

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

Interim       Final

Date of Report    December 6th, 2019

### Auditor Information

Name: Alison Yancey	Email: ayancey@idoc.in.gov
Company Name: Indiana Department of Correction	
Mailing Address: 5124 W Reformatory Road	City, State, Zip: Pendleton, IN 46064
Telephone: 765-778-3778	Date of Facility Visit: June 18th-20th 2019

### Agency Information

Name of Agency: Kansas Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Kansas	
Physical Address: 714 SW Jackson		City, State, Zip: Topeka, Kansas 66603-3722	
Mailing Address: 714 SW Jackson		City, State, Zip: Topeka, Kansas 66603-3722	
Telephone: 785-231-1111 or 800-311-0860		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: :    The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community and by actively encouraging and assisting offenders to become law-abiding citizens.			
Agency Website with PREA Information: <a href="http://www.doc.ks.gov">www.doc.ks.gov</a>			

### Agency Chief Executive Officer

Name: Roger Werholtz	Title: Secretary of Corrections
Email: roger.Werholtz@ks.gov	Telephone: 785-296-3310

### Agency-Wide PREA Coordinator

Name: Peggy Steimel	Title: Corrections Manager II
Email: Peggy.steimel@ks.gov	Telephone: 785-260-4658

<b>PREA Coordinator Reports to:</b> <b>Chuck Simmons, Deputy Secretary of Facilities Management</b> Click or tap here to enter text.	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 10 + 10 Alternate PCM's
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### Facility Information

**Name of Facility:**     Lansing Correctional Facility

**Physical Address:**     301 E. Kansas Avenue Lansing, KS 66043

**Mailing Address (if different than above):**     Click or tap here to enter text.

**Telephone Number:**     913-727-3235

**The Facility Is:**

<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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**Facility Type:**

<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility Mission:**     :     The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community and by actively encouraging and assisting offenders to become law-abiding citizens.

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

### Warden/Superintendent

**Name:**     Ron Baker     **Warden**

[Ron.baker@ks.gov](mailto:Ron.baker@ks.gov)     913-727-3235 ext. 57262

### Facility PREA Compliance Manager

**Denise Sisco**     **Public Service Administrator**

[Denise.sisco@ks.gov](mailto:Denise.sisco@ks.gov)     913-727-3235 ext. 57801

### Facility Health Service Administrator

**Name:**     Aleycia McCullough     **Title:**     Health Service Administrator

**Email:**     aleycia.McCullough@corizonhealth.com     **Telephone:**     913-727-3235 ext. 57169

### Facility Characteristics

**Designated Facility Capacity:**     1955     **Current Population of Facility:** 1915

<b>Number of inmates admitted to facility during the past 12 months</b>	1340
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1105
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1300	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		176	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 19-88	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		None	
Average length of stay or time under supervision:		N/A	
Facility security level/inmate custody levels:		Minimum, Low Medium, High Medium, Maximum, Special Management	
Number of staff currently employed by the facility who may have contact with inmates:		500	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		112	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		6	
<b>Physical Plant</b>			
Number of Buildings: 54		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		2	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		111	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Cameras are located in strategic areas to support supervision of offenders. Some cameras are located to alleviate blind spots within the facility.			
<b>Medical</b>			
Type of Medical Facility:		Level III Infirmary	
Forensic sexual assault medical exams are conducted at:		University of Kansas Hospital – Kansas City	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		455 Volunteers/ 276 contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		4	

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

An audit of the Prison Rape Elimination Act Prison and Jail Standards was conducted at the Lansing Correctional Facility (LCF) in Lansing, Kansas as part of a PREA audit consortium between the Kansas Department of Corrections (KDOC), California Department of Corrections and Rehabilitation, and the Indiana Department of Correction (IDOC). This auditor affirms that there is no conflict of interest in conducting this audit as the IDOC does not receive audits from the KDOC. The audit of Lansing Correctional began with the notice of audit being posted May 9th, 2019 and the on-site audit occurring June 18th to June 20th, 2019. Lansing Correctional Facility is a State facility.

The Prison Rape Elimination Act (PREA) audit was conducted by myself, Bryan Pearson, and Rhonda Brennan, all certified auditors.

### Pre-Onsite Audit Review

Website Review: During the pre-onsite audit phase the facility's website was reviewed for PREA information, such as PREA hotlines, how to report sexual assault or sexual harassment, any news articles, and any posted PREA policies from the agency. The website included a phone number and email address link to report sexual abuse or harassment. Additionally, there was a PREA resource link providing links to PREA Resource Center and Just Detention International. Two telephone numbers are provided on the website for 3<sup>rd</sup> party reporting. One telephone number is to the Kansas Department of Correction and the other is to Kansas Protection Report Center. The Kansas Protection Report Center is a Kansas state agency for reporting suspicion of juvenile and adult abuse, neglect, or exploitation.

The website also contains past KDOC annual PREA reports, the agency's Survey of Sexual Victimization for 2017, 2018 and LCF's 2016 PREA compliance audit report.

Notice of Audit Posting: An email was sent on May 9<sup>th</sup>, 2019 to LCF with the audit notice and posting instructions (locations, post on colored paper, assure access to all inmate populations i.e. LEP, those with disabilities etc., provide photographs with a time/date stamp as evidence of posting and locations).

Two audit notices were provided by LCF to the audit team, one in English and the other in Spanish, the two most common languages spoken within the LCF population. In addition to informing the inmates and staff the dates of the upcoming site review, my contact information with address was provided so staff or inmates could write to me confidentially before, during and after the audit. No confidential correspondence from inmates or staff was received.

Pre-Audit Questionnaire (PAQ): Documentation for the audit was shared using a secured, cloud-based platform called Syncplicity. The Pre-Audit Questionnaire identified the minimum information and supporting documents that the facility submitted to the auditor before the onsite audit began.

After reviewing the PAQ there was no need identified for an Issue Log. An Issue Log is a request for additional information based upon a review of the PAQ.

Just Detention International (JDI) was contacted asking for any known reports of sexual abuse or sexual harassment. JDI responded saying they have not received any such reports for the Lansing Correctional Facility.

### **On-Site Review**

The Audit team arrived at Lansing Correctional on Tuesday June 18<sup>th</sup> at 8:00am to begin the onsite review of the facility. A meeting was held with the KDOC PREA Coordinator, Warden, Deputy Wardens, and other managerial staff for greetings and to discuss the logistics of the onsite audit. The audit team was provided a conference room outside of the secured perimeter for a work space that served functionally as the work area throughout the three days during the on-site review.

The audit team was provided with a staff and contractor list for selection of specialized staff, random staff and contractor interviews. An offender list by housing unit was also provided for random selection of offenders for interviews. Offenders were chosen at random from the offender lists for interviews. Targeted interviews were conducted with the offenders the facility identified as being in one of the below categories. All offenders were interviewed with the random offender interview questions. Additionally, the audit team was provided with a list of offenders that were identified as one of the following categories:

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

Bryan Pearson was transported by LCF staff to the East Unit, Level one facility located about 1 mile from the main facility. He conducted the tour and interviews of staff and offenders at that unit. He was provided the same staff, contractor and offender lists upon arrival.

Two auditors conducted a thorough review of all offender housing units, program areas, service areas, segregation units, visiting room, and recreation areas inside of LCF and the outside minimum security housing unit, warehouse and workshops. During the site review of the facility, informal and impromptu questions were asked of staff and inmates. Questions such as “how safe do you feel here”? “Tell me how you would report a sexual abuse or harassment allegation”. The auditors also looked for potential blind spots, identified camera coverage, and inspected shower/latrine areas. Video monitors were reviewed to ensure security coverage and to see if inmates could change clothes, use the toilet and shower without being viewed on the monitors. Computer logs on housing units were reviewed to verify unannounced rounds were being conducted and opposite gender announcements were being made when a member of the opposite gender entered a housing unit. The auditors also looked for proper

postings of PREA information in housing units; and windows in offices where offenders meet with staff. All housing units at LCF were inspected. Photos were taken and notes written with the photos in OneNote on iPads to document the tours.

## **Interviews**

Informal interviews with staff and inmates were conducted by the audit team throughout the on-site review. A list of inmates and staff were given to LCF for the formal interviews. Interview participants were made aware that their participation was voluntary and no personal identifying information would be included in the report.

## **Staff Interviews**

Random Staff: The audit team selected random staff for interviews by selecting from the available staff present during the on-site review. A total of ten correctional officers were selected for the random staff interviews. LCF's custody staff work eight hours on three shifts. The three shifts are 2am-10am, 10am-6pm, and 6pm to 2am. Four correctional officers were chosen from 10am-6pm and 6pm-2am shifts. Two correctional officers were selected from 2am-10am shift. Additionally, four non-security staff were selected based on their job responsibilities. Interviews were conducted in a private office. At the beginning of the interview, each staff member was informed that their participation was on a voluntary basis and upon gaining the staff's permission to begin, the Random Staff protocol was used to conduct the interviews. A total of 14 random staff were interviewed.

Specialized Staff: Specialized staff were interviewed by different members of the audit team as when feasible. Attempts were made to randomize the staff from different shifts and locations from inside the facility. The Agency Head interview was used from the audit two weeks before. The breakdown of the specialized staff interviews is as follows:

Warden

Deputy Warden

Medical and Mental Health Staff (x2)

Administrative (Human Resource) Staff

Training Staff

Investigative Staff (x2)

Volunteers (x2)

Contractors Who Have Contact with Inmates

Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)

Staff Who Supervise Inmates in Segregation

Designated Staff Member Charged with Monitoring Retaliation

Intake Staff (x2)

PREA Coordinator

Contract Administrator

First Responders

Grievance Coordinator

SANE Staff

Total specialized staff interviews = 22

### **Inmate Interviews**

Based upon the inmate population of 1905 at LCF and 128 at LCFE on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 20 targeted inmate interviews are required. A total of 43 random interviews were completed. A total of 20 targeted interviews were completed.

Random Inmate: The perspectives of inmates are essential to understanding the practices, procedures, and culture of a confinement facility. The objectives of inmate interviews are to understand the facility's practices from the inmate's perspective and determine the extent to which inmates are knowledgeable about the facility's obligations to keep them safe from sexual abuse and sexual harassment. As required under Standard 115.401(k), auditors must interview a representative sample of inmates, and must use information collected during these interviews to inform compliance determinations during the post-onsite audit phase.

The audit team selected inmates from each housing unit randomly from an inmate roster provided by LCF. Each inmate was informed at the beginning of the interview that their participation was voluntary and if the inmate would be willing to participate. Upon gaining the approval of the inmate to answer questions the auditor used the Random Inmate Protocol to conduct the interview. Interviews were conducted in a private office.

Targeted Inmate: Inmates for targeted interviews were selected as random and from different housing units as much as possible. At the time of the audit, the audit team were told there were no youthful inmates and inmates segregated for risk of sexual victimization. This was also confirmed during the on-site review and through random staff and inmate interviews. In total, there were 20 targeted interviews conducted, to include the following:

Reported Sexual Abuse

Inmates Who Disclosed Prior Sexual Victimization during Risk Screening

LGBTI (Bi-sexual)

LGBTI (Transgender)

LGBTI (Gay)

Physical Disability (LEP)

## Cognitive Disability

Document Review: During the on-site review the audit team was able to review training records, personnel files, and investigative files.

A request of training records was made to LCF. LCF provided 20 records which were reviewed by the audit team.

LCF conducts administrative and criminal investigations involving sexual abuse or sexual harassment. LCF recorded 40 investigations for allegations of sexual abuse or sexual harassment had been completed in the past 12 months. The audit team reviewed all 40 investigation files.

Exit Meeting: The audit team regularly had discussions with the KDOC PREA Coordinator and Warden about areas of concern with standard compliance during the onsite audit. At the end of the onsite audit, the audit team had a meeting with the Warden, Deputy Wardens, PREA Coordinator, PREA Compliance Manager and other facility staff to discuss the findings of the onsite audit and the areas of concern with standards compliance. Possible corrective actions were discussed at that time. A more detailed report would be forthcoming.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The complex consists of the Central Unit, which includes an 11-acre maximum-security facility and the East Unit which is an 85-acre minimum-security facility. Facility is designed to house 1955 offenders. Lansing is under the management of the Secretary of Corrections. The division ensures effective programming is offered to provide rehabilitative treatment to assist inmates for return to society. These programs include academic and vocational education, cognitive skills, self-help groups and mental health services. Programs to enhance work ethics, relapse prevention and goal setting are also available. Within the program division, unit teams manage the inmate population assigned to each housing unit. A unit team manager is responsible for the day-to-day operation of the housing unit. Uniformed staff and corrections counselors are also part of each unit team. The unit team's purpose is to decentralize programs and operations to provide more individual attention to the inmate population and to respond to the needs of individual inmates. An individualized treatment program is developed, implemented and maintained for each inmate by unit team staff. The unit teams provide services to inmates in the form of work assignments, progress reviews, attitudinal and adjustment counseling, release counseling and other matters. For unit teams, release planning for all inmates is vital to an inmate's successful transition into society. An inmate employment assessment and job assignment program is utilized to ensure inmates are assigned jobs commensurate with their technical skills. Inmates are also assigned to work crews to obtain on-the-job training which allows them to develop work skills and assist them with reintegration into society. LCF currently has Vocational Programs including Paint shop, building maintenance, leather manufacturing, furniture manufacturing, grounds keeping. Behavioral health provides different groups working with the offenders providing therapy, cognitive restructuring, emotional regulation, Problem solving and other groups to help the offender with restructuring his behaviors for reentry into society. As with other facilities under the management of the

Secretary of Corrections, education, health services and food services are provided through contracts with private vendors

LCF also houses one of two centers for the KDOC's transportation system that provides for the movement of inmates among the state's correctional facilities.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 1

115.31 Employee training.

**Number of Standards Met:** 34

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### Prevention Planning

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

115.12 Contracting with other entities for the confinement of inmates

115.17 Hiring and promotion decisions

115.13 Supervision and monitoring.

115.14 Youthful inmates.

115.15 Limits to cross-gender viewing and searches.

115.16 Inmates with disabilities and inmates who are limited English proficient

115.18 Upgrades to facilities and technologies.

### Responsive Planning

115.21 Evidence protocol and forensic medical examinations.

115.22 Policies to ensure referrals of allegations for investigations.

### Training and Education

115.32 Volunteer and contractor training.

115.33 Inmate education.

115.34 Specialized training: Investigations.

115.35 Specialized training: Medical and mental health care

### Screening for Risk of Sexual Victimization and Abusiveness

115.41 Screening for risk of victimization and abusiveness.

115.42 Use of screening information.

115.43 Protective custody.

## **Reporting**

- 115.51 Inmate reporting
- 115.52 Exhaustion of administrative remedies.
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting.

## **Official Response Following an Inmate Report**

- 115.61 Staff and agency reporting duties.
- 115.62 Agency protection duties.
- 115.63 Reporting to other confinement facilities.
- 115.64 Staff first responder duties.
- 115.65 Coordinated response.
- 115.66 Preservation of ability to protect inmates from contact with abusers.
- 115.67 Agency protection against retaliation.
- 115.68 Post-allegation protective custody.
- 115.71 Criminal and administrative agency investigations

## **Investigations**

- 115.72 Evidentiary standard for administrative investigations.
- 115.73 Reporting to inmates.
- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates

## **Medical and Mental Care**

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

## **Data Collection and Review**

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

## **Auditing and Corrective Action**

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

**Number of Standards Not Met:** 0

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## **Summary of Corrective Actions:**

One (1) standard exceeded compliance requirements. Thirty-four (34) standards demonstrated substantial compliance and complied in all material ways with the standards for the relevant review period. There were ten (10) standard provisions that required corrective action in order to come into compliance prior to closure of the current audit. There are a total of forty-five (45) standards for adult prisons and jails.

**115.12 (b).** Neither the Cloud County nor Jackson County contract provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

**Corrective Action:**

The agency shall provide for agency contract monitoring in any new contract or contract renewal to ensure that the contractor is complying with the PREA standards.

**COMPLETED CORRECTIVE ACTION:**

The Agency provided copies of the Addendum Contract for Cloud County Jail and Jackson County Jail that stated “Contractor acknowledges that in addition to “Self-monitoring requirements” KDOC will conduct announced or unannounced, compliance monitoring to include “on-site” monitoring. PREA required audits will be completed no later than August 20<sup>th</sup> of the Contractor’s scheduled year.

**115.17 (a).** A review of KDOC’s IMPP 02-119D (p.9) submitted in the PAQ states KDOC shall not hire or promote anyone into a position who may have contact with offenders that: 1) has engaged in sexual abuse of offenders 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. However, the policy does not address the enlisting the services of any contractor who may have contact with inmates

**Corrective Action:**

1. The agency shall not hire enlist the services of any contractor who may have contact with inmates who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. All contract staff should be asked to answer questions prior to working with offenders.

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates

**COMPLETED CORRECTIVE ACTION**

Policy IMPP10-103D dated 10-18-2019, does now list “Staff” as all employees, contract personnel and volunteers.

**115.35(d)**

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?

Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?

**Correction Action**

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The documentation must include training in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to

victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

### **COMPLETED CORRECTION ACTION**

The facility sent completion certificates of remaining staff that needed the NIC Specialized training which included all training references as stated in the standard.

#### **115.41(b)**

Do intake screenings ordinarily take place within 72 hours of arrival at the facility?

This auditor pulled 10 random files and only two files were completed within the 72 hour time frame.

#### **Corrective Action:**

The facility must be able to demonstrate and document that staff are performing the risk assessments within the 72 hour time frame and the follow up within 30 days. The facility must be able to demonstrate that the staff performing the risk assessments are aware Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

### **COMPLETED CORRECTION ACTION**

The facility provided 60 days of copies of assessment for the 72 hour and 30 day assessments. SVA's were randomly reviewed to find the facility compliant. This was completed on 10-15-2019.

#### **115.67 (C)**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?

#### **Corrective Action**

1. The facility must demonstrate for at least 90 days following a report of sexual abuse, the agency is monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
2. The facility must demonstrate that in the case of inmates, such monitoring shall also include periodic status checks.
3. The facility must demonstrate if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

### **COMPLETED CORRECTION ACTION**

Documentation was sent for three cases of retaliation monitoring. Each of the three were completed correctly starting with the Notification of Investigation, documentation of periodic checks, the review of disciplinary reports, housing and program changes, and any performance reviews. The end of the monitoring status ended at 90 days.

**115.71**

Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?

**Corrective Action:**

1. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
2. The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years

**COMPLETED CORRECTION ACTION**

Facility did send another investigation to this auditor for review. Facility did investigate the incident to whether or not staff actions or failures to act contributed to the abuse. The agency will retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years

**115.76****Corrective Action:**

1. The agency/facility must demonstrate that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies.

**COMPLETED CORRECTION ACTION**

The Agency has updated policy IMPP10-103D to include:

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, shall be reported to relevant licensing bodies, as applicable.

**115.77**

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?

**Corrective Action:**

The agency/facility must demonstrate that all violations of agency sexual abuse or sexual harassment, must be reported to any relevant licensing bodies for which the contractor/volunteer is licensed.

**COMPLETED CORRECTION ACTION**

The Agency has updated policy IMPP10-103D to include:

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, shall be reported to relevant licensing bodies, as applicable

**115.78**

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?

**Corrective Action:**

The facility must consider whether to require the offending inmate to participate in such interventions designed to address and correct underlying reasons or motivations for the abuse, as a condition of access to programming and other benefits

**COMPLETED CORRECTION ACTION**

According to the Corizon Policy as listed for the servicing of the contract between KDOC and Corizon, policy states that the facility shall refer know offender on offender abusers upon, discovery of any such abuse history so that a behavioral health evaluation can be completed in 60 days of such abuse history.

The behavioral health evaluation shall include treatment recommendations and establishment of a behavioral health treatment plan for any behavioral health disorders contributing to abusive behavior; Referrals to other KDOC programs (such as sexual offender treatment programs or batterer intervention programs shall also be made as necessary.

The offender may exercise right to refuse treatment once presented for care.

**115.89**

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?

**Corrective Action:**

The agency shall make all aggregated sexual abuse data from 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

**COMPLETED CORRECTION ACTION**

As of August 7<sup>th</sup>, 2019, this has been corrected. Contract agencies are now posted on the Kansas Department of Correction Website.

<b>PREVENTION PLANNING</b>
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## Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. KDOC Organizational Chart
3. LCF General Order 1,111, Offender Sexual Abuse Prevention and Intervention

**Interviews:**

1. PREA Coordinator
2. PREA Compliance Manager

**Findings (By Provision):**

**115.11 (a).** KDOC's IMPP (IMPP) 10-103D Coordinated Response to Sexual Abuse and Harassment and LCF's General Order 1,111 Sexual Abuse Prevention provided in the Pre-Audit Questionnaire (PAQ) were reviewed. Both policies provide the agency and facility policy of zero tolerance for all forms of sexual abuse and sexual harassment. These policies also outline the plan for preventing, detecting and responding to reports of sexual abuse and sexual harassment by offenders. During interviews with random staff and random offenders all knew there was a zero tolerance of sexual abuse and sexual harassment as a policy. All were asked to define zero tolerance and described it as no sexual contact or sexual harassment of any kind is allowed, regardless of consent.

**115.11 (b).** The KDOC Facilities Management organizational chart was also provided in the PAQ. The PREA Coordinator is a Corrections Manager II and reports directly to the Deputy Secretary of Facilities Management. The PREA Coordinator indicated during her interview on a previous audit she had sufficient time and authority to develop, implement and oversee the Agency's efforts to comply with PREA standards in all facilities. She feels she has the support she needs from the Deputy Secretary to ensure the agency complies with the PREA standards. The PREA Coordinator provided a list of 10 PCM's that report to her with 10 alternates.

**115.11 (c).** The LCF organizational chart were provided for review in the PAQ. The chart shows a PREA Compliance Manager that reports directly to the Deputy Warden. The PCM was interviewed and she indicated she has the time and authority to coordinate and implement the facility's compliance with the PREA standards. A list of PCM's for all KDOC facilities was provided as proof each facility has a designated PCM.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

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

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. Contract – Cloud County Jail, Cloud County, Kansas 2015
2. Contract – Jackson County Jail, Jackson County, Kansas 2015
3. Memo re: 115.12 Contracting with other entities for the confinement of inmates

#### Interviews:

1. Agency Contract Administrator

**115.12 (a).** In the PAQ, LCF provided two current contracts in which the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, in the Cloud County Jail and Jackson County Jail. Both contracts required the contractor to agree to comply with the requirements of the Prison Rape Elimination Act.

**115.12 (b).** Neither the Cloud County nor Jackson County contract provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

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

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

1. The agency shall provide for agency contract monitoring in any new contract or contract renewal to ensure that the contractor is complying with the PREA standards.

...

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  
 Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. KDOC's IMPP 12-137D, Staffing Analysis, Operational Staffing and Roster Management
2. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. LCF General Order 1,111, Safety and Emergency, Offender Sexual Abuse Prevention and Intervention
4. Memo re: 115.13b Supervision and Monitoring
5. 2019 Staffing Analysis
6. Unit Logs

##### Interviews:

1. Warden
2. PREA Compliance Manager
3. Intermediate or Higher-Level Facility Staff

**115.13 (a).** Policy IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management was provided for review in the PAQ. IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management (p.4) provides a description of the required content of a staffing plan; 1) generally accepted detention and correctional practices; 2) any judicial findings of inadequacy; 3) any findings of inadequacy from Federal Investigative agencies; 4) any findings of inadequacy from internal or external oversight bodies; 5) all components of the facility's physical plan (including blind spots or areas where staff or incarcerated offenders may be isolated; 6) the composition of the incarcerated offenders population; 7) the number and placement of supervisory staff; 8) facility programs occurring on a particular shift; 9. Any applicable state or local law, regulation or standard; 10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) any other relevant factors, including what documented instances of deviation from the operational staffing plan, with regard to staffing.

Interviews were conducted with the Warden and PCM and both answered that when assessing adequate staffing levels and the need for video monitoring and how the facility staffing plan is constructed that the facility considers generally accepted detention and correctional practices, any judicial, federal investigative agencies, or internal or external oversight bodies findings of inadequacy; components of the facility's physical plant; inmate population composition; number and placement of supervisory staff; institution programs; any applicable state or local laws, regulations, or standards; substantiated or unsubstantiated incidents of sexual abuse; and other relevant factors. Additionally, the Warden stated that if adequate staffing levels were to get low the facility has identified post that could be "collapsed" to ensure inmates are protected against sexual abuse. The Warden further explained that video monitoring is used only to supplement staffing levels and not to replace staff.

The 2019 Staffing Plan was provided in the PAQ and reviewed. The plan was signed by the Warden and no discrepancies were found.

**115.13 (b).** A memorandum from the Warden was provided stating there were no deviations from the staffing plan in the last 12 months as of March 1, 2019. During my interview with the Warden he explained deviations from the staffing plan are very rare. He further explained that if there is a deviation from the staffing plan, he is made aware of the deviation.

**115.13 (c).** Policy IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management was provided for review in the PAQ. IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management (p.5) requires that the staffing plan be forwarded to the PREA Coordinator and Staff Audit Coordinator for review no later than January 1 of each year, who shall consult with the facility, and Deputy Secretary of Facilities Management or Deputy Secretary of Juvenile Services and Secretary as needed in follow up to the review of the completed form. The PREA Coordinator stated in her interview that she is consulted as needed regarding any assessments of, or adjustments to, the staffing plan for this facility.

**115.13 (d).** During the tour of the LCF post logs were reviewed for documentation of unannounced rounds by intermediate or higher-level staff. An informal interview with correctional officers on the housing units revealed that supervisors will come into the unit unannounced. An interview with intermediate or higher-level staff revealed that unannounced rounds are being made and the intermediate or higher-level staff does not follow a routine either in time of the unannounced round or in the rotation of the areas he makes those unannounced rounds. He said he does this in order to prevent the staff from alerting other staff.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. Memo re: 115.14 Youthful Offenders
3. Under 18 Reports

LCF stated in their PAQ that the facility does not have any youthful inmates.

IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (pg. 5) was provided for review in the PAQ. This policy requires youthful offenders to be housed in the KDOC Juvenile Correctional Complex and then be transported to the El Dorado Correctional Facility Reception Diagnostic Unit when they turn 18 or as soon thereafter. Several Under 18 Reports for EDCF were provided that show no offenders under 18 during December 2017, June 2018, October 2018, and February 2019. A memo was provided also stating that LCF does not house youthful inmates.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. LCF General Order 9-106 Searches and Contraband Control
3. LCF General Order 1-111 Offender Sexual Abuse Prevention
4. Orientation Training Logs
5. Lesson Plan: Offender Pat Searches

#### Interviews:

1. Random Sample of Staff
2. Transgender Inmate

**115.15 (a).** LCF reported on the PAQ zero cross gender strip or cross gender body cavity searches were conducted in the past 12 months. LCF General Order Searches and Contraband Control (p.2) provided in the PAQ states a strip search shall be performed by, and only in the presence of, employees of the same gender as the offender 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 offender being searched. The policy further states 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 offender signs 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.

All staff that had a random interview conducted was asked if they had conducted a cross-gender strip or visual search. None of the staff replied that they had. Medical staff do not conduct strip searches of offenders. If medical staff need to inspect the groin area, or breast area for transgender offenders, there is a second nurse in the room as a witness for HIPPA related concerns. This is documented on the medical report but no log is maintained.

**115.15 (b).** This substandard is non-applicable to LCF since they do not house female inmates.

**115.15 (c).** LCF General Order Security and Control 9-106 Searches and Contraband Control provided in the PAQ requires documentation of any cross-gender strip search or cross-gender visual body cavity search if such searches cannot be avoided.

A request was made for medical logs of cross gender strip searches and cross-gender visual body cavity searches however medical does not keep a log. Any such searches are documented on the medical report.

**115.15 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.4) provided in the PAQ states that staff shall be aware of offenders' state of undress. An offender shall be able to shower and perform bodily functions without nonmedical staff of the opposite gender viewing them, except in exigent circumstances (as defined above, per national PREA standards) or when such viewing is incidental to routine security checks. The policy further states 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 PREA Compliance manager must be notified. During the facility tours, views into areas where offenders shower and use toilets were checked for possible cross gender viewing that would not be incidental during a security check. During the tour of the facility offender showers were observed having a solid shower curtain or a door that blocked viewing the genitals and buttocks of offenders while undressing or showering. Interviews with offenders and staff did not indicate that any had occurred.

**115.15 (e).** Interviews with random staff indicated that most staff knew of a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; two staff were not aware of the policy but knew only a medical exam could be conducted to learn that information if needed.

**115.15 (f).** LCF recorded on the PAQ that every security staff has received training on conducting cross-gender searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. LCF also included Lesson Plan: Offender Pat Searches (p.9) states "... communicate effectively and interact professionally with all offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders while maintaining safety and supporting the mission of the KDOC."

Interviews with random staff indicated staff have been trained how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 10-138D: Assistance for Offenders and/or Victims with Limited English Proficiency
3. PREA Inmate Education Brochure (English and Spanish versions)
4. Sexual Assault Brochure (English and Spanish versions)

#### Interviews:

1. Random Sample of Staff
2. Inmates with disabilities or who are limited English proficient.

**115.16 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 7*) requires the facility to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. LCF provides training for staff, counselors, volunteers and offenders that are or work with those who have limited capabilities in reading, writing, deafness, sight or other disabilities/handicaps or that are less than English proficient. LCF provided copies of education brochures on the PAQ. LCF contracts with Big Word for translation services. The facility also has available bilingual staff.

**115.16 (b).** IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency (p.3) states that KDOC staff may use either KDOC bilingual staff or an outside interpreter service. The current contract is with The Big Word. The Big Word access codes for LCF were provided and tested by the auditor to verify LCF has a working account. Offenders identified by LCF staff as LEP were interviewed and an LCF bilingual staff was provided as an interpreter.

**115.16 (c).** A review of IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment and IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency provided in the PAQ did not indicate the agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. However, the facility recorded zero number of instances where inmate interpreters, inmate readers, or other types of inmate assistants used.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required

### **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 02-119D: Personnel Records
2. IMPP 02-126D: Recruitment and Selection Process
3. IMPP 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity
4. Employee files
5. IMPP10-103D 10-16-19

#### Interviews:

1. Administrative (Human Resource) Staff

### Findings (By Provision):

115.17 (a). A review of KDOC's IMPP 02-119D (p.9) submitted in the PAQ states KDOC shall not hire or promote anyone into a position who may have contact with offenders that: 1) has engaged in sexual abuse of offenders 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. However, the policy does not address the enlisting the services of any contractor who may have contact with inmates.

A total of 20 LCF staff employee files were reviewed. All employees were reviewed and were in compliance with the hiring policy as listed. LCF did not hire anyone who 1) had engaged in sexual abuse of offenders in an institutional setting; 2) had been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion; or 3) had been civilly or administratively

adjudicated to have engaged in such activity. Two promotions were documented correctly as stated in policy.

115.17 (b). A review of KDOC's IMPP 02-126D(p.9) submitted in the PAQ states all incidents of sexual harassment perpetrated by an applicant against offenders shall be considered in making hiring and promotional decisions. According to an interview conducted the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Additionally, it was stated the Warden makes the final decision for hiring and promoting LCF staff or contractors at LCF. A review of the 20 staff employee files mentioned in 115.17 (a) did not show any staff was hired or promoted that had an incident of sexual harassment perpetrated by an applicant against offenders

**115.17 (c).** A review of KDOC's IMPP 02-126D Recruitment and Selection Process (p.9) submitted in the PAQ states a criminal history record information check shall be completed on each candidate offered employment with the Department of Corrections including new hires and promotional candidates and on all current employees at least annually. Minimally, criminal history checks shall include a name search in the National Crime Information Center (NCIC) information systems including Interstate Identification Index (III) and wants/warrants searches as well as a state driver's license check. A fingerprint check shall be completed on all new hires either in the Automated Palm and Fingerprint Identification System (APFIS) or through submission of fingerprints to the Kansas Bureau of Investigations (KBI) to complete the check. IMPP 02-126D Recruitment and Selection Process also requires criminal background checks to be completed on all new hires and employment checks with prior institutional employers. All applicants are asked if they previously worked for an institutional employer. If the applicant indicates they have then HR staff send a form letter inquiring about prior substantiated investigations for sexual abuse or sexual harassment or resignations during such investigations.

According to an interview conducted the facility does perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, and who are considered for promotions. This is also done for any contractor who may have contact with inmates as well.

Twenty staff records were reviewed for criminal background checks and prior institution employment checks. Criminal background checks were found completed on new hires prior to employment.

**115.17 (d).** KDOC's IMPP 02-126D Recruitment and Selection Process does not have any requirements to conduct a criminal background records check before enlisting the services of any contractor who may have contact with inmates. According to an interview conducted the facility does perform criminal record background checks or consider pertinent civil or administrative adjudications for any contractor who may have contact with inmates as well.

Two contract staff records were selected at random from a contract staff list and reviewed for criminal background checks. Both had criminal background checks prior to beginning work.

**115.17 (e).** KDOC's IMPP 02-126D Recruitment and Selection Process (p.9) requires an annual criminal background records check be completed on all current employees. However, the policy does not require a criminal background records check for contractors who may have contact with inmates. The policy also states the National Crime Information Center (NCIC), the Interstate Identification Index, wants/warrants searches, and state driver's license check will be conducted for all new hires and promotional candidates. Additionally, fingerprint checks in the Automated Palm and Fingerprint

Identification System (APFIS) or the Kansas Bureau of Investigations (KBI) will be done for all new hires. In an interview the auditor was told that all new employees and promotions receive a criminal background check through NCIC and KBI.

**115.17 (f).** IMPP 02-126D Recruitment and Selection Process (p.12) states all “candidates shall be asked to provide specific and detailed information...for use in an employment reference check”. A review of the 20 randomly selected employee files showed that all new hires and employees promoted had been asked about previous misconduct described in paragraph (a)

In an interview with Human Resource I was told that any time there is contact with law enforcement the employee has a duty to report that contact. In IMPP 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity (p.11), requires an employee or volunteer to promptly report to his or her supervisor or an Enforcement Apprehensions and Investigations Officer any felony or misdemeanor arrest.

**115.17 (g).** IMPP 02-126D Recruitment and Selection Process (p.11) states if the candidate refuses to reply or provide false information to any question during the application, screening, or interview process there shall be disqualified for consideration of employment, and if hired, there shall be grounds for termination of employment.

**115.17 (h).** IMPP 02-126D Recruitment and Selection Process (p.11) requires prior institutional employers of each candidate including new hires and promotional candidates, and contract employee candidates, shall be contacted for information on substantiated allegations of sexual abuse of an offender or any resignation during a pending investigation of an allegation of sexual abuse of an offender. IMPP 02-119D: Personnel Records (p.5) states the upon receiving a request for information concerning a current or former employee related to prospective employment that only the name of the employee, name of employing State agency, title and job description, pay rates, length of employment, employee evaluations, and whether the employee was voluntarily or involuntarily release may be disclosed by the human resource manager. Neither policy allows for providing 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.

**Corrective Action:**

- 1 The agency shall not hire enlist the services of any contractor who may have contact with inmates who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. All contract staff should be asked to answer questions prior to working with offenders.
2. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

**Standard 115.18: Upgrades to facilities and technologies**

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

**115.18 (a)**

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 01-123D: Authorization for Construction, Renovation or Demolition of Physical Structures
2. Memo re: 115.18 Upgrades to facilities and technologies

#### Interviews:

1. Warden

### Findings (By Provision):

**115.18 (a).** LCF recorded on their PAQ that since the last PREA audit they have not acquired any new facilities or made any substantial expansions or modifications of the existing facility. A memo was also provided that stated the same. IMPP 01-123D Authorization for Construction, Renovation or Demolition

of Physical Structures (p.2) requires 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 Prison Rape Elimination Act (PREA) standards and consideration of the effect of such changes to protect offenders from sexual abuse. The auditors did not notice any renovation or expansions in progress at the time of the audit.

**115.18 (b).** LCF did not have any upgrades to the facility or technology since the 2016 audit. The PCM stated that she is consulted when new cameras are installed and she looks at blind spots and places where PREA incidents have happened. In an interview with the Warden he stated that he gathers information from disciplinary reports, Investigations where PREA incidents occurred, blind spots, and gets staff input when making a decision where to enhance the video monitoring system. During the on-site review the auditor noticed there were camera placements in strategic locations to reduce the number of blind spots inside and outside buildings.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 22-103D: Investigation Procedures
2. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. E-mail for Request for MOU Alliance and Lansing Correctional Facility
4. Enforcement, Apprehension & Investigations, Investigations Protocol Manual

#### Interviews:

1. Random Staff
2. SAFE/SANE Staff
3. PREA Compliance Manager
4. Inmates Who Reported a Sexual Abuse

### Findings (By Provision):

**115.21 (a).** IMPP 22-130D Investigation Procedures (*p.3*) provided in the PAQ by LCF states all allegations of sexual abuse and sexual harassment shall have an agent assigned to investigate and immediately investigated. It further states, the investigation shall follow a uniform evidence protocol. The investigation unit known as Enforcement, Apprehension and Investigation (EAI), is under the jurisdiction of the EAI Director, who reports to the Secretary of Corrections. This unit conducts investigation into allegations of criminal activity involving offenders, visitors and staff. The unit also conducts administrative investigations of departmental violations by inmates and staff. EAI's Investigations Protocol Manual describes the protocol for a systematic approach to the crime scene.

The manual covers crime scene preservation and security, collection of evidence, preservation of evidence as well as many other rules for guiding an investigation.

Random staff were selected for interviews, correctional officers from each of the three shifts were selected and non-correctional staff were selected. All the staff interviewed understood the agency's protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. The staff interviewed also knew that EAI conducted sexual abuse investigations.

**115.21 (b).** LCF does not house any youthful inmates, inmates under the age of 18. Therefore, this substandard is non-applicable to LCF.

**115.21 (c).** IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.11*) requires victims and perpetrators of sexual abuse to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner, at no cost to the offender. LCF uses the SANE located at the University of Kansas Hospital Kansas City, KS. LCF recorded on their PAQ one forensic exam was conducted in the past 12 months by either a SANE/SAFE or qualified medical practitioner.

Inmate that reported the sexual abuse had been moved to another facility for his protection. Investigation was reviewed and medical records. All documentation was complete and complied with policy.

**115.21 (d).** IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.11*) was reviewed and requires victims of sexual abuse to be provided a brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM. Additionally, 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. KDOC will also attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. LCF provided a Memo and news article where the local crisis center had been closed because of funding but the center had recently re-opened. Alliance Against Family Violence would provide around the clock hotline services to those impacted by sexual abuse at the facility.

**115.21 (e).** IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.11*) was reviewed and states 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.

**115.21 (f).** The EAI at LCF is responsible for conducting all administrative and criminal investigations. Therefore, this substandard is non-applicable to LCF.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. IMPP 22-103D: Investigation Procedures
2. Documentation of completed investigations involving sexual abuse or sexual harassment allegations

**Interviews:**

1. Investigative Staff
2. Warden

**Findings (By Provision):**

**115.22 (a).** LCF provided IMPP 22-103 Investigation Procedures (p.3) in their PAQ and was reviewed. The policy requires all allegations of sexual abuse, sexual harassment and non-consensual sexual acts to be assigned for investigation immediately and shall follow a uniform evidence protocol. LCF recorded on their PAQ that during the past 12 months 40 allegations of sexual abuse and sexual harassment were received. Each of the 40 allegations resulted in an administrative investigation with zero cases referred for a criminal investigation. Additionally, LCF recorded that all 40 investigations received were completed.

The Warden stated in his interview that all allegations of sexual abuse or sexual harassment are referred to the EAI investigator at the facility. Once the investigation is completed the Warden will receive the final investigation report. If the investigation is a criminal investigation it will be referred to the local county attorney. He also stated all investigations are monitored at Central Office.

LCF reported 40 investigations related to sexual abuse and sexual harassment was conducted in the past 12 months, the auditor reviewed 40 of these investigations. The investigation files indicated an investigation was completed for any allegation of sexual abuse or sexual harassment. Even when some of the allegations were made anonymously.

**115.22 (b).** IMPP 22-103 Investigation Procedures (p.1) outlines that EAI staff are specifically designated and trained officers whose one of many duties is to conduct criminal investigations involving employees, visitors and offenders when the offense originates within the jurisdiction of the department. LCF's investigative staff answered in an interview that allegations of sexual abuse or sexual harassment are referred to EAI who has the authority to conduct criminal investigations.

**115.22 (c).** Since LCF's investigators are trained and have the authority to conduct criminal investigations this substandard is non-applicable to LCF

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

**115.31 (a)**

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

**115.31 (b)**

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

**115.31 (c)**

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 03-104D: Minimum Departmental Training Standards
3. Kansas Department of Correction PREA Basic Lesson Plan
4. Training Records

#### Interviews:

1. Random Staff

### Findings (By Provision):

**115.31 (a).** LCF's IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.5) requires all KDOC employees to receive the brochure "Undue Familiarity and Sexual Misconduct" and receive training in (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to

fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. LCF also included their KDOC Employee Basic Training for PREA. The lesson plan addressed all of the 10 topics required in this standard as mentioned above.

Random staff were selected for interview, correctional officers were selected from each of LCF's three shifts for a total of 10 and four non-correctional officers were selected. All staff interviewed demonstrated knowledge of the ten required training topics in the standard.

Training files of the random staff selected for interviews were requested and provided by LCF. The auditor reviewed the training files and found that each had completed the training during the last 12 months

**115.31 (b).** The agency's IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.5) requires training to be tailored to the gender of the offenders at the facility and if staff are reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa the staff will receive additional training. LCF only houses male inmates over the age of 18 and the auditor during the review of the employee files did not find any employees that transferred from a female or juvenile facility.

**115.31 (c).** IMPP 03-104D: Minimum Departmental Training Standards, Attachment D (p. 1) indicates all staff will receive annual training on Offender Sexual Assault Prevention/PREA. LCF recorded on their PAQ that 500 staff employed by the facility, who may have contact with inmates, were trained in PREA requirements. At the time of the audit, a staff alpha roster was provided by LCF to the audit team. 20 random staff were selected to review attendance to the PREA training. The class completion records showed that all had completed the PREA training within the past 12 months.

**115.31 (d).** The agency's IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.5) requires the facility to document, through staff signature or electronic verification that they understand the training they have received. The classroom training is documented by signature on the PREA Training Acknowledgement form that states they received and understand the training. The training records for the 20 random selected staff were reviewed and found to have a signed PREA Training Acknowledgement form for each staff.

Based on the auditor's review of the policies, interview notes and training records, it has been determined the facility exceeds the standard's two-year requirement by providing the training annually.

## **Standard 115.32: Volunteer and contractor training**

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

### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. IMPP 13-101D: Volunteering
2. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. Kansas Department of Correction Orientation and Basic Volunteer Training Lesson Plan
4. Kansas Department of Correction Volunteer Training PowerPoint presentation
5. Volunteer Annual Training Records

##### Interviews:

1. Volunteers/Contractors who have Contact with Inmates

#### Findings (By Provision):

**115.32 (a).** IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (p.5) was reviewed and requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They are also to be notified of the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Additionally, IMPP 13-101D: Volunteering (p.6) requires volunteers to be provided volunteer basic training which includes sexual assault prevention/PREA. LCF provided the volunteer basic training lesson plan and PowerPoint for review. The basic training covered detection, responding and reporting sexual abuse and sexual harassment. LCF recorded 455 volunteers, who have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response. A religious services volunteer was interviewed and stated he had received training on detection, responding and reporting sexual abuse and sexual harassment. 10 volunteer training files were reviewed and the auditor found that each had completed the facility's volunteer training, which includes PREA training, within the last 12 months.

**113.32 (b).** IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (p.5) was reviewed and requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. A religious services volunteer was interviewed and stated he had received training and understood the agency zero tolerance policy. He also stated that he would report to the shift supervisor or an officer any allegations of sexual abuse or sexual harassment. Ten volunteer training files were reviewed and the auditor found that each had completed the facility's volunteer training, which includes PREA training and the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, within the last 12 months.

**115.32 (c).** IMPP 13-101D: Volunteering, Attachment E requires all volunteers to sign an acknowledgement form indicating they have received and understand the PREA training. IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (p.13) states this policy and procedures are intended for staff and contractors. Additionally, this policy (p.5) requires verification that contractors understood the PREA training they received. Documentation of volunteers and staff verifying they had received and understood the training was presented for review.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. Kansas Department of Correction Offender PREA Orientation (English and Spanish)
3. Kansas Department of Correction PREA Inmate Education Brochure (English and Spanish)
4. Kansas Department of Correction Offender's Guide to Sexual Assault Prevention Brochure (English and Spanish)
5. Orientation Acknowledgement Checklist

### Interviews:

1. Intake Staff
2. Random Inmate
3. Targeted Inmate

### Findings (By Provision):

**115.33 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) states "During the intake process, offenders shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." LCF reported on their PAQ that 1340 inmates admitted during the past 12 months were given this information at intake.

Two intake staff were interviewed and stated inmates are provided with information about the zero-tolerance policy and how to report incidents of suspicions of sexual abuse or sexual harassment. In order to ensure the inmates have been educated on the agency's policy of zero-tolerance for sexual abuse and sexual harassment the intake staff require the inmates to sign an orientation acknowledgement document. There were a total of 20 inmates asked if upon arrival if they had received information about the facility's rules against sexual abuse and harassment. All had remembered a paper with PREA information.

Prior to the on-site review five LCF Orientation Acknowledgement Checklist were uploaded with the PAQ for review. The checklist included an acknowledgement that the inmate viewed and received documentation regarding PREA

**115.33 (b).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) requires that within 30 days of intake, the facility shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents.

Two intake staff were interviewed and asked how are offenders educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. They replied offenders watch a video about PREA, are verbally told this information. Offenders are given brochures when they are first in intake. Offenders interviewed were asked if they were informed about PREA and zero tolerance policy. All offenders knew the policy.

The auditor reviewed the brochure provided with the PAQ, Kansas Department of Correction PREA Inmate Education Brochure and Kansas Department of Correction Offender's Guide to Sexual Assault Prevention Brochure. The brochure had information about the offender's right to be free from sexual abuse and sexual harassment and how to report such incidents

**115.33 (c).** A Brochure was uploaded with their PAQ. Brochures are given the day the offender arrives at LCF. Counselors review information with the offenders within the 30 day time frame.

**115.33 (d).** LCF recorded on their PAQ that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, visually impaired, limited in their reading skills or otherwise disabled. Additionally, IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires LCF to provide offender education in formats accessible to all offenders. PREA brochures in Spanish were uploaded with the PAQ.

LCF offers a translation service for inmates that are LEP through Big Word. During the onsite review the auditor contacted Big Word using the log in information provided by LCF to confirm access to the translation service. The service worked very well and was easy to use. LCF currently is unable to provide written materials or other formats ensure effective communication with inmates for inmates that are blind or have a low vision disability. Prea Coordinator stated that staff would read the written materials to the inmate. LCF does not have any inmates which are blind or have a low vision disability.

**115.33 (e).** Prior to the onsite review five acknowledgement checklists were provided and reviewed. The checklist included an acknowledgement that the inmate viewed and received documentation regarding PREA.

**115.33 (f).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires the facility to ensure that key information is continuously and readily available or visible to offenders through posters, handbooks, or other written formats. During the tour the auditor saw posters on every housing unit and throughout the facility where inmates have access in English and Spanish on how to report sexual abuse and sexual harassment. Additional posters regarding sexual abuse and sexual harassment were posted throughout the facility, in locations such as housing units, dining facility, work areas, visitation and program areas.

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

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. Enforcement, Apprehension & Investigations, Investigations Protocol Manual
3. Kansas Department of Correction Specialized Investigator Training
4. Lansing Correctional Facility Investigator Training Certificates
5. Lansing Correctional Facility Orientation Acknowledgement Checklist

### Interviews:

1. Investigative Staff

### Findings (By Provision):

**115.34 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) was reviewed and requires specialized training to be provided to Special Agents in conducting sexual abuse investigations in confinement settings. Certificates were provided for completion of the courses. Additionally, all of the investigators had attended KDOC Specialized Investigator training for PREA. A sign-in sheet was provided to show attendance for the two-day training event. Interviews were conducted with both investigators and they were asked if they had received training specific to conducting sexual abuse investigations in a confinement setting. Both acknowledged they had completed a course.

**115.34 (b).** The course curriculum for the NIC PREA: Investigating Sexual Abuse in a Confinement Setting and Prison Rape and Sex Assaults Investigations Inside Correctional Facilities by Training Force USA was reviewed and found to cover techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the evidence standards for substantiation and referral for prosecution. Both investigators said in their interviews the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings,

sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative or prosecution referral.

**115.34 (c).** LCF employs four investigators and documentation was provided and reviewed to show the investigators had completed the required specialized training in conducting sexual abuse investigations. Certificates were presented for both investigator for completing NIC’s online course PREA: Your Role Responding to Sexual Abuse, Prison Rape and Sex Assaults Investigations and KDOC’s Specialized Investigator Training. Additionally, certificates were presented for completion of the NIC’s PREA: Investigating Sexual Abuse in a Confinement Setting course for the four investigators.

Based on the auditor’s review of the policy, interview notes and records, it has been determined the facility meets this standard.

**Standard 115.35: Specialized training: Medical and mental health care**

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

**115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. General Health Services Policy and Procedures, Federal Sexual Assault Reporting Regulations
3. Corizon's PREA Training PowerPoint
4. KDOC Specialized Training Medical & Mental Health Professionals PowerPoint
5. Medical and Mental Health Training Records

#### Interviews:

1. Medical and Mental Health Staff

### Findings (By Provision):

**115.35 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) requires specialized training for medical and mental health staff and shall 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, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Additionally, Corizon's General Health Services Policy and Procedures, Federal Sexual Assault Reporting Regulations was provided for review and it also requires training for healthcare providers medical and

behavioral health staff to receive this training. In the PAQ, LCF reported 109 medical and mental health care practitioners worked regularly at LCF and all 109 had received the training required by the agency policy.

Two medical or mental health staff were interviewed and asked if they had received specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse and sexual harassments. Both replied they had received training on warning signs to look for when examining a patient. They also said they received training on how to respond to victims of sexual abuse and sexual harassment and to report any allegations or suspicions of such acts to the shift supervisor.

**115.35 (b).** This substandard is NA. Forensic examinations are conducted at the University of Kansas Hospital by a SANE.

**115.35 (c).** LCF provided PowerPoint of Corizon’s PREA Training and KDOC Specialized Training Medical & Mental Health Professionals Training documentation for review. The PowerPoint presentations provided information on 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, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment

**115.35 (d).** Training records were provided for 44 behavioral health staff which indicated the training had been completed for Response to and Prevention of Inmates Sexual Assault and Mental Health staff had also received NIC training on Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The records for the Medical staff showed that the staff were enrolled for the training but the training had not been completed for “Medical Health Care for Sexual Assault Victims in a Confinement Setting”. The PAQ reported that there were 109 medical and mental health staff working in the facility.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The documentation must include training in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>
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**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. IMPP 10-139D: Screening for Sexual Victimization and Abusiveness
2. IMPP 05-101D: Utilization, Confidentiality, Privacy, Security and Dissemination of Information Contained within Agency Records
3. PREA Application User Manual
4. Screening Documentation

##### Interviews:

1. Staff Responsible for Risk Screening
2. Random Inmate
3. Targeted Inmates
4. PREA Coordinator

#### Findings (By Provision):

**115.41 (a).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.2*) was provided for review. This policy requires offenders to be assessed for their potential for being a victim or aggressor with an assessment instrument known as the Sexual Victimization and Abusiveness Assessment (SVA) electronically in the Total Access PREA System (TAPS). Two staff who are responsible for performing screening of victimization and abusiveness stated in an interview that inmates upon admission to LCF receive screening for risk of sexual abuse victimization and sexual abusiveness toward other inmates. Interviews were conducted with inmates. Several of the inmates remembered being asked any questions about previous sexually abuse in a jail or prison, whether they identified as being gay, lesbian, or bisexual, and whether they thought they were in danger of being sexually abused at LCF.

**115.41 (b).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.2*) requires the SVA to be completed within 72 hours on all offenders of intake and prior to placement in multi-occupancy housing. The two staff that were interviewed for risk screening stated the screening is done within 72 hours, usually the next day in orientation. However, when I requested 10 random files only 2 had not been completed within the 72 hour time frame.

**115.41 (c).** The SVA provides a score that can designate offenders as Unrestricted (UN), Victim Incarcerated (VI), Victim Potential (VP), Known Aggressor (KA), Aggressor Potential (AP). These designations are then considered in the placement of offenders in housing, programs and job assignments. The PREA Application User Manual was provided for review. This manual provides detailed instructions to staff for completing the SVA. The SVA is to be completed within 72 hours on all offenders at intake to the agency or transferring into a facility. The SVA is to be reviewed within 30 days of intake or transfer. This Auditor requested 10 offender names and found that the 30 day follow up was not being done consistently. The process was not being checked by supervision.

**115.41 (d and e).** The KDOC PREA Application User Manual takes many factors in consideration when assessing inmates for risk of sexual victimization. Some but not all the factors that are considered are the whether the inmate has a mental, physical, or developmental disability, the age of the inmate, the inmates physical build, any previous incarcerations, whether the inmate has a criminal history that is exclusively nonviolent, any prior convictions for sex offenses against an adult or child, the inmates sexual orientation, whether the inmate has experienced previous sexual victimization, and the inmates own perception of vulnerability. KDOC does not house offenders solely for civil immigration detainees. Therefore, this criteria of whether or not the inmate is detained solely for civil immigration purpose is not assess on the SVA as a factor for victimization. Additionally, the SVA considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence of sexual abuse. Staff that perform screening at LCF were interviewed and described the process for completing the assessment that follows the KDOC PREA Application Manual.

**115.41 (f).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.2*) requires that within 30 days of intake, every offender will have another Sexual Victimization and Abusiveness Assessment completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression. This will be completed electronically in T.A.P.S. using the appropriate screening form, and shall include any additional relevant information received since intake. Each offender will be assigned a score by the internal classification instrument: KA (Known Aggressor), AP (Aggressor Potential), UN (unrestricted), VP (Victim Potential), or VI (Victim Incarcerated).

Staff that perform screening at LCF were interviewed. Both staff reported that SVA's were completed in less than 72 hours of arrival at the facility and reviewed within 30 days of arrival. Offenders were interviewed about this process and had no memory of a second interview. Some did not remember the

first SVA being done. Offender records indicate that this process of interviewing the offender within a 30 day time frame is not done on a consistent basis.

**115.41 (g).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (p.3) requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Transgender/Intersex offenders are to be reassessed twice per year to review appropriateness of placement and programming assignments and to assess for threats to the offender's safety.

**115.41 (h).** KDOC's PREA Application User Manual states offender cannot be punished for refusing to answer or for not disclosing complete information in response to the SVA questions being asked. One of the staff who perform the screening state inmates could not be disciplined in any way for refusing to answer or for not disclosing complete information. However, the other staff said they could be but has never had an inmate refuse.

**115.41 (i).** KDOC's PREA Application User Manual states only classification staff, PCM, EAI and facility administration can have access to the answers on the SVA. Security staff and offender work crew supervisors may have access to the final internal classification only. In an interview with the PCM she stated that she, the PREA Coordinator (PC), classification, the Warden and Deputy Warden, EAI, and unit team counselors are the only ones that have access to the answers on the SVA. The PC stated the access is very limited and only those with a need to know are provided access. Both screening staff that were interviewed also confirmed the access is only for unit team counselor and classification staff,

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

1. The facility must be able to demonstrate and document that staff are performing the risk assessments within the 72 hour time frame and the follow up within 30 days. The facility must be able to demonstrate that the staff performing the risk assessments are aware Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

**Standard 115.42: Use of screening information**

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

**115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. IMPP 10-139D: Screening for Sexual Victimization and Abusiveness
2. IMPP 11-106: Case Management
3. Corizon General Health Services Policy and Procedures, Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
4. Sexual Victimization Assessment (SVA) Classification List

## Interviews:

1. Staff Responsible for Risk Screening
2. Transgender Inmate
3. PREA Coordinator (PC)

## Findings (By Provision):

**115.42 (a and b).** IMPP 11-106: Case Management (*p.2*) was reviewed and states the offender's status as a Known Aggressor (KA) or Victim Incarcerated (VI) per the screening at admission shall be considered when making program referrals. IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.3*) was also reviewed and prohibits the housing of offenders with a VI or VP to only be housed with offenders that are the same or UN and offenders with a KA or AP can only be housed with offenders that are the same or UN. The Sexual Victimization Assessment (SVA) Classification List listing each inmate's status and housing assignment was provided and reviewed. It was clear from the SVA Classification List that offenders with victim scores are not housed with offenders that have aggressor scores.

The PCM was asked during her interview how the facility uses the information from the risk screening during intake to keep inmates from being sexually victimized or being sexually abusive. She stated the information is used for housing and program assignments as well as job placements. Two staff responsible for risk screening were asked the same question and they also stated it was used for housing and job assignments. They further stated that an inmate classified as a victim would not be placed with an inmate classified as an aggressor.

**115.42 (c).** General Health Services Policy and Procedures, Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria (*p.8*) states "Specific cases shall be evaluated on a case-by-case basis...for consideration of any safety, security, and/or operation concerns presented".

In the PCM's interview she was asked how the agency or facility determines housing and program assignments for transgender or intersex inmates, and if the agency considers whether the placement will ensure the inmate's health and safety as if the placement presents a management or security problem. She replied the SVA scores are used to determine housing and program assignments and consideration is given for the both the inmates health and safety as well as any management or security problems. An inmate was identified as a transgender and an interview was conducted. One of the questions asked was if the staff at LCF ask about her safety. She replied staff are asking her.

**115.42 (d).** This substandard requires placement and programming assignments for each transgender or intersex inmate to be reassessed at least twice each year to review any threats to safety experienced by the inmate. The auditor was able to find a reference in the policy regarding housing and programs are reassessed at least twice each year. The auditor did find in IMPP 11-106: Case Management (*p.6*) that inmates with less than three years to serve will have a case review done every 120 days and inmates with more than three years to serve will have a review annually.

The PCM stated in her interview that placement and programming assignments for each transgender or intersex inmate is reviewed bi-annually for threats to safety experienced by the inmate.

**115.42 (e).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) was reviewed and requires a transgender/intersex inmate's own views of his or her safety to be given serious consideration. The PCM said a transgender or intersex inmate's safety is considered at all times and

are closely monitored when asked if a transgender or intersex inmate's views with respect to his or her own safety are given serious consideration in placement and housing assignment. Both the staff who perform the risk screening also stated the transgender or intersex inmate's views with respect to his or her own safety are given serious consideration in placement and housing assignment. The transgender that was interviewed stated staff are asking about her safety.

**115.42 (f).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (p.4) and provides transgender/intersex offenders the opportunity to shower separate from other offenders. The PCM and one of the staff who conducts the risk screening stated transgender and intersex inmates are given the opportunity to shower separate on the unit. Transgender offenders are given the opportunity to shower during count when the other offenders are locked in their cells. Staff on the units were asked about this procedure and all stated that this happened every day. An interview with a transgender indicated she is given the opportunity to shower separately.

**115.42 (g).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (p.4) prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

The PC stated in her previous interview (two weeks prior) that the agency uses the classification level and programming needs for the inmate to determine which facility an inmate will be placed. She further stated that KDOC currently has 33 transgender inmates, at least one at each KDOC facility. The PCM stated the facility is not subject to any consent decree, legal settlement, or legal judgement requiring a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmate. An interview with a transgender indicated she has never been put in a housing area only for transgender or intersex inmates. During the onsite review the auditor did not see any dedicated housing unit solely housing lesbian, gay, bisexual, transgender, or intersex inmates.

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

**Corrective Action:**

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  
 Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-139D: Screening for Sexual Victimization and Abusiveness
2. IMPP 20-108: Protective Custody
3. IMPP 20-106 Administrative Segregation Review Board
4. General Order 15-103, Restriction Unit

#### Interviews:

1. Warden
2. Segregated Housing Staff

#### Findings (By Provision):

**115.43 (a).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) was reviewed and covers the use of involuntary segregation for offenders at high risk of sexual victimization. This policy requires an assessment of all housing alternatives prior to placement in involuntary segregation. If an assessment cannot be immediately made then the offender may be house for less than 24 hours in segregation while the assessment is completed.

The Warden stated during his interview that an inmate would only be placed in involuntary segregated housing after an assessment was conducted and there was no alternative housing for the inmate to keep him separated from an aggressor. At the time the onsite review was conducted, there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

**115.43 (b).** An interview was conducted with a staff who supervise inmates in segregated housing. The staff was asked if an inmate is placed in segregated housing for protection from sexual abuse or

after having alleged sexual abuse, does the inmate still have access to programs, privileges, education and work opportunities? And if not is there documentation documenting the opportunities have been limited, the duration of the limitations and the reason for such limitations? The staff member responded those inmates placed in segregation do have access to programs, educations, privileges but not work opportunities. LCF recorded in the past 12 month there had been zero inmates placed in segregation housing for protection from sexual abuse or after having alleged sexual abuse. At the time the onsite review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

**115.43 (c).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) states “Offenders placed in involuntary segregation shall not ordinarily remain for more than 30 days”. LCF reported in the PAQ zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months.

The Warden stated in his interview that inmates at high risk for sexual victimization or who have alleged sexual abuse would only be placed in involuntary segregations as a last resort if their safety could not be guaranteed in general population. He further said that LCF has never had this situation but if it did happen the inmate would be in segregated housing for the shortest possible time. The facility would look at a transfer to another facility to guarantee the inmates safety. The staff who supervises inmates in segregated housing stated inmates would only be placed in segregated housing would only be there until an alternative means of separation from likely abusers could be arranged. At the time the onsite review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

**115.43 (d).** LCF reported in the PAQ zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months; and, at the time the onsite review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

**115.43 (e).** IMPP 20-106 Administrative Segregation Review Board (*p. 1*) reads, “The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter.” The staff who supervises inmates in segregated housing was asked once an inmate is assigned to involuntary segregated housing, does the facility review the inmates circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed. He responded it is done by the review board, which consist of a unit team member, behavioral health specialist, and custody supervisor.

Based on the auditor’s review of the policy, interview notes and records, it has been determined the facility meets this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. PREA Inmate Education Brochure (English and Spanish)
3. Memorandum of Understanding (MOU) between Legal Services for Prisoners, Inc. and the Kansas Department of Corrections

#### Interviews:

1. Random Staff
2. Random Inmates
3. Targeted Inmates
4. PREA Compliance Manager (PCM)
5. Attorney Outside Agency

#### Findings (By Provision):

**115.51 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.7) was reviewed and lists the multiple methods an offender may report sexual abuse or sexual harassment. Offender may make a verbal report to any staff, a written report through a Form 9 "Offender Request to Staff" and a grievance, call on the offender phone system to #50 to report to investigators on the KDOC Sexual Assault Helpline. All staff interviewed demonstrated knowledge of most of the ways an offender could make a report during random interviews by auditors, such as the #50 phone, letting staff know, filling out a Form 9, or calling the KDOC Sexual Assault Helpline. All offenders interviewed knew of one way to report. Throughout the facility, in housing units, program areas and work areas signs were posted with the #50 information.

**115.51 (b).** An MOU with the Legal Services for Prisoners, Inc and KDOC was provided for review and covers the external reporting requirement of the standard. Offenders may call or write the Legal Services for Offenders confidentially and anonymously. Correspondence to the Legal Services for Offenders may be turned in sealed and does not need the offenders name on it to be mailed. Memos of this service were on the units. This auditor did meet with the attorney for Prisoners Inc. The attorney acknowledged that when an offender had contacted him, the attorney would notify the KDOC PREA Coordinator immediately. The attorney was well known among the offenders at the facility.

**115.51 (c).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.7) requires staff to immediately report and knowledge, suspicion, or information regarding and incident of sexual abuse or harassment. Staff may report to their supervisor, Appointing Authority, or to the investigation department. Staff interviewed stated a "narrative" would be written and would either contact the supervisor or the investigators if they received any type of report of sexual abuse or sexual harassment.

The offenders interviewed stated they could make a report in writing or in person and all but one said he could contact family members and they could make a report.

**115.51 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.7) has a toll-free third-party hotline that staff, offender family members or anyone else may use to report allegations of sexual abuse or sexual harassment. These reports are referred to the KDOC PREA Coordinator or the Director of Enforcement, Apprehensions, and Investigations. Most staff stated in their interview they would report directly to their supervisor. The auditor found the hotline number on KDOC’s website

Based on the auditor’s review of the policy, interview notes and records, it has been determined the facility meets this standard

**Corrective Action:**

**Standard 115.52: Exhaustion of administrative remedies**

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

**115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

**115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

**115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. Kansas Administrative Regulation (KAR) 44 Article 15 Grievance Procedure for Inmates
2. Kansas Administrative Regulations (KAR) 44-15-106. Emergency Procedure
3. Grievance Response

#### Interviews:

1. Inmates who Reported Sexual Abuse

## Findings (By Provision):

**115.52 (a, b, c).** KAR 44 Article 15 Grievance Procedure for Inmates provides the rules and procedures for offenders to submit “Sexual Abuse Grievances” and “Sexual Harassment Grievances”. A review of KAR 44-15-204 found there is no time limit for submission of a grievance regarding an allegation of sexual abuse nor does it require the inmate 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 inmate or by a staff member, contractor, or volunteer was the result of staff neglect or violation of responsibilities

**115.52 (d).** KAR 44 Article 15 Grievance Procedure for Inmates requires each grievance alleging sexual abuse shall be returned to the inmate, with an answer from the Warden, within 10 working days from the date of receipt. If the warden’s answer is not satisfactory to the inmate, the inmate may appeal to the secretary’s office. The secretary shall have 20 working days from receipt to return the grievance report form to the inmate with an answer. In all cases, a final decision on the merits of any portion of a grievance alleging sexual abuse, or an appeal thereof, shall be issued by the secretary within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time taken by inmates in preparing and submitting any administrative appeal. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level and may proceed to the next level of appeal. An inmate that reported sexual abuse stated in his interview that within two weeks of filing his report he had received an answer back from the facility.

The facility reported one grievance reporting sexual abuse in the last 12 months. This was reviewed by the auditor and found to be processed in accordance with the requirements of this standard. This grievance was answered in less than 30 days by the Warden.

**115.52 (e).** KAR 44 Article 15 Grievance Procedure for Inmates allows for fellow inmates, staff members, family members, attorneys, and outside advocates to be permitted to assist any inmate in filing requests for administrative remedies relating to allegations of sexual abuse and to also be permitted to file these requests on behalf of any inmate. If a third-party file such a request on behalf of an inmate, the alleged victim shall agree to have the request filed on behalf of the alleged victim. The alleged victim shall personally pursue any subsequent steps in the administrative remedy process. The offender may decline to have the grievance processed which is to be documented by the facility.

**115.52 (f).** KAR 44-15-106 Emergency Procedure allows for inmates to file emergency grievances. Emergency grievances are defined as grievances for which disposition according to the regular time limits would subject the inmate to a substantial risk of personal injury, or cause other serious and irreparable harm to the inmate. KAR 44-15-106 further states, 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.

**115.52 (g).** KAR 44 Article 15 Grievance Procedure for Inmates allows for discipline measures to be taken if only if it can be demonstrated that the inmate filed the grievance related to alleged sexual abuse in bad faith. LCF reported in their PAQ zero inmate grievances alleging sexual abuse that resulted in disciplinary action by the facility against an inmate for having filed the grievance in bad faith.

Based on the auditor’s review of policies, facility documents and interviews with staff and offenders, the facility is found to meet this standard.

## Standard 115.53: Inmate access to outside confidential support services

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment

**Interviews:**

1. Inmates who Reported Sexual Abuse
2. Random Inmates
3. Targeted Inmates

**Findings (By Provision):**

**115.53 (a and c).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.11) was reviewed and covers the requirement for victim advocate services to victims of sexual abuse. The KDOC is required to attempt to make arrangements with local rape crisis centers to provide victim advocate services to facilities through agreements. If these arrangements cannot be made then the efforts will be documented. One of the centers available is Kansas Coalition against Sexual & Domestic Violence. The offenders can write or call toll free for emotional support services related to sexual abuse. Posters were seen on bulletin boards in the housing units and the telephone areas. An MOU has been requested with Alliance. LCF does not detain inmates solely for civil immigration purposes. Offenders new about the Victim advocates because of the posters.

**115.53 (b).** The Alliance Against Violence outlines they disclose to victims, prior to providing services, the confidentiality requirements of advocates working with victims who are incarcerated and that they obtain a signed informed consent, at the onset of services, about disclosures of intent to harm selves or others and other information that create a safety concern for LCF. Currently the center just reopened and there is not a Current MOU but the Policy Director has requested an MOU and provided documentation of request. The PC reported the inmates are told in orientation the mail correspondence is not monitored, it is treated as privileged and confidential. However, if the inmate wishes to make contact via the phone, the inmate has to go through their unit team

Based on the auditor's review of policies, facility documents and interviews with staff and offenders, the facility is found to meet this standard

**Corrective Action:**

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment

**Findings (By Provision):**

**115.54 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) provides the ability for staff, an offender’s family or others to make a report of sexual abuse or sexual harassment by calling one of two toll-free telephone numbers that is published on the KDOC website. The auditor verified the hotline numbers published on the KDOC website and tested this method of reporting by calling and talking to a staff member that said if this was a real report he would forward me on to the PREA Coordinator. The second number to the Kansas Protection Report Center was called and the auditor was directed to a person that would help if this had been an actual report of sexual abuse.

The PREA posters that were observed throughout the facility during the tour tell offenders that their family may make a report on their behalf through the phone number on the KDOC website and may ask to remain anonymous. These posters were observed in the visiting rooms at LCF. They are provided in both English and Spanish.

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

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **The following evidence was analyzed in making the compliance determination:**

#### **Documents:**

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment

#### **Interviews:**

1. Random Staff
2. Medical and Mental Health Staff
3. Warden
4. PREA Coordinator (PC)

#### **Findings (By Provision):**

**115.61 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) was reviewed and requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment involving an offender or a staff member. Staff are instructed to report to their supervisor, appointing authority or Enforcement Apprehension and Investigations (EAI). Failing to report may result in administrative or disciplinary sanctions. Failing to report suspected abuse of an offender is a class B misdemeanor.

In the interviews with randomly selected staff, all of the interviewees said the facility requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

**115.61 (b).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires staff not to 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. The staff interviewed stated that they would report to their supervisor or to EAI either in person or using via a report.

**115.61 (c).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.10) requires medical and behavioral health practitioners to report sexual abuse and must inform offenders of their duty to report at the instigation of services.

In interviews with two medical health providers they stated that at the initiation of services inmates are informed of the limitations of confidentiality and their duty to report. This done by a brochure given to the inmate and signing a limit of confidentiality form. Both stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor upon learning of it.

**115.61 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.7) requires any staff who witnesses, suspects, or receives a report that an offender seventeen (17) years of age or younger is a victim of sexual abuse/harassment shall immediately complete the Suspected Child Abuse & Neglect in State Institutions (SIS) form; and shall immediately make a report to Kansas Protection Report Center at 1-800-922-5330.

The Prea Coordinator stated in her interview that when an allegation of sexual abuse or sexual harassment is by someone under the age of 18 the Division of Child and Family Services (DCFS) is contacted and the report is forwarded to the DCFS.. LCF does not receive inmates under the age of 18 so the Warden was not asked how the facility would respond to an allegation of sexual assault or sexual harassment by an inmate under the age of 18.

**115.61 (e).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) states upon being notified of an allegation of sexual abuse, at a minimum ...the PCM, EAI, and the Duty Officer and/or warden/ superintendent shall be notified. The Warden, in his interview, said any allegations of sexual abuse or sexual harassment, including third-party and anonymous sources are reported directly to EAI for investigations. A review of investigation files indicated that reports from offender and anonymous sources are being sent to investigators as required by the policy and the standard and being investigated.

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

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment

#### Interviews:

1. Warden
2. Random Staff

#### Findings (By Provision):

**115.62 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) was reviewed and states "that victims of sexual abuse and sexual harassment receive immediate protection and immediate and on-going medical and behavioral health care and support services... Any offender who alleges that he or she has been the victim of sexual abuse shall be offered immediate protection from the assailant. KDOC staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse".

The facility reported no instances of imminent risk during the past 12 months. During interviews with random staff, all staff indicated they would immediately separate the victim for the inmate's protection and notify their supervisor. The Warden stated during his interview that upon learning that an inmate is subject to substantial risk of imminent sexual abuse the inmate would be separated for their safety and Enforcement, Apprehension and Investigations would be notified to begin an investigation.

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment

#### Interviews:

1. Warden

### Findings (By Provision):

**115.63 (a, b, and c).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.9*) was reviewed and covers the procedures the facility head is to follow when an offender reports sexual abuse that occurred while incarcerated at another facility or under the supervision of another agency. When a report is received that an offender has been the victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another office, 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. LCF recorded on their PAQ that within the past 12 months there had been two allegations received that an inmate was abused while confined at another facility. Both notifications were made within the 72 hour time frame.

**115.63 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) states the head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to this policy. During the interview with the Warden, he stated he would notify the head of the other facility if an offender reported sexual abuse occurred at another facility and assist with the investigation. He stated it had been over a year since LCF received such a report. The agency head was asked in his interview what happens when the agency receives a report from another agency of sexual abuse or sexual harassment allegation occurring within one of his facilities. He replied the report is given to the Director of Enforcement, Apprehension and Investigations to assign investigators to the report.

Based on the auditor's review of the notes for the interview with the Warden, Policy and e-mail documentation it has been determined the facility meets this standard.

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### **115.64 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. General Order 01-111, Offender Sexual Abuse Prevention and Intervention

#### Interviews:

1. Security Staff and Non-Security Staff First Responders
2. Inmates who Reported a Sexual Abuse
3. Random Staff

### Findings (By Provision):

**115.64 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A was reviewed and covers the responsibilities of first responders. Under the section Discovery, first responders are to call for immediate assistance and notify the shift supervisor, keep the victim and alleged perpetrator separated, secure the scene, complete and submit written reports prior to departing the shift General Order 01-111, Offender Sexual Abuse Prevention and Intervention (*p.7*) states "Alleged victims and alleged perpetrators shall be discouraged from eating, drinking, washing, brushing teeth, etc. until a determination is made about evidence collection from their bodies. LCF reported in their PAQ that in the past 12 months there were 17 allegations that an inmate was sexually abused. Of those 17, there were three times that first security staff to respond separated the alleged victim and abuser. LCF reported there were zero number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

One staff was interviewed that was a first responder to a report of sexual abuse stated that he separated the victim from the alleged abuser, collected any physical evidence from the victim and alleged abuser, and escorted the victim and alleged abuser to medical. During random staff interviews,

all staff, both custody and non-custody, stated they would keep the alleged victim separate from the alleged perpetrator; secure the crime scene or ask someone else to secure it; not allow the victim or perpetrator to shower, eat, drink, use the bathroom; or change clothes to preserve evidence.

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

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. General Order 01-111, Offender Sexual Abuse Prevention and Intervention

##### Interviews:

1. Warden

#### Findings (By Provision):

**115.65 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A was reviewed and is a template for facilities to develop their institutional plan. It covers responsibilities

for first responders, the Shift Supervisor, Medical Staff, Behavioral Health, forensic examinations, Investigators, and PREA Compliance Managers in response to a report of sexual abuse. Additionally, General Order 01,111, Offender Sexual Abuse Prevention and Intervention (p.6,7) outlines LCF's response procedures if an allegation of sexual abuse made. It covers the response by first responders, shift supervisors, medical and mental health staff, and EAI investigators. During an interview with the Warden, he stated the policy dictates from beginning to end what steps are to be taken when a report of sexually assault is made. Additionally, interviews with all other staff verified that everyone knew their role in the facility's plan for response to a report of sexual abuse.

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

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

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

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees

**Interviews:**

1. Warden

**Findings (By Provision):**

**115.66 (a).** The Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees covering 7/1/2010 to 6/30/13 (p.22) (with automatic annual renewals outlined in Article 24 – Duration), directs that the agency is not limited in its ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Warden stated in an interview that the agreement entered into with the Kansas Organization of State Employees permits the agency to remove alleged staff abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. Employees can be placed on suspension or administrative leave pending the outcome of an investigation.

Based on the auditor’s review of documents and interview notes, it has been determined that the facility and agency meet this standard.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. General Order 01-111, Offender Sexual Abuse Prevention and Intervention

#### Interviews:

1. Warden
2. Designated Staff Member Charged with Monitoring Retaliation
3. Inmates who Reported a Sexual Abuse

### Findings (By Provision):

**115.67 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) was reviewed and requires the facility to monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. At LCF, a Unit Manager was designated with monitoring for possible retaliation.

**115.67 (b and e).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) requires the facility to employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. It also states "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation".

The Warden at LCF was asked in his interview to describe the different measures that would be used to protect an inmate or staff from retaliation. He said the facility would ensure there was no contact with the aggressor, monitor disciplinary reports and grievances, make housing changes if there was sufficient risk or a possible facility change. Additionally, medical and mental health would contact monitoring when inmates were seen. The Unit staff stated in her interview that she monitors for 90 days any signs of retaliation by looking at disciplinary reports, work assignment changes, or unnecessary housing and/or programming movements. During the onsite review there were not any inmates in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse. 90 Day Offender Monitoring forms were reviewed and several of the follow up meetings were not done. When this auditor spoke to the monitoring staff, she stated that if the case became unsubstantiated she would stop monitoring. The staff monitoring the offenders did not know the policy.

**115.67 (c and d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) requires the facility for at least 90 days following a report of sexual abuse, the facility to monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items to monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This shall also include periodic status checks, for offenders. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The facility shall designate who is charged with this monitoring.

In the Warden's interview he was asked what measures are taken when there is a suspicion of retaliation. He replied an investigation would be started; the person being retaliated against would be separated from the abuser. In the case of a staff member or contract doing the retaliation, a temporary gate closure would be done until the conclusion of the investigation. Additionally, if it was a contract employee doing the retaliation the agency contract director would be notified. The monitor stated in his her interview that she would monitor for 30, 60, 90 days any signs of retaliation by looking at disciplinary reports, work assignment changes, or unnecessary housing and/or programming movements. If needed the monitoring could be extended past 90 days. The staff actually assigned the monitoring task did not know that all substantiated and unsubstantiated cases needed monitoring. The documentation was incomplete.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

4. The facility must demonstrate for at least 90 days following a report of sexual abuse, the agency is monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
5. The facility must demonstrate that in the case of inmates, such monitoring shall also include periodic status checks.

- The facility must demonstrate if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

- IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
- IMPP 20-108: Protective Custody

##### Interviews:

- Warden
- Staff who Supervise Inmates in Segregated Housing

#### Findings (By Provision):

**115.68 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires identification of possible alternatives to restrictive housing for offenders who report sexual abuse, and when involuntary restrictive housing of alleged sexual abuse victims is employed. Additionally, IMPP

20-108: Protective Custody (p. 1) states “Admission to protective custody shall be made only when there is documentation that protective custody is warranted and that a reasonable alternative is not available”. LCF recorded on their PAQ that within the past 12 months there were zero inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing.

The Warden stated during his interview that offenders that make a PREA report would only be placed in segregation as a last resort. The goal would be to keep them in population. If an inmate was placed in involuntary segregation it would only be as long as needed, for hopefully a short time. If it would be an extended placement the facility would request a transfer to another facility to ensure the safety of the inmate. The Warden also that within the past 12 months no inmate who reported sexual abuse had been placed in involuntary segregation. A staff who supervises inmates in segregated housing said in their interview that inmates who reported sexual abuse would only be placed there if no other alternative placement could be found. The inmate would only be there for a short time, a few days and reviews are done by the unit team, custody supervisor, and behavioral health.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 22-103D: Investigation Procedures
3. Enforcement, Apprehension & Investigations, Investigations (EAI) Protocol Manual
4. Investigation Records

##### Interviews:

1. Investigative Staff

#### Findings (By Provision):

**115.71 (a).** LCF utilizes its own investigators to conduct sexual abuse and sexual harassment investigations. IMPP 22-130D Investigation Procedures (p.3) provided in the PAQ by LCF states all allegations of sexual abuse and sexual harassment shall have an agent assigned to investigate and

immediately investigated. Two EAI Investigator were interviewed and both stated that an investigation is initiated immediately upon receiving a report of sexual abuse or sexual harassment. They also said if the report was anonymous an investigation would still be initiated, they would try to identify the victim or abuser if either were unknown.

**115.71 (b).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) was reviewed and requires specialized training to be provided to Special Agents in conducting sexual abuse investigations in confinement settings. All of the LCF abuse investigators had completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting course. Additionally, all of the investigators had attended KDOC Specialized Investigator training for PREA. A sign-in sheet was provided to show attendance for the two-day training event. Interviews were conducted with both investigators and they were asked if they had received training specific to conducting sexual abuse investigations in a confinement setting. Both acknowledged they had completed a course.

**115.71 (c).** IMPP 22-103D: Investigation Procedures (*p.4*) was reviewed and states “All evidence from the crime scene will be collected in a manner that insures it will be admissible in court and maximizes the potential for obtaining usable physical evidence. Evidence will be collected, stored, and disposed of in accordance with the EAI Manual”. Interviews conducted with the EAI investigators indicated evidence such as video recordings, interviews with victim, alleged abuser, and witnesses, DNA evidence, medical records, and phone calls would all be gathered and preserved. A review of investigation files involving an allegation of sexual abuse and sexual harassment revealed that most of the evidence collected was either video footage from the camera or statements, which were audio recorded, from the victim, abuser, or witnesses.

**115.71 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A (*p.3*) was reviewed and states “When the quality of evidence appears to support criminal prosecution, investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution”. Both investigators stated they would consult with prosecutors before conducting a compelled interview if the evidence appears to supports a criminal prosecution.

**115.71 (e).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A (*p.3*) requires the credibility of a victim, suspect, or witness to be assessed on an individual basis and shall not be determined by the person’s status as offender or staff. IMPP 22-103D: Investigation Procedures (*p.6*) states “Absolutely no polygraph examinations shall be administered to alleged victims of sexual abuse in connection with the alleged offenses involved”. Both investigators stated that an inmate who alleges sexual abuse is not required to submit to a polygraph examination or any type of truth-telling device. They judge the credibility of an alleged victim, suspect, or witness on a case-by-case basis.

**115.71 (f and g).** IMPP 22-103: Investigation Procedures (*p.8*) states “Investigation reports shall be submitted on the Standard Investigation Report form (Attachment G) and will be 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 review of investigation files were done and revealed that evidence such as video footage and interviews of the victim, abuser, and witnesses were included in the investigative report. The investigators stated in their interview that when conducting an investigation staff actions are observed to see what the staff

are doing. However, a review of the investigation files found there was no statements whether staff actions or failure to act contributed to the abuse.

**115.71 (h).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) requires all incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. Both investigators stated that when during the investigation they become aware of a criminal act the case would be referred for prosecution.

**115.71 (i).** The auditor could find no reference in the policies provided stating how long the agency will retain all written reports of sexual abuse or sexual harassment investigations. A review of the investigation files provided also did not indicate how long an investigation file must be maintained.

**115.71 (j).** The auditor was unable to find any reference the policies provided that provided guidance that during an investigation of an alleged sexual abuse or sexual harassment what would happen if the alleged abuser or victim departed from employment or control of the facility. However, both investigators responded in their interview that the allegation would still be continued to be investigated if a staff member involved in the allegation terminated their employment or if the victim or abuser leaves the facility prior to the conclusion of the investigation

**115.71 (l).** LCF conducts all criminal and administrative sexual abuse investigations. Therefore, this substandard is NA.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

3. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
4. The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 22-103D: Investigation Procedures

#### Interviews:

1. Investigative Staff

#### Findings (By Provision):

**115.72 (a).** IMPP 22-103D: Investigation Procedures (*p.4*) states “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 documented violations”. Both investigators stated during their interview that preponderance of the evidence was the standard to substantiate a PREA Investigation. A review of investigation files found that outcomes were based on the preponderance of evidence as the evidentiary standard.

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

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 22-103D: Investigation Procedures
3. Notice of Investigation Status

#### Interviews:

1. Warden
2. Investigative Staff
3. Inmate who Reported a Sexual Abuse

#### Findings (By Provision):

**115.73 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 10*) was reviewed and covers reporting to offenders. The policy requires following an investigation of sexual abuse, EAI, or designated facility staff, shall inform the offender of the disposition of the investigation (substantiated, unsubstantiated, or unfounded).

The Warden stated that the EAI staff notify the inmate of the outcome of the alleged sexual abuse/harassment case. Both investigators stated in their interview that they are required to notify the inmate who made the allegation of sexual abuse or sexual harassment the disposition of the investigation. LCF reported that in the past 12 months 40 criminal or administrative investigations of alleged inmate sexual abuse was completed by the facility and that in each investigation the inmate was notified of the results of the investigation. The auditor selected 40 investigations files for review and each of the files had a Notice of Investigation Status notifying the inmate the results of the investigation.

**115.73 (b).** LCF conducts their own criminal and administrative investigations. Therefore, this substandard is NA.

**115.73 (c and e).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 10*) requires that following the report of staff sexual abuse of an offender, the facility shall inform the offender (unless it is determined to be unfounded) when: (a) The staff member is no longer posted in the offender's living unit; (b) The staff member is no longer employed at the facility; and/or (c) The staff member has been indicted on a charge related to sexual abuse within the facility. The auditor reviewed

all files and each of the files had a Notice of Investigation Status notifying the inmate the status of the staff member that committed sexual abuse against the inmate and required the inmate to sign such notification.

**115.73 (d and e).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.10*) requires that following the report of offender sexual abuse of another offender, the facility shall inform the offender when: (a) The alleged abuser is indicted on a charge related to sexual abuse within the facility; (b) The alleged abuser is convicted on a charge related to sexual abuse within the facility. The auditor selected 40 investigation files for review and each of the files that needed a notice had a Notice of Investigation Status notifying the inmate the status of the alleged abuser that committed sexual abuse against the inmate and required the inmate to sign such notification.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity
3. IMPP 02-120D: Employee Disciplinary Procedures and Informal/Formal Actions

#### Findings (By Provision):

**115.76 (a).** IMPP 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity, attachment B , Under Rules of Conduct for Employees, Contract Personnel and Volunteers...acknowledge that they have read and understand IMPP 10-103D, including engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal.

**115.76 (b).** IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (p.9) was reviewed and states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. LCF reported on their PAQ that zero staff from the facility was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies

**115.76 (c).** IMPP 02-120D: Employee Disciplinary Procedures and Informal/Formal Actions (p.4) covers the factors to be considered by the appointing authority prior to proposing formal disciplinary action. One factor is the "type of disciplinary action taken with other employees under similar circumstances." LCF reported in their PAQ that zero staff from the facility had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

**115.76 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) states "All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred

for prosecution when warranted". The auditor was unable to find any reference in policy where the agency/facility would report any staff who engages in sexual abuse to relevant licensing bodies

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

2. The agency/facility must demonstrate that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies.

**Standard 115.77: Corrective action for contractors and volunteers**

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity
3. IMPP 02-106D: Denial of Entry for Contract Personnel
4. IMPP 13-101D: Volunteering

**Interviews:**

1. Warden

**Findings (By Provision):**

**115.77 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) states “All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted”. IMPP 13-101D: Volunteering (p.9) was reviewed and also states that any volunteer who engages in sexual abuse of an inmate shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. However, the auditor found no reference allowing for reporting contractors who engage in sexual abuse of an inmate to any relevant licensing bodies. LCF reported in their PAQ that in the past 12 months, zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of an inmate. A review of the investigation files indicated that there were no allegations of sexual abuse of an inmate by a volunteer or contractor that was reported and investigated in the past 12 months.

**115.77 (b).** IMPP 13-101D: Volunteering (p.9) was reviewed and allows for a volunteer to be removed from the facility and prohibited from contact with offenders if the volunteer engages in sexual abuse of an offender. The Warden stated in his interview that in any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the facility would have a temporary gate closure on the contractor or volunteer until the conclusion of the investigation and the contract director would be notified if a contract employee was involved.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

The agency/facility must demonstrate that all violations of agency sexual abuse or sexual harassment, must be reported to any relevant licensing bodies for which the contractor/volunteer is licensed.

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. IMPP 22-103: Investigation Procedure
3. Inmate Handbook
4. PREA Inmate Education Brochure (English and Spanish)
5. Offender's Guide to Sexual Assault Prevention Brochure (English and Spanish)

#### Interviews:

1. Warden
2. Medical and Mental Health Staff
3. Prea Compliance Manager

#### Findings (By Provision):

**115.78 (a).** The auditor reviewed the inmate handbook provided with the PAQ. In the offender handbook Rule 44-12-314 (p.19) states "No inmate shall commit or induce others to commit an act of sexual intercourse or sodomy, even with the consent of both parties. Participation in such an act shall be prohibited...Violation of this regulation shall be a class I offense".

In an interview the disciplinary process was described as a formal and informal process. Lesser charges would be handled informally by the officer issuing a summary judgement where the officer decides the punishment. That is documented and given to the disciplinary officer. A serious offense is done formally by the officer writing a form review report. The inmate is given at least 24-hour notice to gather evidence and witness statements. A hearing is conducted and both sides are listened to impartially. If the inmate is found guilty then a penalty is imposed.

**115.78 (b).** Rule 44-13-406 (p.56) in the inmate handbook covers the disposition of charges and administration of sanctions. The sanctions are commensurate with the nature and circumstance of the abuse committed and fall within a range of applicable sanctions based on the nature of the offense, the offender's prior disciplinary history and ensures that the sanction is commensurate with other sanctions imposed on offenders. LCF reported in their PAQ that within the past 12 months there were zero administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and zero number of criminal finding of guilt for inmate-on-inmate sexual abuse.

**115.78 (c).** In the offender handbook Rule 44-13-404 (p.51) allows for the hearing officer to consider the inmate's entire facility record and other relevant facts, observations, and opinions when determining what type of sanction, if any, should be imposed

**115.78 (d).** The auditor could find nothing to show the facility requires the offending inmate to participate in therapy, counseling, or other interventions. In an interview with medical and mental health staff the auditor was told behavioral health will see the victim but it is voluntary and the inmate's participation is not a condition to programming or other benefits.

**115.78 (e).** Rule 44-12-328 in the offender handbook (p.23) states no inmate shall solicit, encourage, establish, or participate in any type of personal relationship with any staff member, contract personnel, volunteer, or employee of any other organization in charge of the inmate. Violation of this regulation shall be a class I offense.

**115.78 (f).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A, (p.3) states "If an investigation reveals that a report of sexual abuse or sexual harassment was made in bad faith, the facility may hold offenders accountable through the appropriate disciplinary process". A review of the investigation files indicated one case when the inmate admitted to filing a false report. The auditor asked if the inmate received any disciplinary sanction for a bad faith report. The PREA Compliance Manager at LCF reported that no discipline was issued for the inmate filing a false report of sexual abuse or sexual harassment.

**115.78 (g).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.10) was reviewed and states if an investigation determines consensual sexual activity has occurred between offenders, appropriate disciplinary action shall be taken.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

1. The facility must consider whether to require the offending inmate to participate in such interventions designed to address and correct underlying reasons or motivations for the abuse, as a condition of access to programming and other benefits?

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff

ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes  No  NA

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. IMPP 10-139D: Screening for Sexual Victimization and Abusiveness
2. General Health Services Policy and Procedure, Response to Sexual Abuse
3. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment

**Interviews:**

1. Inmates who Disclose Sexual Victimization at Risk Screening
2. Medical and Mental Health Staff
3. Staff Responsible for Risk Screening

**Findings (By Provision):**

**115.81 (a and c).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) was reviewed and covers the disclosure of sexual victimization or the perpetration of sexual abuse under § 115.41 that occurred in an institutional setting or in the community ensuring that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. Two staff that conduct the screening for victimization were interviewed and both, stated offenders that report prior victimization or perpetration are referred the same day to medical and mental health for services.

**115.81 (b).** IMPP 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) states “If the Sexual Victimization and Abusiveness Assessment indicates that an offender has previously perpetrated sexual abuse, whether in an institution or in the community, the facility shall offer the offender follow-up with a medical or mental health practitioner within 14 days of the screening”. LCF reported on their PAQ that in the past 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up meeting with a mental health practitioner. Interviewing mental health staff, stated all offenders that have perpetrated sexual abuse would be offered follow-up services.

**115.81 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) was reviewed and states “Apart from reporting to designated supervisors, staff shall 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”. During the onsite review the auditor did not see, hear, or find any evidence that would indicate information related to sexual abuse reports are given to anyone other than on a need-to-know basis.

**115.81 (e).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.11*) requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Interviews with Medical and Mental Health staff stated they would inform offenders of their duty to report if an offender reported prior sexual abuse to them. They also said they would obtain consent to report if the offender were to disclose sexual victimization that occurred outside of an institution.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. General Health Services Policy and Procedure, Federal Sexual Assault Reporting Regulations
2. General Health Services Policy and Procedure, Response to Sexual Abuse
3. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
4. Kansas Statue (KAR) 44-5-115, Service Fees

**Interviews:**

1. Inmates who Reported a Sexual Abuse
2. Medical and Mental Health Staff

**Findings (By Provision):**

**115.82 (a).** Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p.1*) was reviewed and covers the provision of emergency services and follow up health care for victims of sexual abuse. It also states healthcare medical or mental health provides determine the nature and scope of emergency medical treatment and crisis intervention according to their professional judgment, including, as appropriate, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. An inmate that reported a sexual abuse was interviewed and asked about the medical and mental health services he received. He stated he was offered services but refused them. Medical and mental health staff said in their interview that upon receiving a report of sexual abuse the inmate is immediately seen by medical and referred to mental health and the scope of the services are determined by their professional judgment.

**115.82 (b).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.11*) requires that upon a report of sexual abuse being received the victim will be provided immediate access to medical and behavioral health care. Interviews were conducted with a first responder who said that immediately the inmate is separated and taken to medical. Additionally, interviews conducted with custody staff indicated that the first two steps upon receiving an allegation of sexual abuse is to separate the victim and alleged abuser and take the victim to medical. A review of investigation files showed that referrals to medical and mental health were completed on all sexual abuse investigations reviewed on the same day as the report was received.

**115.82 (c).** Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p.1*) requires prophylactic treatment for sexually transmitted diseases or other communicable diseases is offered to victims. The victim will be offered HIV antibody testing and counseling if indicated. The antibody tests will be administered initially and repeated three months and six months following the incident. The medical staff interviewed said victims of sexual abuse are offered information about access to emergency contraception and sexually transmitted infection prophylaxis. The victim would receive the treatment upon obtaining an order from the provider which take only about 5-10 minutes

after contacting the provider. The inmate who reported sexual abuse stated he was offered these services but refused them.

**115.82 (d).** KAR 44-5-115 states “Each inmate in the custody of the secretary of corrections shall be assessed a fee of \$2.00 for each primary visit initiated by the inmate to an institutional sick call...Inmates shall not be charged for the following...emergency treatment...facility-requested mental health evaluation”.

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

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

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

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### **115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. General Health Services Policy and Procedure, Federal Sexual Assault Reporting Regulations
2. General Health Services Policy and Procedure, Response to Sexual Abuse
3. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
4. Kansas Statue (KAR) 44-5-115, Service Fees

#### Interviews:

1. Inmates who Reported a Sexual Abuse
2. Medical and Mental Health Staff
3. Security Staff and Non-Security Staff First Responders

### Findings (By Provision):

**115.83 (a and b).** Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p. 1*) was reviewed and covers the provision of emergency services and follow up health care for victims of sexual abuse. It also states healthcare medical or mental health provides as appropriate, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The interviews with medical staff indicated the treatment for inmates who have been victimized entails prophylactic treatment, HIV testing, HEP Panel, education for development of other STDs. According to the medical staff this treatment continues until completed even if the inmates leaves the facility.

**115.83 (c).** General Health Services Policy and Procedure, Response to Sexual Abuse was reviewed and provides guidance to medical and mental health staff to ensure victims of sexual abuse receive services consistent with the community level of care. In the opinion of the medical staff that was interviewed they think the care provided to victims of sexual abuse is consistent with the community level of care or even better

**115.83 (d).** LCF is an all-male facility. Therefore, this substandard is NA.

**115.83 (e).** LCF is an all-male facility. Therefore, this substandard is NA.

**115.83 (f).** Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p. 1*) requires prophylactic treatment for sexually transmitted diseases or other communicable diseases is offered to victims. The victim will be offered HIV antibody testing and counseling if indicated. The antibody tests will be administered initially and repeated three months and six months following the incident. The medical staff interviewed said victims of sexual abuse are offered information about access to emergency contraception and sexually transmitted infection prophylaxis. The victim would receive the treatment upon obtaining an order from the provider which take only about 5-10 minutes after contacting the provider. The inmate who reported sexual abuse stated he was offered these services but refused them.

**115.83 (g).** KAR 44-5-115 states “Each inmate in the custody of the secretary of corrections shall be assessed a fee of \$2.00 for each primary visit initiated by the inmate to an institutional sick call...Inmates shall not be charged for the following...emergency treatment...facility-requested mental health evaluation”.

**115.83 (h).** Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p. 1*) states “The facility Behavioral Health Professional {sic} will be contacted immediately by health care staff to offer the individual behavioral health counseling following the rape, or suspected sexual assault, regardless of the length of time from the occurrence to the report...Behavioral health counseling will be face to face as soon as possible, no later than the next working day. The medical staff interviewed reported mental health will do an initial evaluation within 14 days and depending on the evaluation will recommend additional treatment.

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

## DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews, Sexual Incident Review (*Effective Date 050714*)
2. PREA Application Manual

#### Interviews:

1. Warden
2. PREA Compliance Manager (PCM)
3. Incident Review Team

#### Findings (By Provision):

**115.86 (a and b).** IMPP 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (*p.4*) requires each facility to conduct a sexual abuse incident review coordinated by the facility PREA Compliance Manager at the conclusion of every sexual abuse investigation, including those in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. LCF reported in their PAQ that in the past 12 months 40 criminal and/or administrative investigations of alleged sexual abuse was completed at the facility and that each of the 40 investigations were followed by a sexual abuse incident review within 30 days. The auditor reviewed 9 investigations. Each investigation was followed with the required sexual abuse incident review.

**115.86 (c).** IMPP 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (*p.4*) requires at a minimum the Sexual Assault Incident Review (SAIR) to consist of the PCM (as the chairperson), an investigator, a custody supervisor, and a healthcare or mental health professional. The Warden in his interview said that in addition to the staff already mentioned that himself, the Deputy Warden, and classification supervisor attend the SAIRs.

**115.86 (d).** IMPP 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (p.4) states “Utilizing the Sexual Abuse Incident Review Format (Attachment B), the SAIR team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts; and
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.”

The SAIR team shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this policy, and any recommendations for improvement.

The Warden stated in his interview that the SAIRs are used to prevent future sexual assaults based on the location the assault took place, if there was a classification mistake, if additional training is needed, or if policy and procedures need revised. A member of the SAIR team was also interviewed and said in the meeting they discuss the physical layout where the incident took place, looking at the staffing available, attempt to determine why the assault happened, and if the area needed additional cameras or mirrors.

The report shall be submitted to the facility Warden and KDOC PREA Coordinator within 10 business days of the completion of the review. A review of the seven SAIRs confirmed that LCF is meeting each requirement of this substandard.

**115.86 (e).** IMPP 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (p.5) requires the facility implement recommendations from the SAIR or document the reasons for not doing so. A review of the seven SAIRs indicated the facility is either implementing recommendations made by the SAIR team or documenting the reason why not.

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

**Corrective Action:**

## **Standard 115.87: Data collection**

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

### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

## Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. PREA Application Manual

## Findings (By Provision):

**115.87 (a and c).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires the KDOC PREA Coordinator (PC) to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The facility investigators are responsible for entering every PREA related investigation into the case log. For every allegation of sexual abuse or sexual harassment, all documents and items used to demonstrate a complete and proper response is loaded into the electronic investigation file.

**115.87 (b).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) also requires the Prea Coordinator to, on an annual basis, review and analyze the data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. Summaries of the 2017 and 2018 PREA data is available on the KDOC website and shows a breakdown of the reports KDOC received by incident type and the finding of the investigations for each type of incident. Additionally, the Survey of Sexual Victimization for 2016 and 2017 is available for review on KDOC's website.

**115.87 (d).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires the facility investigators to enter every PREA related investigation into the case log. For every allegation of sexual abuse or sexual harassment, all documents, including reports, investigation files, and sexual abuse incident reviews and items used to demonstrate a complete and proper response is loaded into the electronic investigation file.

**115.87 (e).** A request was made to the PC to provide incident based and aggregated data from the Jackson County Sheriff facility with which it contracts for the confinement of its inmates. The auditor was provided aggregated data from the Jackson County Sheriff facility for years 2014 to 2018.

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

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Taking corrective action on an ongoing basis?

Yes  No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. KDOC 2017 Annual PREA Report

3. KDOC 2018 Annual PREA Report
4. KDOC Annual PREA Report, A Comparative Analysis of PREA Data form CY 2011-2015
5. KDOC Annual FY 2017 Report

#### **Interviews:**

1. PREA Coordinator (PC)
2. PREA Compliance Manager (PCM)

#### **Findings (By Provision):**

**115.88 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires the KDOC PREA Coordinator (PC) to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. KDOCs' Annual PREA Reports for years 2017 and 2018 was provided and reviewed. These reports provide information such as the types of sexual abuse or sexual harassment and the outcome of each investigation. It also provides information for each PREA audit done at KDOC's facility. The information is reviewed to identify problem areas, the corrective action that is needed, and for preparing an annual report.

The KDOC PREA Coordinator stated during her interview that she gathers the information for the annual report which is provided to the Secretary of Corrections within 30 days. The information is also used to ensure the safety of the inmate population.

**115.88 (b).** KDOCs' Annual PREA Reports for years 2017 and 2018 was reviewed and found to provide a comparison of the current year's data and corrective actions with those from prior years going back to 2014. The report provided an assessment of the agency's progress in addressing sexual abuse. As an example, the report from 2018 showed an increase in allegations of abusive sexual contact from the previous year and a 40 percent decrease in reports of staff sexual misconduct.

**115.88 (c).** A review of KDOCs' Annual PREA Reports for years 2017 and 2018 showed they were signed by the Secretary of Corrections (agency head). Additionally, a review of KDOC's website had links to 2014, 2017, and 2018 PREA Annual Reports.

**115.88 (d).** In the PC's interview she said the agency does not put personal identifying information (PII) in KDOC's Annual Reports therefore there is no redaction. A review of the KDOC's Annual Report confirmed that there was no redaction or PII in the report.

Based on the auditor's review of the KDOC's annual PREA report, KDOC's website, and interviews it has been determined the agency meets this standard.

### **Standard 115.89: Data storage, publication, and destruction**

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

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Documents:

1. IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. KDOC 2017 Annual PREA Report
3. KDOC 2018 Annual PREA Report
4. KDOC Annual PREA Report, A Comparative Analysis of PREA Data form CY 2011-2015
5. KDOC Annual FY 2017 Report

**Interviews:**

- 1. PREA Coordinator (PC)

**Findings (By Provision):**

**115.89 (a).** IMPP 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.11) requires investigators at each facility to upload documents and case information into the electronic case files. Additionally, documents and processes, gathered or facilitated by the PCM, shall be forwarded electronically to the investigators for inclusion in the electronic case file. The PC stated in her interview hard copies of data are secured in her office within a locked cabinet.

**115.89 (b).** A review of KDOC’s website did not contain aggregated sexual abuse data, from the two private facilities with which KDOC contracts. However, it did include aggregated sexual abuse data from facilities under KDOC’s direct control.

**115.89 (c).** Reports containing aggregated data was provided for review. The auditor found no personal identifiers in any of the reports provided or on KDOC’s website.

**115.89 (d).** A review of the website showed information regarding sexual abuse going back to 2011.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

**Corrective Action:**

- 1. The agency shall make all aggregated sexual abuse data from 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.

<b>AUDITING AND CORRECTIVE ACTION</b>
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**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

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

**115.401 (b)**

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

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**115.401 (a and b).** A review by the auditor of the KDOC website found a PREA audit report for every KDOC facility during the first audit cycle. Currently KDOC is in the third year of the current audit cycle. KDOC has eight facilities. Two facilities were audited in 2017, two facilities were audited in 2018, and four were audited in 2019 (this audit for LCF is one of the four audited in 2019).

**115.401 (h).** The audit team was provided access to every part of the facility that offenders had access. There were no areas auditors wanted to go that we were not allowed to enter. All documents requested have been provided to auditors. Auditors were given private areas to conduct interviews with offenders and staff during the onsite portion of the audit.

**115.401 (i).** During and after the onsite review the auditor requested additional documentation that was provided in the PAQ. Both the PC and PCM were very helpful in providing a response to each request.

**115.401 (m).** Interview areas were provided which allowed the auditor to conduct all interviews, staff, volunteers, and inmates in private.

**115.401 (n).** Inmates were allowed to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor viewed notification to the inmates on every housing unit bulletin board with instructions on how to contact the auditor. However, the auditor did not receive any such information before, during, or after the audit.

Based on the auditor's review of the PREA audit reports on the KDOC website and the onsite audit, it has been determined that the agency meets this standard

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the KDOC website shows a PREA audit report for every KDOC facility during the first audit cycle and the current audit cycle for facilities that have received a PREA compliance audit.

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

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

**Auditor Instructions:**

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

Alison Yancey \_\_\_\_\_

12-6-2019 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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