency policies. The EAI case log includes but is not limited to the investigative summary and report, interviews recordings, photographs, list of evidence, other documents and items respective to the case, KDOC PREA Checklist, SAIR documentation, medical/mental health documentation, housing documentation of residents involved, and retaliation monitoring documentation. The agency PC is responsible for aggregating the incident-based sexual abuse data at least annually. KDOC policy requires the agency to maintain, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Evidence review: The facility PCM uses a standardized instrument which includes the data necessary to answer all questions from the most recent version of the Survey of Sexual

	Violence (SSV) conducted by the Department of Justice. The SSV data from years 2020-2023 was reviewed for this audit, observed to be completed in compliance with standard. PAQ response: KDOC/KJCC does not contract with private facilities to house juvenile residents. Maintaining data in accordance with this standard is not required.

115.388	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KDOC policy assigns the agency PC to review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: 1) identifying problem areas, 2) taking corrective action on an ongoing basis, and 3) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Evidence review: The PC provided annual PREA reports completed for years 2021-2024. These reports included KDOC's statement on commitment to sexual safety within its facilities, agency structure and responsibilities in completing this mission, identifying personnel responsible for overseeing facility-level efforts with PREA compliance, PREA audit schedule for each facility, gubernatorial reports regarding agency compliance status, aggregated data for each facility, aggregated data at the agency level (separating combined adult facility data from the juvenile facility), and data approval from the PC and KDOC Secretary of Corrections. Each annual report included a comparison of the current year's data and corrective actions with those from prior years, assessment of the agency's progress in addressing sexual abuse. If applicable, any redacted material from an annual report for publication were limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility, indicating the nature of material redacted. KDOC makes its annual report readily available to the public at least annually through its website (https://www.doc.ks.gov/facilities/prea/PREA_Annual). Summary of interviews: KDOC SOC The EAI Division's investigative case log is maintained in an internal database. Investigative files can be accessed after entry, limited to authorized individuals. The

	database can be accessed by the PC, who monitors and analyzes the data, bringing forth any concern trends. The PC's findings are used to establish internal corrective actions, if necessary. PREA-incident data reports are prepared and approved annually, which assist in guiding agency decisions towards maintaining safety. Agency PC The PC is responsible for reviewing and assessing data collected and aggregated pursuant to §115.387. This data is collected monthly and facility-specific. Case types and investigative outcomes throughout KDOC are also tracked. This information is used to measure and improve the effectiveness of KDOC's sexual abuse prevention, detection, and response policies, as well as training. Additionally, this data is prepared and updated monthly, available on KDOC's website. Data reports are prepared in a manner to not identify specific incidents and individuals. A description of the redacted information is notated noted in the data reports. When the data reports a trend suggesting corrective action, the topic is addressed in meetings and review boards. Improvements are implemented and overseen by an assigned individual, often the PCM. Implementation efforts are reviewed monthly by the PC. Opportunities to improve safety is often considered. Facility PCM PREA-related incident reviews are conducted monthly. This data is also maintained by the PC. Each facility PCM submits annual data sufficient to meet §115.387, which is used in the annual report prepared by the PC. Areas of concern are identified and corrective action is implemented.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy review: IMPP #10-103D KDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility EAI Unit must utilize a uniform case log system and follow investigative protocol in accordance with agency policies. ensures that incident-based and aggregate data are securely retained. KDOC policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website. Before making aggregated sexual abuse data publicly available, the KDOC removes all personal identifiers. The agency PC is responsible for aggregating the incident-based sexual abuse data at least annually. It is required by KDOC policy to maintain, review, and collect data as needed from

	all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Kansas record retention schedule (0527-521): Documents relating to the investigation of incidents and events involving correctional facility residents and/or staff members, including but not limited to assaults, contraband, deaths, escapes, and staff misconduct, are to be retained 10 years after the completion of the investigation report. These records are to be destroyed after the 10-year period. Evidence review: As mentioned previously within the audit report (see §115.341 and §115.386), KJCC uses an internal PREA application to assist with record retention. Staff access to this application is approved by the PC, assuring only necessary individuals are able to access the program. KDOC website https://www.doc.ks.gov/facilities/prea/PREA_Annual, allows for annual data to be viewed by the public. Summary of interviews: Agency PC The PC ensures data collected pursuant to §115.387 is entered into an internal database, which is password protected and has varying access permissions, depending on the individual's role. The PC compiles and prepares the data, redacting sensitive information. Site review: The auditor observed the storage of any information collected and maintained were in digital format accessible to authorized personnel.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence review: KDOC website https://www.doc.ks.gov/facilities/prea/prea-audits illustrates how all facilities under its control have been audited. When accessing the website, the auditor found that each facility met requirements to be audited, at minimum, every three (3)-year period thereafter. KDOC ensures that at least 1/3 of each facility type operated by the agency is audited in accordance with standard. KDOC did not appear to contract with any other entity, public or private for the purpose of confinement. KJCC was last audited for PREA compliance in 2024.

	During the pre-audit phase, KJCC submitted photos of posted audit notifications, accessible to residents, staff, and visitors (8/11/2025). These notices were posted in orange-colored paper, which stood out in contrast to other facility postings. In addition to the postings, the PCM sent digital notifications to all KJCC residents and staff, notifying of the audit (also on 8/11/2025). Site review: Audit posting notifications, similar to the photos provided, were seen posted throughout the entire complex/facility. PREA Audit notices were in English and Spanish format. Residents and staff noted the audit notifications had been posted for a few weeks, prior to the auditor's arrival. The auditor was able to access and observe all areas of KJCC. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). Private interviews were conducted with residents and staff.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence review: KDOC website https://www.doc.ks.gov/facilities/prea/prea-audits allows for previous PREA audit reports to be accessed by the public. Previous audit reports for KJCC were observed to be present.

Appendix: Provision Findings		
115.311 (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
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (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
	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
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**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: Prevailing staffing patterns?	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
115.313 (e)	**Supervision and monitoring**	
	Has the facility 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? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility 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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (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
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents 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 a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?	yes
	If a resident’s genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents 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 residents 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
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 enlistment of services of any contractor who may have contact with residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	**Hiring and promotion decisions**	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, 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
115.317 (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 residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (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
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, 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
115.318 (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 residents 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
115.318 (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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (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.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience 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
115.321 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (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
115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (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

115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy 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
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents 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

115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (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 115.321(a).)	yes

115.335 (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 juvenile 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
115.335 (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.)	na
115.335 (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

115.335 (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 §115.331? (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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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
115.352 (b)	**Exhaustion of administrative remedies**	

	Does the agency permit residents 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 resident 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
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident 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 is exempt from this standard.)	yes
115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	**Exhaustion of administrative remedies**	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible 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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents 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
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (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 a resident?	yes
115.361 (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 they receive 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 they receive regarding retaliation against residents 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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**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
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident 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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (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
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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
115.364 (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
115.365 (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
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident disciplinary reports?	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: Resident 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: Resident 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
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (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
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (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 involving juvenile victims as required by 115.334?	yes
115.371 (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
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**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
115.371	**Criminal and administrative agency investigations**	

(f)		
	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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**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
115.371 (h)	**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
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**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 facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	**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 115.321(a).)	na
115.372 (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
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident'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 a resident'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
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (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

115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (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
115.376 (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
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.377 (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 residents?	yes

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions 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?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	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 offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**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
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners 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?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident 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
115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident 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
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (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
115.383 (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
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (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	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (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 has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (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
115.386 (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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (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
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (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
115.387 (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
115.387 (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 residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (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
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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
115.388 (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
115.388 (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
115.388 (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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (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
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 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 (b)	**Frequency and scope of audits**	
	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, residents, and detainees 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 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.)	yes