

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

Interim Final

Date of Report April 10, 2020

Auditor Information

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Company Name: Dwight Lamar Fondren, CCE - DOJ Certified PREA Auditor

Mailing Address: P.O. Box 901824

City, State, Zip: Kansas City, MO 64190

Telephone: 816-699-0244

Date of Facility Visit: March 3-5, 2020

Agency Information

Name of Agency:

Governing Authority or Parent Agency (If Applicable):

Kansas Department of Corrections (KDOC)

State of Kansas

Physical Address: 714 SW Jackson

City, State, Zip: Topeka, Kansas 66603

Mailing Address: 714 SW Jackson

City, State, Zip: Topeka, Kansas 66603

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Jeff Zmuda, Secretary of Corrections

Email: jeff.zmuda@ks.gov

Telephone: 785-296-3310

Agency-Wide PREA Coordinator

Name: Peggy Steimel, KDOC Agency PREA Coordinator

Email: peggy.steimel@ks.gov

Telephone: 785-291-3074

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator

Joel Hrabe, Deputy Secretary of Facilities Management

20

Facility Information

Name of Facility: Topeka Correctional Facility

Physical Address: 815 S.E. Rice Road

City, State, Zip: Topeka, KS 66607

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

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Security audit (April 3-4, 2019) and PREA Internal Review (November 4-6, 2019)

Warden/Jail Administrator/Sheriff/Director

Name: Gloria Geither

Email: gloria.geither@ks.gov

Telephone: 785-559-5158

Facility PREA Compliance Manager

Name: Gregory Perez

Email: gregory.perez@ks.gov

Telephone: 785-559-5059

Facility Health Service Administrator N/A

Name: Kelsey Howe

Email: kelsey.howe@ks.gov

Telephone: 785-559-5090

Facility Characteristics

Designated Facility Capacity:	907
Current Population of Facility:	904
Average daily population for the past 12 months:	898
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-71
Average length of stay or time under supervision:	N/A
Facility security levels/inmate custody levels:	Special Management, Maximum, Medium, and Minimum
Number of inmates admitted to facility during the past 12 months:	593
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	592
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	574
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	245
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	58

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	12
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	111
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	360
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	22
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	15
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	3
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

Pre-Onsite Audit Phase

The notification of the on-site audit at Topeka Correctional Facility (TCF) was posted on January 21, 2020, six weeks prior to the date of the onsite audit. The posting of the notices was verified by photographs received electronically from the Facility PREA Compliance Manager (FPCM). The photographs provided with the Pre-Audit information indicated notices were posted strategically throughout the facility, accessible to inmates, staff, visitors, contractors, and volunteers. The Auditor noticed that the notifications were placed in the lobby, hallways, living units, and common areas. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. The notice was posted in English and Spanish and at eye levels easy for a person to see either standing or sitting. All inmates in the facility during the time of the site visit spoke and read English. No correspondence was received during any phase of the audit. Prior to the Auditor's onsite visit to the facility, the Auditor worked with the Agency PREA Compliance Manager (APC) in developing and completing the Pre-Audit Questionnaire (PAQ). This document identified the minimum information and supporting documents that the facility should submit to the Auditor before the onsite audit begins.

The TCF PAQ was received on February 4, 2020. The completed PREA PAQ, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. An initial assessment was conducted of the information provided and it was determined the information was provided in detail on the flash drive. The documentation on the flash drive was well organized by each standard, including the identified provisions of each standard. Additional information requested during the site visit was provided or explained by the Warden. The Auditor reviewed the lists/documents provided and conferred with the FPCM in development of the interview schedule to ensure clarity regarding specialized PREA roles among staff. The Auditor communicated with the FPCM to confirm schedules and to clarify specialized PREA roles. Internet research of the facility revealed no indication of litigation, U.S. Department of Justice involvement, or federal consent decrees. General and specific information about the facility and the programs and services provided are detailed on the facility's website. The facility's website also contains PREA information including but not limited to the zero-tolerance and coordinated response policies. The PREA audit report for the last facility audit in 2017 is located on the site.

Onsite Audit Phase

The on-site visit was conducted March 3-5, 2020 by Dwight L. Fondren (Auditor). The Auditor arrived onsite during the early morning hours in order to interview some staff members on the overnight shift and observe early morning operations. TCF random staff members working the overnight shift were interviewed immediately upon the auditors' arrival to the facility to reduce the accrual of overtime hours. Once the interviews were completed, an entrance conference was conducted. In addition to the Auditor, the entrance conference included the Warden, the APC, FPCM, Chief of Security, Investigator, HR Manager, and other designated staff by the Warden. During the conference the Auditor discussed the information contained in the PAQ. Formal introductions were made and a discussion of the audit process, site visit activities and the itinerary was covered. Site review Instructions included a description of the areas of the facility to be toured; operations and practices to be observed; and questions that should be asked of staff and inmates to conduct a thorough site review. Additionally, interview protocols to be used by the Auditor to interview staff and inmates as part of the audit were discussed. Required documentation, relevant observations, the interview protocols, and the audit compliance tool were used to establish evidence of standard compliance. At the time of this audit, the facility employed 245 staff and the inmate population was 904.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted with the Auditor and APC led by the FPCM. The tour included all areas of the facility. The staff was observed providing direct supervision to the program inmates. During the pre-audit phase, the Auditor

was provided a diagram of the physical plant which provided familiarity with the layout of the facility. The facility was clean, in good repair, and well maintained. The auditor was able to view camera locations. The visual monitoring systems in place provides effective coverage to assist the facility in monitoring sexual abuse and harassment concerns. The agency and facility conducts reviews of the electronic monitoring systems annually and considers how such technology will enhance the agency's ability to protect inmates from sexual abuse. The facility has asked for additional cameras to enhance visual/video monitoring. The Warden and designated staff can monitor the cameras on a 24-hour basis from their offices. Visibility is enhanced with the strategic use of cameras, mirrors and windows in doors. There were no cameras in bathrooms and reasonable privacy is provided to inmates when they use the toilet, change clothes and shower. To ensure interactions between staff and inmates are conducted in a professional and respectful manner, "Red Arrows" are painted on the floor/grounds strategically throughout the facility, indicating direct camera view to document pat down/shake down searches or interactions are in the least intrusive manner possible, consistent with security needs. Signage was posted which indicated where inmates were not allowed or only allowed with staff supervision. The PREA Audit notices were posted on the bulletin boards in various hallways. Posters containing the PREA hot-line number are prominently posted in the main lobby area and hallways. The notices contained large enough print to make them accessible and easy to see and read and in English and Spanish. Posted signs were observed regarding general PREA information including emergency and non-emergency numbers for assistance. The posted information included instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services. Telephones were observed in the housing units which were available for legal and personal contacts as well as reporting allegations of sexual abuse and sexual harassment. A physical test and observation indicated that the telephones were in working order. The reporting process was discussed with random staff and inmates during the site review. Male staff was observed announcing their presence and would knock on entrance doors to alert the inmates that opposite gender staff were making rounds/inspections or entering the unit. Medical request forms and grievance forms are accessible to all inmates and designated staff. All inmates have access to writing utensils needed for completing the forms.

Interviews

General questions were answered by staff during informal interviews regarding inmate activities and program services as the site review progressed throughout the facility. The FPCM had been previously provided a document by the Auditor titled, "Information Requested to Determine Staff and Inmates to be interviewed during the On-site PREA Audit." The document was completed and provided the Auditor onsite. The document requested the identification of the staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with inmates. The document requested a list of security staff and their shift assignments and an inmate population roster. Additionally, the request included information regarding inmates who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender inmates; and inmates housed in isolation. A current inmate roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and inmates, including targeted inmate interviews. The facility provided the lists and information before and during the site visit that assisted with the determinations and interview selections.

During the interview process, the Auditor did not limit the interview questions to only those included in the protocols; rather, additional site-specific questions were asked to use as a starting point for eliciting information about the facility's compliance with the PREA Standards. All Responses to the interview questions were part of the Auditor's compliance assessment. Inmate interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. This Auditor was provided evidence to ensure compliance to the PREA as documented in this report. Several TCF staff provides dual services and roles in the management of the PREA Programs. Fifty-three staff were interviewed to include the Warden; security staff (from all three 8-hour shifts); intermediate and higher level facility staff; contractors medical and mental health, specialized staff, and random staff. The random staff members interviewed covered all shifts and specialized staff members interviewed based on their job duties and PREA roles. The specialized interviews conducted included staff members in this category serving in more than one PREA related specialized role. Staff interviews conducted by the

Auditor were done in the privacy of a conference room. The Auditor conducted 48 staff interviews and 74 inmate interviews between the TCF in the following categories during the onsite phase of the audit:

Category of Inmates	Number of Interviews
Random Inmates	48
Inmates who Identify as Gay or Bisexual	4
Inmates with LEP	3
Inmates with a Cognitive Disability	1
Inmates with Physical Disability	5
Inmates Report of Sexual Abuse	4
Inmates who Identify as Transgender or Intersex	3
Inmates Report of Sexual Victimization During Intake	3
Inmates Hard of Hearing/Vision Deficiency	3

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

Category of Staff	Number of Interviews
Medical Staff	2
Mental Health Staff	2
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	2
Volunteers who have Contact with Inmates	0
Contractors who have Contact with Inmates	3
Investigative Staff	2
Staff who Perform Screening for Risk of Victimization and Abusiveness	2
Staff on the Incident Review Team	2
Designated Staff Member Charged with Monitoring Retaliation	1
Security Staff First Responders	3
Non-Security Staff First Responders	2
Intake Staff	2
Line Staff who Supervises inmates	6
Number of Specialized Staff Interviews	26
Number of Random Staff Interviews	20
Total Random and Specialized Interviews	46
Total Interviews plus PREA Coordinator and Director/CEO	48

Onsite Documentation Review

The Auditor received many examples of documentation from inmate and staff files as part of the Pre-Onsite Audit Phase. During the pre-onsite audit phase and the onsite audit phase the Auditor reviewed a sample of personnel files of the staff selected to be interviewed, including documentation of criminal background checks occurring. The PREA Pre-Audit Questionnaire and facility policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite. The secondary documentation reviewed included, but was not limited to, vulnerability assessment forms, grievance reports, PREA education and training acknowledgement forms, training records, annual staffing plan assessment, staff schedules, unannounced rounds reports, retaliation monitoring form, organization chart, and other documentation. After the completion of the site visit process, an exit briefing was held in the conference room. The attendees were the Assistant Warden, the APC, FPCM, Case Management Supervisor and the Auditor. The exit briefing served to review the onsite process and review program strengths. The attendees were given the opportunity to ask additional questions about the activities of the day and the shared information. The timetable for the submission of PREA Report was discussed as well.

Facility Characteristics

Topeka Correctional Facility is a Kansas Department of Corrections state prison for women located in Topeka, Kansas. Built in the 1970s, in 1995 it became the only women's prison in the state. It administers a wide range of security levels, from maximum security through work-release. TCF has three different housing units to include I Cell House (Maximum Custody/RDU/Segregation) J Cell House (High and Low Medium Custody) Central Unit (Minimum and Medium Custody). The site was founded in 1905 as the Topeka Industrial Institute by the African American educator Edward S. Stephens, as a school on its own farmland, more or less modeled on the Tuskegee Institute. The school closed in 1955. The J Cell House opened in 1962 as the Kansas Reception and Diagnostic Center for males that were sentenced to DOC. I Cell House was opened in April 1995 with the Maximum Custody being 127. Central Unit was opened as the Kansas Correctional Vocational Training Center for youthful, non-violent male offenders. Emphasis was for education and/or vocational training. In 2001, the RDU function for males was moved and in 2002, JCH was opened for medium custody women offenders. Originally designed to hold 180 offenders, The Topeka Correctional Facility has a designated capacity of 907.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

As a result of the onsite visit and documentation reviewed during the 2020 DOJ Topeka Correctional Facility (TCF) PREA Audit, the Auditor concluded, through interviews and the examination of policy and documentation, that all staff was knowledgeable concerning their responsibilities involving the PREA. Staff was able to describe in detail their specific duties and responsibilities, including being a “first responder,” if an allegation of sexual abuse or sexual harassment were made. The facility staff was found to be courteous, cooperative and professional. Staff morale appeared to be good, and the staff/inmate relationships were observed to be appropriate. During the interviews, offenders stated that facility employees were respectful and that they felt safe at the facility. Staff was observed to be interacting with offenders in a positive and helpful manner. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All areas of the prison were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the staff for their hard work and dedication to the PREA compliance process.

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment 10-103D
KDOC 2019 Organizational Chart
PREA Pre-Audit Questionnaire

Interviews:

Warden
Agency PREA Coordinator (APC)
Facility PREA Compliance Manager (FPCM)

Provision (a):

An agency shall have a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The facility Policy mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The Policy provides for the appointment of a PREA Coordinator by the Warden.

The Policy KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment 10-103D, addresses detection of sexual abuse and sexual harassment through inmate education, staff training, and intake screening for risk of sexual victimization and abusiveness. The Policy includes, but is not limited to, responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention, and disciplinary sanctions for inmates and staff.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

The facility Policy indicated a designated position, facility PREA Compliance Manager (FPCM). The organization chart shows the FPCM reports directly to the Warden as confirmed by staff interviews. The interview with the Warden and the FPCM, and observations, revealed that they have the time and authority to perform their PREA duties. A review of KDOC 2019 Organizational Chart, shows the Agency has designated an upper-level position of Agency PREA Coordinator (APC) as verified through the agency organization chart; Policy; Job Description; review of the PREA Pre-Audit Questionnaire; and the interviews with the Agency Director (AD). The APC has demonstrated that there is sufficient time and authority to accomplish the PREA related responsibilities.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

A review of policy and the KDOC 2019 Organizational Chart, in addition to statements from the APC and AD, the agency has designated a FPCM at each Facility. The FPCM reports directly to the Warden, however they receive oversight and support from the APC.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.

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.) 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.

Documentation Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment 10-103D
MEMO: Agency Director on Agency Contract Status
PREA Pre-Audit Questionnaire

Interviews:

Warden
APC
FPCM

Provision (a-b):

The agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies must include the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012.

According to IMPP 10-103D KDOC and a memorandum from the Agency Director, dated September 1, 2019, Topeka Correctional Facility contracts with local jails or confinement centers for placement of KDOC inmates.

Conclusion:

The agency meets the mandates of this standard. A review of documentation and interviews with the APC and Warden confirmed the KDOC requires other entities contracted with for the confinement of offenders to adopt and comply 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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 12-137D Staffing Analysis
KDOC TCF Shift Deviation Roster
KDOC TCF Master Roster
KDOC TCF Unannounced Supervisory Rounds
PREA Pre-Audit Questionnaire

Interviews:

Warden
FPCM
Random Staff

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional/secure immaterial 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 plant (including "blind spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment ensures the facility will develop, document, and make its best effort to follow a staffing plan that provides for adequate levels of staffing, and when applicable video monitoring, to protect offenders against sexual abuse. The staffing plan also includes but is not limited to: number and placement of supervisory staff, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal Investigative agencies, all components of the facility's physical plant, the composition of the inmate population, institution programs occurring on a particular shift, any applicable state or local laws, regulations, or standards, any findings of inadequacy from internal or external oversight bodies, and any other relevant factors. The staffing plan is reviewed annually in collaboration with the Warden,

PREA Compliance Manager, and PREA Coordinator, and additional multi-disciplinary staff. The Warden reported KDOC also conducts an agency wide staffing analysis.

The facility provided a staffing plan and daily staff rosters clearly indicating staffing levels. Documentation was provided to the audit team reporting the facility has not deviated from their staffing plan in the past 12 months. When conducting the interview with the Warden, he reported if necessary the facility will utilize overtime to maintain compliance with their staffing plan. He also reported the placement and utilizing of cameras has been a significant topic during their staffing plans within this audit cycle.

According to IMPP 10-103D and 12-137D each facility is responsible for providing Unannounced Supervisory Rounds logs to reflect the practice of having intermediate level and high-level-supervisors conduct and document unannounced rounds to identify and deter staff and offender sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members that these rounds are occurring. The facility provided examples of their electronic log books documenting unannounced rounds by staff on all shifts to the auditor with the pre-audit paperwork and additional documentation of logbooks at the onsite audit phase. During interviews with two Intermediate/Higher Level Facility Staff they reported that they conduct and document unannounced rounds.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The facility Policy states in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

Provision (c):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the Warden required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

KDOC PREA Policy provides, at the least, that an annual assessment of the staffing plan is conducted. The Staffing Plan Assessment is conducted annually with the latest being conducted in March 2019 and is signed by the Warden. The document reviews but is not limited to the following areas prevailing staffing patterns; deployment of video monitoring system; and occurrence of unannounced rounds.

Provision (d):

The facility/agency shall implement 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 and this practice should be implemented for night shifts as well as day shifts. The facility/agency shall also 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.

TCF has 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. Such policy and practice shall be implemented for night shifts as well as day shifts. The policy prohibits 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. A review of a sample of documented rounds support unannounced rounds are conducted by intermediate level and higher-level staff at the various times as determined by a review of documentation and interviews. The unannounced rounds conducted by administrative staff are documented on the Unannounced Visit Summary Form. Areas assessed during the unannounced rounds by the administrative staff includes all areas of the facility such as all living units; common area; staff break room; gymnasium; and classrooms. The interview with the Warden and policy review indicated procedures put in place to ensure that staff does not alert other staff when unannounced rounds are conducted. Staff members are not informed of the unannounced rounds and there is not a routine schedule regarding the rounds. Staff members are encouraged not to alert other staff members regarding the unannounced visits.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is following this standard regarding supervision and monitoring.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment 10-103D
KDOC Under 18 Reports
PREA Pre-Audit Questionnaire

Interviews:

Warden
FPCM
APC
Random Staff

Provision (a-c): N/A if facility does not have youthful inmates

During interviews with the Warden, PREA Coordinator, and PREA Compliance Manager the Auditor was informed that youthful offenders are housed at the Kansas Juvenile Correctional Complex, unless an exception is approved by the Deputy Secretary of Facilities Management and the reasons for the exception are well documented. For verification purposes the Central Office also provided an age analysis to the Auditor with the age of each offender being housed at the facility.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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.

Documents Reviewed:

KDOC IMPP 12-103, Offender and Facility Searches
KDOC IMPP 10-103D, Coordinated Responses to Sexual Abuse and Harassment
TCF General Order 09-007 Facility Search Plan
Cross Gender Announcement Logs
Female on Duty signs (English/Spanish)
PREA Pat Search Curriculum
Pat Search Handouts (Male/Female Offenders)
PREA Pre-Audit Questionnaire

Interviews:

Warden
FPCM
Random Staff
Random Inmates

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

KDOC/TCF PREA Policy on Limits to Cross Gender Viewing and Searches prohibits cross-gender strip searches and cross-gender visual body cavity searches. IMPP 12-103 covers the procedures for searches and is compliant with the mandates of this standard. Strip searches and visual body cavity searches shall be conducted by staff of the same gender and in a private place which prevents the search from being observed by those not assisting in the search.

Provision (b):

The agency always refrains from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances. In addition, the agency shall always refrain from restricting female inmates' access to regularly available programming or other outside opportunities in order to comply with this provision.

KDOC/TCF PREA Policy provides that staff will only conduct cross-gender pat-down searches of females only in exigent circumstances. Additionally, the search must be approved by the Warden and the justification for the search must be documented. The facility provides training on how to conduct these searches in exigent circumstances using training curricula. Staff participation in the training is recorded with training sign-in sheets and training acknowledgement statements. Staff interviews confirmed they are aware of the restriction of conducting cross-gender pat-down searches except in exigent circumstances.

TCF trains all security and non-security staff on Gender Responsivity/Trauma Informed Care and Pat down search procedures. In addition, the agency has a strong policy and procedures on how to conduct cross gender pat searches to all security employees. Male staff would only conduct pat searches in exigent circumstances. To ensure enter actions between staff and inmates are conducted in a professional and respectful manner, "Red Arrows" are painted on the floor/grounds strategically throughout the facility, indicating direct camera view to document pat down/shake down searches or interactions are in the least intrusive manner possible, consistent with security needs. Interviews with Staff indicated that cross-gender pat-down searches have not occurred at the facility, but the facility is prepared for them to be conducted in exigent circumstances. The facility provided training logs to demonstrate all staff has been trained on search procedures. The training curriculum that is utilized for the training was provided. Staff is presented with a detailed Power Point presentation on how to conduct pat gender searches and follow-up with a video demonstration. They are also provided a handout for any follow-up questions and practice protocols.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

General Orders 09-007 requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches. During interviews with the PREA Compliance Manager and Higher-Level Facility Staff it was reported that no cross-gender strip searches have been conducted at the facility within the past 12 months.

Provision (d):

The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions, or changing clothing.

IMPP 10-103D requires an offender shall be able to shower and perform bodily functions without nonmedical staff of the opposite gender viewing them, except in exigent circumstances. During the onsite visit the auditor toured the housing areas and felt that the facility had provided measures to ensure compliance with PREA Standard 115.15: Limits to cross-gender viewing and searches, there were no concerns addressed through the auditor's staff and inmate's interviews and observations. KDOC/TCF policy states that staff must be aware of offenders' state of undress. The presence of staff of the opposite gender was announced prior to entering each housing units, restroom/shower areas that are not part of a housing unit (i.e., education, work areas, recreation areas) where an offender might be undressed. Male staff was observed announcing their presence and were required to knock on entrance doors to alert the inmates that opposite gender staff were making rounds/inspections or entering the unit. The announcement was documented in the chronological log by the person making the announcement or unit staff. (28 C.F.R. §§ 115.15 and 115.315).

Provision (e):

The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

KDOC/TCF states that strip searches shall be approved by the shift supervisor or higher authority except as specifically authorized by Post Order Policy and/or routine circumstances to include initial placement into restricted housing, prior to transfer to another correctional facility, upon return from a work detail which is located off site or outside the offender boundary, at the conclusion of visitation and upon initial arrival to the facility. The Warden stated that the facility and agency prohibits the search of transgender or intersex inmates solely for the purpose of determining the inmates' genital status. Staff interviews verified no such searches have occurred in the past 12 months. Policy requires staff to be cognizant when searching transgender and intersex offenders and shall conduct searches in a respectful, and least intrusive, manner as possible. The facility has integrated training specific to transgender searches.

Provision (f):

The agency shall train security staff in 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.

KDOC/TCF PREA Policy states that staff shall be trained in 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. The facility provided the PREA Pat Search Curriculum, Pat Search Handouts (Male/Female Offenders) and training logs. During random staff interviews it was reported that they are trained on how to conduct cross-gender pat-down searches and searches of transgender offenders. Staff reported they receive a refresher course on an annual basis.

Conclusion:

Based on the reviewed documentation and interviews, the facility follows this provision of the standard.

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

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

115.16 (a)

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Policy Memorandum Issuance # 19-01-00
The Big Word access codes
Inmate Education Brochure (English & Spanish)
KDOC Reporting Signs (English & Spanish)
MEMO: Spanish Translation Services
The Offender Orientation Manual

Interviews:

Inmates
Random Staff
FPCM
Contractor

Provision (a):

The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 *CFR* 35.164.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment address the mandates of this standard. The facility must 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. The TCF takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment through the use of Inmate Education Brochure (English & Spanish), KDOC Reporting Signs (English & Spanish), MEMO: Spanish Translation Services, The Big Word access codes and the Offender Orientation Manual. PREA handouts, bulletin board postings and inmate handbooks are in both English

and Spanish. The above-mentioned documents were submitted to and reviewed by the Auditor. Telephonic translation services are available through a translation service. Staff interviewed was aware of the policy that under no circumstances are inmate interpreters or assistants to be used when dealing with PREA issues. Staff and inmate interviews with a review of documentation, support compliance to this standard.

Provision (b):

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The department has established access codes and interpretations services with Big Word. The access codes and instructions for Big Word are located on the Facility Management page of the KDOC intranet. The evidence shows the facility ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. Inmates with disabilities are also provided 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. All staff interviewed confirmed inmates are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The Inmate education brochures are and the PREA audit notice was printed in English and Spanish.

Provision (c):

The agency shall not rely on 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 under § 115.364, or the investigation of the inmate's allegations.

According to KDOC, the facility prohibits the use of inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreter services could jeopardize an inmate's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed inmates have not been used to relate PREA information to or from other inmates in the past 12 months. There were no inmates in need of an interpreter during the site visit.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding inmates with disabilities and inmates who are limited English Proficient.

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

KDOC IMPP 02-126D Recruitment and Selection Process
KDOC IMPP 02-119D Recruitment Personnel Records
KDOC Contractor Employees PREA Questionnaire
NON-KDOC Employee Background Supervisor Release of Information Agreement
Employee Annual Background Check Form
Annual Background Check Form for Contractors and Volunteers
Pre Audit Questionnaire Documentation

Interviews:

Human Resources Manager
Warden
APC
FPCM
Staff

Provision (a) & (f):

(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not 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 (as defined in 42 U.S.C. 1997);

(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.

(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

KDOC Policy IMPP #02-126D, Recruitment and Selection Process, and state law prohibits individuals with felony convictions or, within the previous five (5) years, any misdemeanor convictions for a domestic violence offense. Therefore, neither persons with prior felony convictions nor individuals with certain prior misdemeanor convictions for domestic violence, except as noted in Section X.K. of this policy shall be employed by the Department in positions which require the use of or training in the use of firearms, regardless of their status with the Department. (ACO 2-1C-10; ACI 4-4055; APPFS 3-3054) After review of the facts of the case by Human Resources and/or Legal Counsel, candidates for safety sensitive positions may be disqualified for further consideration for employment if convicted, as an adult, of a misdemeanor domestic violence offense under K.S.A. 2016 Supp. 21-5414(a)(1), unless the conviction was for a crime committed prior to July 1, 1997 and has been expunged or the conviction was in municipal court more than 5 years previous. All applicants are asked about any prior misconduct involving any sexual activity. Policy requires that KDOC shall not hire or promote anyone into a position who may have contact with offenders that have engaged in sexual abuse of offenders in an institutional setting, has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has been civilly or administratively adjudicated to have engaged in such activity. The HR Director confirmed this practice during her interview. She also reported that the facility does consider prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire anyone.

Provision (b):

The agency shall consider any incident 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.

The Agency Policy states all incidents of sexual harassment perpetrated by an applicant against offenders shall be considered in making hiring and promotional decisions. The interview with the Warden was aligned with the standard. The interview questions for employment also address previous misconduct. In addition, the facility considers any incident of sexual harassment in determining whether to hire or to enlist the services of any contractor, who may have contact with inmates. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview with the Warden, the facility follows this provision of the standard.

Provisions (c):

(c) Before hiring new employees or (d) contractors who may have contact with inmates, the agency shall:

(1) Perform a criminal background records check; (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; (3) 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.

A fingerprint check is 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. Additionally, the auditor was informed by the Human Recourse Manager, that best efforts are made 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. Based on the review of documentation and interview with the Warden, the facility follows this provision of the standard.

Provisions (d):

The agency shall perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

The KDOC policy requires background checks to occur prior to inmates receiving services from contractors and volunteers and confirmed by the Warden's interview. All contractors and volunteers must complete the PREA Questionnaire. A review of documentation for current contractors Aramark, SACK, Corizon and Skyline and Pioneer Balloon Private Industry indicated that criminal background records check before enlisting the services were performed.

Provision (e):

The agency shall 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.

KDOC Policy indicates that 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. Documentation indicates that all employees who have contact with offenders who are considered for promotion, contractors who may have contact with offenders, and volunteers who may have contact with offenders have received initial and annual criminal record background checks. During the interview with the HR Director a random sample of employee, contractors and volunteer files were reviewed, and all contained background checks.

Provision (f):

The agency shall 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, about previous misconduct in any interviews or written self-evaluations conducted as part of reviews of current employees, and impose upon employees a continuing affirmative duty to disclose any such misconduct.

Per agency policy and review of documentation, all candidates are asked to provide specific and detailed information about prior employers and references for use in an employment reference check. If additional information is necessary beyond that included in an application, resume, or Kansas Department of Corrections Security and Employment Information form, the appropriate Human

Resources Manager or designee shall request and obtain additional employment information from the candidate. Prior or current employers shall be provided with a copy of the candidate's authorization and release by mail, fax, or secure e-mail and contacted by telephone or in person by the Human Resources Manager or designee to obtain detailed information about the candidate's employment history including performance and conduct.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Facility Policy states candidates for any position shall be disqualified from further consideration for employment, and if hired, there shall be grounds for termination of employment, if material omissions regarding such misconduct, or the provision of materially false information. If any candidate refuses to execute or provides any false response to a question on the Kansas Department of Corrections Security and Employment Information form or makes any material false statement to any question during the application, screening, or interview process while seeking employment or promotion shall also be grounds for termination. Based on the review of the documentation and the interview with the Warden, the evidence shows the facility follows this provision of the standard. IMPP 02-126D Recruitment and Selections address the requirements of the standard.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The interview with the Administrator of Human Resource confirmed that all requests for information concerning a current or former employee, whether related to prospective employment or access to public information, shall be referred to the human resources office for response. Facility Policy also states that all other information would be provided when requested unless it is prohibited by law to provide the information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

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.

Documentation Reviewed:

KDOC IMPP 10-123D Authorization for Construction, Renovation or Demolition of Physical Structures
MEMO: Upgrades to facilities and/or technologies (9/1/19)
Pre Audit Questionnaire Documentation

Interviews:

Warden
APC
FPCM

Provision (a): (N/A – The agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit.)

Provision (b):

If the agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency must consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

During interviews with the Warden and PREA Compliance Manager, it was revealed that there have been no substantial upgrades to the facility since the last PREA audit during 2017. KDOC IMPP 10-123D Authorization for Construction, Renovation or Demolition of Physical Structures states that 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.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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.

Documents Reviewed:

KDOC IMPP 22-103 Enforcement, Apprehension & Investigation (EAI) Procedures
Kansas Statutes Chapter 65. Public Health § 65-44 KDOC Medical Examination Requirements
KDOC SANE's Location list in Kansas

MOU with Wichita Area Sexual Abuse Center (WASAC)

Interviews:

The WASAC Executive Director
Warden
PCM
APC
Medical Staff

Provisions (a) & (b):

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for inmates and, as appropriate, shall be 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.

Agency policy, KDOC IMPP 22-103 Enforcement, Apprehension & Investigation (EAI) Procedures states that all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. In addition to an agent, the facility's PREA Compliance Manager and Mental Health personnel shall be notified of the allegation. In addition to the standard investigative practices, particular attention will be paid to the victim's age (relating to youthful offenders; referring to offenders under 18 years of age), medical and behavioral health, and security needs. Adequate precautions will be taken to prevent further victimization. The agent will ensure that all of the articles of IMPP 10103 are followed

Provision (c):

The agency shall offer all inmates who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at Stormont Vail Hospital or St Francis, where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The facility Policy and staff interviews verified that when medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. The agency policy states that all forensic medical exams are referred to outside hospitals or medical treatment facilities.

Provisions (d):

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services, a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C).

Kansas Statutes Chapter 65 Public Health § 65-44 KDOC Medical Examination Requirements mandates that each facility must attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. A review of Agency policy and interview with the FPCM revealed that the facility has attempted to make available to the victims who experience sexual abuse access to a victim advocate from a rape crisis center. During the on-site visit, a Memorandum of Understanding between

TCF and the Wichita Area Sexual Abuse Center (WASAC) was reviewed to indicate compliance. In addition, efforts are also made by one of the qualified staff trained in providing emotional support to offender victims of sexual abuse. The facility has documented its efforts in doing so. (28 C.F.R. §§ 115.21 and 115.321)

Provisions (e):

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition as requested by the victim, the person shall also provide emotional support, crisis intervention, information, and referrals.

KDOC IMPP 22-103 Enforcement, Apprehension & Investigation (EAI) Procedures states that victims of sexual abuse must be provided the brochure on community sexual assault programs, which is available through health services staff, unit counselors, and the PCM. TCF has attempted to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. (28 C.F.R. §§ 115.53 and 115.353) During the on-site visit, a MOU between TCF and the Wichita Area Sexual Abuse Center (WASAC) was reviewed and verified that upon request from the victim, a qualified member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. compliance.

Provisions (f):

To the extent the agency is not responsible for investigating allegations of sexual abuse; the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in confinement facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons and jail facilities.

Allegations of sexual abuse that are criminal in nature are conducted by the agency's Enforcement, Apprehension & Investigation (EAI) Division. The EAI Investigators are required to follow the agency protocol regarding sexual abuse/assault investigations described in policy IMPP 22-103 Enforcement, Apprehension & Investigation (EAI) Procedures. A review of the policy indicates that all requirements of the PREA Standard 115.21 section (f) are included.

Provisions (g):

Auditor is not required to audit this provision.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

A review of training documentation revealed that a qualified staff has been assigned and trained to provide supportive services. A review of the TCF Training Center Outline and Certificate of Completion the participants received training to include victims emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. Contact with the WASAC Executive Director's office it was stated that they have conducted training on this topic and are confident in their ability to comply. Additional and ongoing training opportunities are provided for mental health and medical providers through KDOC PREA Coordinator.

Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility follows the provisions of this standard.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) 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.

Documents Reviewed:

KDOC IMPP 22-103 Enforcement, Apprehension & Investigation (EAI) Procedures
KDOC/Winfield Correctional Facility Report of Investigation
KDOC IMPP 22-103 PREA Checklist Attachment

Interviews:

Agency's Enforcement, Apprehension & Investigation (EAI) Investigators
Warden
PCM
APC
Random Inmates
Random Staff

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

IMPP 22-103 requires all allegations of sexual abuse, sexual harassment, or nonconsensual sexual acts shall be referred to EAI immediately. All allegations of sexual abuse that are criminal in nature are conducted by the agency's Enforcement, Apprehension & Investigation (EAI) Division. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. TCF has established methods of reporting to include, verbal, anonymous, written notes, #50 hotline, etc.

Provision (b) and (c):

The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The EAI Investigators are required to follow the agency protocol regarding sexual abuse/assault investigations described in policy IMPP 22-103 Enforcement, Apprehension & Investigation (EAI) Procedures. A review of the policy indicates that all requirements of the PREA Standard 115.21 section (f) are included. The facility's website provides the information and related policies for reporting allegations of sexual abuse. Reporting information is also posted in various areas of the facility including but not limited to living units. The posted information is accessible to inmates, staff, contractors and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators and sexual abuse allegations that are criminal in nature are investigated by the ISP Department.

Provision d:

Auditor is not required to audit this provision.

Provision e:

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
 KDOC IMPP 10-104D STAFF SKILL DEVELOPMENT, Minimum Departmental Training Standards
 KDOC PREA Basic Training Lesson Plan (2019/2020)
 KDOC PREA Staff Development and Training Lesson Plan Outline
 MEMO: Agency PREA 2019 Staff Annual PREA Training Status
 TCF Annual PREA Training Acknowledgement Forms
 Winfield Correctional Facility/Wichita Work Release Training Sign-In Sheet
 Pre Audit Questionnaire Documentation

Interviews:

APC
 PCM
 Warden
 Training Officer
 Random Staff

Provisions (a) and (c):

All employees shall be provided information on the agency's zero tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA requirements. Documentation of receipt of the information and training shall be maintained in the employee training file.

The agency shall train all employees who may have contact with inmates on:

- (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' right 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 juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between inmates;
- (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;
- (11) Relevant laws regarding the applicable age of consent.

According to IMPP 10-103D all newly hired employees shall receive the minimum training required by PREA standards. Prior to the onsite portion of the audit TCF provided lesson plans and numerous training logs for the auditor to review. The facility's training curriculum was reviewed and was found to address all required components of this standard as mandated. All employee interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities. PREA training is part of new employee orientation and included each year as part of annual refresher (cycle) training. During the on-site portion of the audit, an additional random sample of employees and contractors (three of each) training files were reviewed. According to training file review staff is receiving annual PREA training. All files indicated by an employee signature that they are completing the PREA training as required.

Provision (b):

Such training shall be tailored to the unique needs and attributes of inmates and to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

According to IMPP 10-103D all newly hired employees shall receive the minimum training required by PREA standards. Such training shall be tailored to the gender of the offenders at the facility. Staff shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The facility houses male inmates and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. During the on-site portion of the audit, random samples of employees,

volunteers and contractors training files were reviewed. According to the training files reviewed, staff is receiving annual PREA training. All files indicated by a signature that they are completing the PREA training as required. Attachment B of IMPP 02/118D is the acknowledgement form both employees, volunteers and contractors sign that they received the necessary training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is following the provisions of this standard. The evidence reviewed shows staff members are provided all the required training topics.

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.

Documents Reviewed:

KDOC IMPP 10-101D Community Participation: Volunteering

KDOC Orientation and Basic Volunteer Training
KDOC PREA Basic Volunteer Training Lesson Plan Outline
Winfield Correctional Facility/Wichita Work Release Contractors, NON-KDOC Supervisors & Volunteers
Training Sign-In Sheet
Mentor Volunteer Acknowledgement Regarding PREA Training
Pre Audit Questionnaire Documentation

Interviews:

Contractors
Warden
PCM

Provision (a):

The agency shall ensure 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.

KDOC Policies require volunteers and contractors who have contact with inmates, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. According to IMPP 02-118, 03-104, 10-103, and 13-106, the facility ensures all volunteers and contractors who may have contact with offenders have received appropriate training mandated by the PREA standards.

Provision (b):

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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

TCF provided lesson plans and training logs with the pre-audit paperwork. Additional documentation was provided at the Onsite Audit Phase. Interviews with participants revealed the PREA training informs them of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The contractors and volunteers also stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of inmates.

Provision (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The PREA Volunteer Guideline Agreement contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training. KDOC Policy meets the requirements of the standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?
 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC Offender Orientation Training (English/Spanish)
PREA Reporting Posters (English and Spanish)
Inmate Education Brochure (English Spanish)
Offender PREA Orientation Packet Acknowledgements
TCF PREA Video Orientation Acknowledgement Sign-In Sheets

Interviews:

Inmates (Random and Targeted interviews)
Intake Staff
PCM
Orientation Staff

Provisions (a) and (b):

During the intake process, inmates shall receive information explaining, in an age appropriate fashion, 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. (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to inmates 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 agency policies and procedures for responding to such incidents.

Facility Policy provides all inmates admitted receive information about the facility, including PREA education. Inmates receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the Warden and the inmates interviewed, an orientation is provided to inmates during the intake process. Policy provides that inmates receive a comprehensive age-appropriate PREA education session during the day of arrival or within 10 days of admission to the facility. The results of the staff and inmate interviews indicated the information provided to the inmates is comprehensive and age-appropriate.

The intake staff's interview revealed inmates are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions includes a PREA Video a review of the facility rules & regulations. The inmates sign acknowledgement statements confirming their receipt of the PREA information. A review of documentation showing dates and indicating inmates' participation in PREA education sessions confirmed the PREA education sessions occur. The PREA-related information is provided to staff in policies and procedures, training and staff meetings.

Provision (c):

Current inmates who have not received education prior to arrival at the facility shall be educated within one year of the effective date of the PREA standards and shall 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.

The Intake staff was interviewed regarding PREA education for inmates transferred to TCF. Available documentation reviewed in the inmate file folders indicated that inmates' receipt of the information, including the inmate signing the acknowledgement form.

Provision (d):

The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all inmates including those who may be hearing impaired; deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the inmate. Inmate receives an Education Brochure (English/Spanish) and the Offender PREA Orientation Packet Acknowledgements were reviewed. Posted PREA information is in English and Spanish accessible to all inmates.

Provision (e):

The agency shall maintain documentation of inmate participation in these education sessions.

A sample of signed acknowledgement statements were reviewed which supported the inmates' involvement in PREA education sessions. The inmates were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The PREA Compliance Manager was interviewed regarding PREA education for inmates. The PREA Compliance Manager ensures inmates' receipt of the information, including the inmate signing the acknowledgement form.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

The PREA education materials provide inmates information on how to report allegations of sexual harassment and sexual abuse. An Inmate Education Brochure (English Spanish) is provided to each inmate to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The inmates revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the hotline to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each inmate is provided a Handbook and Safety Brochure. Posters were observed placed throughout the facility and were easy to see and read.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
EAI Investigations Protocol Manual
Specialized Investigator Training Curriculum and schedule
EAI Training Records/Certificates

Interviews:

EAI Investigator
Warden
PCM
Random Staff

Provision (a)

In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Facility investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard.

Provision (b)

The agency specialized training shall include: Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings and evidence required to substantiate a case for administrative action or prosecution referral.

The Agency Policy IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment identifies specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard. Training topics includes Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings and evidence required to substantiate a case for administrative action or prosecution referral.

Provision (c)

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The agency has maintained documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard.

Provision (d):

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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.

Documents Reviewed:

KDOC AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
 FY2020 Medical Employee Training Attendance Log Sheet;
 Winfield Correctional Facility/Wichita Work Release - Training Sign-In Sheet (Corizon, SACK, Aramark)
 CORIZON General Health Services Policy & Procedures/Federal Sexual Assault Reporting Regulations
 KDOC PREA Specialized Training Medical and Mental Health Professionals (contractors)

Interviews:

Contractors
 Warden
 PCM

Provision (a)

The agency shall 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, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility has fulltime medical and mental health care staff on site. A review of training records confirmed that health care staff (corizon contract employees) receive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter.

Provision (b)

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations.

Forensic examinations are provided by Wesley Woodlawn Hospital, Wichita, Kansas. Documentation and interview responses from staff indicate that such medical staff has received appropriate training.

Provision (c)

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, and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331 and practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332.

The agency maintains documentation that medical and mental health practitioners have received the training referenced in this standard. The auditor reviewed the Winfield Correctional Facility/Wichita Work Release - Training Sign-In Sheet (Corizon, SACK, and Aramark); CORIZON General Health Services Policy & Procedures/Federal Sexual Assault Reporting Regulations and KDOC PREA Specialized Training Medical and Mental Health Professionals (contractors).

Provision (d)

All medical and mental health care practitioners employed or contracted by or volunteering for the agency also must receive training mandated for employees

All medical and mental health care practitioners employed or contracted by or volunteering by the agency also receive the same training mandated for KDOC employees. KDOC PREA Specialized Training for Medical and Mental Health Professionals is also provided by the agency to contractors.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of this standard.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION
AND ABUSIVENESS**

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 10-139D SCREENING FOR POTENTIAL SEXUAL VICTIMIZATION OR SEXUAL ABUSE
KDOC PREA Application User Manual
TCF Admission Date Logs
Pre-Audit Questionnaire Documentation

Interviews:

PREA Coordinator
Staff Responsible for Risk Screening
Inmates

Provision (a):

Within 72 hours of the inmate's arrival at the facility and periodically throughout an inmate's confinement, the agency shall obtain and use information about each inmate's personal history and behavior to reduce the risk of sexual abuse by or upon an inmate. The Policy provides a risk screening occurs within 72 hours upon arrival to the facility. The Intake Coordinator will interview the inmate at intake to obtain information about the inmate's personal history and behavior in order to reduce the risk of sexual abuse by or upon an inmate. The inmate's risk level is reassessed periodically.

Policy KDOC IMPP 10-139D "Screening for Potential Sexual Victimization or Sexual Abuse" addresses risk screening. Within 72 hours of intake and prior to placement in multi-occupancy housing, an offender receives an initial Sexual Victimization and Abusiveness Assessment (SVA); ensuring that no victim or potential victim of sexual abuse is housed with a sexual aggressor or potential sexual aggressor. (28 C.F.R. §§ 115.41 and 115.341)

Provision (b):

Such assessments shall be conducted using an objective screening instrument. The Vulnerability Assessment is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and an inmate's concern regarding his own safety.

Within 72 hours of intake and prior to placement in multi-occupancy housing, an offender receives an initial Sexual Victimization and Abusiveness Assessment (SVA); ensuring that no victim or potential victim of sexual abuse is housed with a sexual aggressor or potential sexual aggressor. The interview and review of Policy revealed how the objective risk screening tool is administered to glean information to assist staff in keeping inmates safe. The responses on the instrument garner a score and the risk level is determined by definition and the corresponding number to that definition.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the inmate may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The inmate's own perception of vulnerability; and (11) Any other specific information about individual inmates that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other inmates.

The Auditor reviewed the KDOC Screening Instrument and determined all factors required by this provision of the standard are included. The interview with the designated unit team staff and the PREA Compliance Manager confirmed the awareness of the elements of the risk screening tool. There were several inmates interviewed that arrived the day of the auditors on-site visit. They all confirmed they were asked questions during intake “have you have ever been sexually abused; do you identify with being gay, bisexual or transgender; do you have any disabilities; do you think you might be in danger of sexual abuse at the facility in addition to the administration of the screening instrument.

Provision (d):

This information shall be ascertained through conversations with the inmate during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the inmate’s files.

The facility Policy states the information shall be ascertained through conversations with the inmate during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the inmate’s file. Designated staff also completes an inspection of any other medical and mental health screenings that may have been conducted, as well as conversations with the inmates during the admission process. Policy requires intake staff, as part of the risk screening process, to attempt to ascertain information about any gender non-conforming appearance, mannerisms, or identification as LGBTQI. The staff and inmate interviews are aligned with the Policy and this provision of the standard. The review of the instrument and interview with the PREA Compliance Manager responsible for risk screening confirmed the information is ascertained through conversations with the inmates using the risk screening tool.

Provision (e):

The agency shall implement 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.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. All risk assessment documentation is securely maintained and accessible only on a need to know basis. Interviews revealed the information is only available to the Warden, PREA Compliance Manager and the mental health staff. The documents are kept in the inmate’s file in a locked file cabinet. The Auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

Provision (f):

Within a set time period not more than 30 days from the inmate’s arrival at the facility, the facility shall reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The facility Policy states within a set time period not more than 30 days from the inmate’s arrival at the facility, the facility shall reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening

Provision (g):

The facility shall reassess an inmate’s risk level when warranted due to a referral, a request, and to an incident of sexual abuse. The facility shall also reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

The facility Policy states the facility shall reassess an inmate’s risk level when warranted due to a referral, a request, and to an incident of sexual abuse. The facility shall also reassess an inmate’s risk

level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Provision (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.

The facility Policy states 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.

Provision (i):

The agency shall implement 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.

The facility Policy states that the agency shall implement 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.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)
 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
 IMPP 10-139D SCREENING FOR POTENTIAL SEXUAL VICTIMIZATION OR SEXUAL ABUSE
 KDOC PREA Application User Manual
 Pre-Audit Questionnaire Documentation
 Risk Screening Tool

Interviews:

Inmates
 PREA Compliance Manager
 Warden
 Staff Responsible for Risk Screening/Intake
 Random Staff

Provision (a):

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for inmates with the goal of keeping all inmates safe and free from sexual abuse.

The Kansas Internal Management Policy & Procedure (IMPP) #:10-139D provides guidance to staff regarding the use of the information obtained from the risk screening tool. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all inmates safe and meeting the needs of each inmate. This information was verified through a review of specific samples of the aforementioned completed screening instrument. The facility also uses additional screening instruments.

Provision (b):

Inmates may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other inmates safe, and then only until an alternative means of keeping all inmates safe can be arranged. During any period of isolation, agencies shall not deny inmates daily large-muscle exercise and any legally required educational programming or special education services. Inmates in isolation shall receive daily visits from a medical or mental health care clinician. Inmates shall also have access to other programs and work opportunities to the extent possible.

TCF follows the KDOC Policy that states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall comply with § 115.342 and the provision (a). At no time will any client be denied any legally required educational programs, special education services, daily large-muscle exercise, or medical/mental health care. At risk inmates may only be placed in isolation in an emergency and only as a last resort if less restrictive measures are inadequate to keep the inmate safe.

No inmates at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. The interview with the Warden confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency. The use of isolation would be documented. The inmates' rights to daily large-muscle exercise and any legally required educational programming or special education services would be provided. Based on the review of the Pre-audit questionnaire, related documents and interview with the Warden, the evidence shows the facility follows this provision of the standard.

Provision (c):

Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment, prohibits placing lesbian, bisexual, transgender, or intersex inmates in specific housing or making other assignments solely based on the inmates identify or their status. The Policy prohibits staff from considering the identification as an indicator that these inmates may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex inmates. The restroom/showers were observed and were configured for a reasonable amount of privacy. A targeted inmate interview revealed there is no special housing based on how an inmate identifies, which was also supported by staff interviews and observations.

Provision (d):

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

The PREA Compliance Manager's interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Provision (e):

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

The KDOC Policy states placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the inmate and the PREA Compliance Manager is aware of the requirement.

The PREA Compliance Manager confirmed each transgender or intersex inmate would be reassessed at least twice each year to review any threats to safety experienced by the inmate. Based on the review of the Pre-audit Questionnaire and interview with the PREA Compliance Manager, the evidence shows the facility follows this provision of the standard.

Provision (f):

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The KDOC Policy states transgender or intersex inmates shall be given the opportunity to shower separately from other inmates which is also supported by staff interviews. If an inmate is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.

Provision (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?

The Policy states the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of identification or status.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening tool required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC IMPP 10-139D Program & Services: Screening for Sexual Victimization and Abusiveness
KDOC IMPP 20-108 Segregation: Protective Custody

Interviews:

FPCM
Warden
Shift Supervisor

Provision (a):

The Facility shall 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. When the facility cannot conduct such an assessment immediately, the facility shall hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

KDOC policy IMPP 10-139D Program & Services, Screening for Sexual Victimization and Abusiveness states that offenders at a high risk for sexual victimization must not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.

Provision (b):

Inmates who are placed in segregated housing because they are at high risk of sexual victimization should have access to programs to the extent possible, privileges to the extent possible education to the extent possible, work opportunities to the extent possible, shall document when/if opportunities have been limited, document the duration of the limitation and the reasons for such limitations.

KDOC policy IMPP 10-139D Program & Services, Screening for Sexual Victimization and Abusiveness states that offenders at a high risk for sexual victimization will have access to programs to the extent possible, privileges to the extent possible education to the extent possible, work opportunities to the extent possible, shall document when/if opportunities have been limited, document the duration of the limitation and the reasons for such limitations.

Provision(c):

The facility shall 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. Such an assignment should not ordinarily exceed a period of 30 days.

KDOC policy IMPP 10-139D Program & Services, Screening for Sexual Victimization and Abusiveness states that if an assessment cannot be immediately made the offender may be housed for less than 24 hours in restrictive housing while the assessment is completed. Interview with the FPCM indicated that all offenders placed in involuntary restrictive housing must not ordinarily remain for more than 30 days. There were no offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

Provision (d):

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, facility shall clearly document the basis for the facility’s concern for the inmate’s safety, and the reason why no alternative means of separation can be arranged.

There were no offenders in involuntary segregated housing assignment status during the time of the audit.

Provision (e):

In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, the facility shall afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS.

There were no offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding protective and/or segregated housing assignments.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B)
KDOC PREA Reporting Signs/Poster: (English/Spanish)
Inmate Education Brochure (English and Spanish)
Legal Services for Prisoners Postings
MOU between KDOC and Legal Services for Prisoners
Pre-Audit Questionnaire Documentation

Interviews:

Random Staff
Inmates
Warden
PCM

Provision (a):

The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

KDOC policy IMPP 10-103D covers this standard that includes multiple internal ways an inmate may report allegations of sexual abuse and sexual harassment, including how they can privately report

sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Inmates may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour hotline as confirmed by inmate interviews, posters, staff, and posted phone instructions. TCF staff interviews revealed inmates may use the telephone, located on each unit, to privately report sexual abuse and sexual harassment. The telephone was tested during the comprehensive site review and was found to be in working order.

Provision (b):

The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

A review of documentation and staff/inmate interviews indicated inmates may report incidents of sexual harassment or sexual abuse by dialing #50 or writing a form 9. Family or others can make reports on their behalf by calling the hotline number given on the agency website. Calls can be anonymous.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

KDOC IMPP 10-103D requires staff to report any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff interviews confirmed the methods available to inmates for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. The inmate interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a grievance Form, or through a third-party.

Provision (d):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

The staff interviews revealed staff can privately report allegations of sexual abuse. Staff, offender family members or others may report incidents or suspected incidents of sexual abuse by calling 785-296-0200. Allegations of sexual abuse or harassment reported through the third-party reporting line must be confidential and may remain anonymous at the request of the reporting party. These calls must be forwarded to the facility EAI Supervising Agent by the Director of Enforcement, Apprehensions, and Investigations.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate reporting. The inmates have multiple internal ways to privately report.

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

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Kansas Administrative Regulations (KAR) 44.15.106 Emergency Procedures
KAR 44 15 204 PREA Grievance Procedures
Inmate Education Brochure (English and Spanish)
Pre-Audit Questionnaire Documentation

Interviews:

Warden
FPCM
Grievance Coordinator
Inmates
Random Staff

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

A review of documentation and the KAR 44 15 204 PREA Grievance Procedures, the auditor confirmed TCF has administrative procedures to address inmate grievances regarding sexual abuse as determined by policy. In addition, the Kansas Administrative Regulations (KAR) 44-15-106 identifies emergency procedures. The same external review provisions that apply to regular grievances shall apply to emergency grievances.

Provision (b):

(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by an inmate claiming the applicable statute of limitations has expired.

The facility Policy KAR 44 15 204 PREA Grievance Procedures provide the provisions for the PREA standard. The Inmate Handbook details the inmate grievance requirements. A review of the grievance procedures and inmate interviews indicates that the facility provides relevant information to the inmates and has timelines in place to adhere to this provision of the standard.

Provision (c):

The agency shall ensure that (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

According to the Policy, formal and informal staff interviews, and observations, inmates are not required to give a grievance to a staff member and staff members are not permitted to place a grievance in the box for the inmate. A locked grievance box is located on each housing unit. Policies address procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.

Provision (d):

(1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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.

A review of KDOC policy and documented files it was noted that each grievance alleging sexual abuse was returned to the inmate, with an answer, within 10 working days from the date of receipt. Where required, each answer contained findings of fact, conclusions drawn, the reasons for those conclusions, and the action taken by the warden. In addition, the responses informed the inmate that the inmate may appeal by submitting the appropriate form to the secretary of corrections.

Provision (e):

(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third party, other than a parent or legal guardian, 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The Policy KDOC IMPP 10-103D on third-party reporting procedures provide that individuals on behalf of the inmates may assist the inmates to file a grievance and such action is not conditioned upon the inmate agreeing to the filing of the grievance. There was one grievances alleging sexual abuse filed in the 12 months preceding the audit in which the inmate declined third-party assistance. Based on the review of the Pre-audit questionnaire, and associated memos of non-occurrence, evidence shows the facility follows this provision of the standard.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

In addition to required regular grievance procedures, the Kansas Administrative Regulations (KAR) 44-15-106 identifies emergency procedures. "Emergency grievances" mean those 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. In emergency situations the inmate may bypass the prerequisite of informal resolution if going to the unit team would not obtain a solution to the problem. The inmate shall indicate on the face of the grievance form the nature of the emergency and shall write the word "emergency" at the top of the grievance report form. A review of the filed grievances indicated that emergency grievances were forwarded immediately, without substantive review, to the level at which corrective action can be taken. The emergency grievances were expedited at every level. The same external review provisions that apply to regular grievances shall apply to emergency grievances.

Provision (g):

The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The Policy requires the actions of this standard provision. During the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. Based on the review of the Policy, associated memos of non-occurrence, and posted information, evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies. TCF has an administrative procedure for dealing with inmate grievances regarding sexual abuse that is inclusive of all provisions required by the standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Advocacy and Outside Reporting Memo
MOU: Wichita Area Sexual Assault Center (WASAC)
KDOC Crises Center Providers
Advocacy Flyers

Interviews:

Inmates
Warden
FPCM,
Wichita Area Sexual Assault Center (WASAC) Providers

Provision (a):

The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

KDOC policy IMPP 10-103D “Coordinated Response to Sexual Abuse and Harassment” identifies the procedures for inmates to have access to outside victim advocates. All victims of sexual abuse will be provided the brochure on community sexual assault programs, which is posted, available through health services staff, unit counselors, and the PCM. TCF has provided a victim advocacy services from a local rape crisis center. The facility currently has a Memorandum of Understanding with the Wichita Area Sexual Assault Center (WASAC) who acts as an anonymous reporting conduit for Offenders. In addition, a list of KDOC Crisis Centers was also available. The FPCM was interviewed and confirmed the advocacy services to be provided in accordance with the standard.

Provision (b):

The facility shall 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.

The Policy addresses confidentiality of the advocacy support services. Monitoring notices were observed posted in each unit. The inmate receives information regarding the limitations of confidentiality during the intake process. Inmate communications to these services are not monitored. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided. Samples of acknowledgement statements were reviewed.

Provision (c):

The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility currently has a Memorandum of Understanding with the YWCA Center for Safety and Empowerment who acts as an anonymous reporting conduit for Offenders. YWCA-CSE will provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. The FPCM and the Warden confirmed the availability and accessibility of outside confidential support services to inmates.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate access to outside confidential support services and legal representation.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Website KDOC Reporting Procedures
Visitor Area Third Party Posters (English/Spanish)

Interviews:

Random Staff
Inmates
PCM

Provision (a):

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The KDOC Policy IMPP 10-103D, Coordinated Response to Sexual Abuse and Harassment addresses third-party reporting. Interviews with random staff members and inmates revealed they are aware that third-party reporting of sexual abuse and sexual harassment can be. Posted information regarding reporting is observed in various areas of the facility accessible to visitors, inmates, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The inmates identified the methods within the facility in which they may make third party reports such as file an emergency grievance, report to a family member, or utilize the abuse reporting hotline #50.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility complies regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC PREA Checklist Attachment B. IMPP 10-103
Pre-Audit Questionnaire

Interviews:

Random Staff
Contract Medical Staff Nurse/Mental
Warden
PCM

Provision (a) and (b):

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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. (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and state that any person(s) providing services in the facility who receives information, regardless of its source, concerning staff sexual misconduct, inmates sexual abuse, sexual harassment, or inmates sexual misconduct, or who have reason to suspect, or who observe an incident, are required to immediately report the incident to the Shift Supervisor and Warden or Designee. All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment, or any staff neglect or violation that may contribute to an incident or retaliation. Employees are instructed to report the instances to other employees with a need-to-know. All reports, including third party reports are submitted for investigation. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties. Interviews with medical and mental health personnel confirmed that they were aware of their duty to report evidence or reports of sexual abuse and sexual harassment.

Provision (c):

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

KDOC IMPP 10-103D "Coordinated Response to Sexual Abuse" states that apart from reporting to designated supervisors, staff must not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. After allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the inmate, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions are instructed to report the instances to other employees with a need-to-know.

Provision (d):

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform inmates at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed stated inmates are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. Medical and mental health staff report that apart from reporting to designated supervisors, staff must not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and behavioral health care staff must contribute to a coordinated response to all allegations of sexual abuse by relaying, to the PCM and/or security/administrative staff, information pertinent to the well-being of the offender(s) or for investigative purposes.

Provision (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. The Policies collectively provide for all allegations to be reported to the facility-based investigators, including third-party and anonymous reports as also verified by staff interviews.

A review of KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment states that staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is regarding an offender or another staff member. Staff may report to their supervisor, Appointing Authority, or EAI per 28 C.F.R. §§ 115.61 and 115.361. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with 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.

Document Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Pre-Audit Questionnaire Documentation

Interviews:

Warden
PCM
Random Staff
Random Inmates

Provision (a):

§115.362 when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

KDOC Policy IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment requires staff to protect the inmates through implementing protective measures. Each facility must utilize the Coordinated Response (Attachment A) as a written facility plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment. A review of the TCF policy on response to sexual abuse stated that the response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators can obtain useable evidence. Any offender who alleges that he or she has been the victim of sexual abuse must be offered immediate protection from the assailant. KDOC staff must not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment

Interviews:

Warden
PCM

Provisions (a), (b), (c), and (d):

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment states that allegations of sexual abuse reported to have occurred at a prior facility or any institution shall require that the Warden receiving the report notify the Warden where the alleged incident occurred. The head of the office/facility receiving the notification must ensure the allegation is investigated pursuant to this policy. The Warden stated that it is expected that such a report be made immediately upon learning of the allegation.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC PREA Checklist
Pre Audit Questionnaire Documentation

Interviews:

FPCM
Warden
Random Staff Non-Security/Security Staff First Responder
Shift Supervisors

Provision (a):

Upon learning of an allegation that an inmate was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time-period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time-period that still allows for the collection of physical evidence, 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.

The interviews with staff confirmed awareness of first responder duties and the training they had been provided. All staff interviewed was knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Facility Policy KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment provides that upon learning of an allegation that an inmate was sexually abused; each facility must utilize the Coordinated Response (Attachment A) as a written facility plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment. The response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. Any offender who alleges that he or she has been the victim of sexual abuse must be offered immediate protection from the assailant. KDOC staff must not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

A review of documentation revealed that there were no situations in which the first responder to an incident was a non-security staff. Two non-security staff was interviewed and both were familiar with the duties in that role. They stated that they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. If needed, they would go with the victim to the hospital.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC General Order 07-011, Offender Programs and Services

Interviews:

Warden
Random Staff

Provision (a):

§115.365 The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment and KDOC General Order 07-011, Offender Programs and Services address the mandates of this standard. Policy provides detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. Interviews with staff confirmed that they were knowledgeable regarding their required duties in the coordinated response process.

The Warden discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy. Staff members are directed to follow the steps outlined and to utilize the PREA Checklist in addressing the situation.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse. No allegations of sexual abuse have been reported during this audit period.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Memorandum of Agreement (MOA) between State of Kansas and Kansas Organization of State Employees (KOSE)

Interviews:

Warden
APC
FPCM

Provision (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

The agency's current has a memorandum of agreement with the Kansas Organization of State Employees (KOSE) was entered into on July 1, 2010, prior to the adoption of these standards. The current agreement does not prohibit the agency from suspending, discharging or to otherwise discipline employees with proper cause. Interviews with the Warden and the agency PREA Coordinator indicated that the agency is committed to protect offenders through any disciplinary action of a staff member, including reprimand, suspension, demotion, and discharge or to otherwise discipline or restrict alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Provision (b):

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with 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.

Documentation Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
TCF Facility Order 07-011, Offender Programs and Services
KDOC PREA Monitoring Checklist

Interviews:

Retaliation Monitor
Warden
PCM

Provision (a):

The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

The KDOC IMPP 10-103D on Coordinated Response to Sexual Abuse and Harassment states the facility shall protect all inmates and staff from retaliation that report sexual abuse, sexual harassment or cooperate with sexual abuse or sexual harassment investigations. Retaliation against offenders or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. (28 C.F.R. §§ 115.11 and 115.311). All staff must report any allegations of retaliation to EAI or the facility PREA Compliance Manager either verbally or in writing. Offenders are encouraged to report retaliation as well.

Provision (b):

The agency shall 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The KDOC Policy states that each facility will provide measures to protect staff and inmates. The Retaliation monitor stated that to ensure protection of staff or inmates who report sexual abuse or harassment would include housing changes or transfers for inmate victims or abusers; removing alleged staff or inmate abusers from contact with victims and providing emotional support services. There were no instances of actual or threatened retaliation during the previous 12 months.

Provision (c):

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or 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.

The Policy KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment requires the monitoring of items identified in this provision of the standard. Warden explained during the interview how she would discharge those duties, including monitoring the items identified in the standard and whether an inmate filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond 90 days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

Provision (d):

In the case of inmates, such monitoring shall also include periodic status checks.

The Warden indicated status checks would be initiated with staff and inmates. The Policy states periodic status checks will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.

Provision (e): 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.

TCF Facility Order 07-011, Offender Programs and Services states if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another inmate or staff member, TCF shall take appropriate measures to protect that individual against retaliation. Policies prohibit any type of retaliation to any offender or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations.

Provision (f):

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection 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.

Documentation Reviewed:

KDOC IMPP 10-139D Screening for Sexual Victimization and Abusiveness
TCF Facility Order 09-104 Special Management Offenders in Restrictive Housing
KDOC IMPP 20-108 Protective Custody
TCF-PR-19-2 Protective Custody Investigation Report

Interviews:

Retaliation Monitor
Warden
APC

Provision (a):

All use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.342.

KDOC IMPP 10-139D Screening for Sexual Victimization mandates the requirements of this standard. Staff interviews and a review of TCF Facility Order 09-104 "Special Management Offenders in Restrictive Housing" indicated that, in practice, offenders who allege to have suffered sexual abuse may not be placed in involuntary restricted housing unit (RHU), unless an assessment of all available alternatives has been made and there is a determination that there is no available alternative means of separation from likely abusers. Additionally, in practice, to the extent possible, access to programs, privileges, education and work opportunities are not limited to offenders placed in the RHU for the purposes of protective custody. Policy requires that the facility document the reasons for restricting access to programs and the length of time the restriction would last. In the past 12 months there were no offenders held in restricted housing unit for one to 24 hours awaiting completion of an assessment and none held in restricted housing unit for longer than 30 days while awaiting alternative placement. Staff interviews and an examination of policy confirmed compliance to this standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
EAI Protocol Manual
KDOC IMPP 22-103 Investigative Procedures
Investigative Reports
Notification of Investigative Status
KDOC PREA Checklist
EAI Training Certificates

Interviews:

Facility EAI Supervisor
Warden
PCM
APC
Random Staff

Provision (a):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

A review of policy and interview with the Enforcement, Apprehension and Investigation (EAI) facility investigator, it was revealed that investigations are initiated as prescribed by IMPP 22-101. When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. All allegations of misconduct or criminal activity received by EAI shall be reviewed and a determination made as to how the allegation will be handled. EAI will review the information and determine if the investigation should be conducted by that office or if the issues would be more appropriately handled through a different process.

The decision of how an investigation will be handled will be based on the type and severity of the allegation, the resources available to conduct the investigation, the appropriateness of EAI to conduct the investigation, and the availability of other resources that are capable of conducting the investigation or are sufficiently removed from the situation to proceed with the investigation without any real or perceived conflict of interest. Issues concerning the proper assignment of cases will be referred to the appointing authority and Director EAI for review.

Options for non-criminal allegations include referred to a supervisor for investigation; referred to another unit, such as Human Resources or EEO; conduct and complete an investigation; or refer to an appropriate outside agency. The total number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was eight.

Provision (b):

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.334.

A review of training files indicated that all facility investigators has completed the Agency Investigation Training and certified to conduct administrative investigations. Both TCF facility and KDOC EAI investigators have received additional training in conducting investigations as confirmed by a review of training certificates, training log, and training curriculum. The course lesson topics included how to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators are required to interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Provision (c):

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Facility and Agency Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy states that

investigators are required to interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

KDOC IMPP 22-03 Investigative Procedures provides that an investigation will not be terminated solely because the source recants the allegation. The interviews confirmed what the practice will be in accordance with the Policy and standard.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Investigations that are criminal in nature are investigated by the facility or agency EAI as determined by documentation that supports this provision. Where reasonable grounds exist to suspect that an individual has committed a violation of criminal law, it shall be reported to the Agency EAI investigators or State's Attorney of the county in which the incident occurred or to the appropriate prosecuting official.

Provision (f):

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

All investigations of allegations of sexual abuse or harassment are to be conducted in accordance with KDOC IMPP 22-03 Investigative Procedures, and with the standards and regulations adopted under the Prison Rape Elimination Act (PREA). In accordance with PREA standards, during the course of such investigations, the agency shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated. The Policy further states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not be determined by the person's status as an inmate or staff. Additionally, no inmate who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation. The interviews with the facility-based investigators support the Policy.

Provision (g):

Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

EAI Investigation reports reviewed included actions to indicate an effort to determine whether staff actions or failures to act contributed to the abuse. There were written reports that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Provision (h):

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Investigation reports conducted by KDOC are submitted on the Standard Investigation Report form (Attachment G) and shall be completed within seven (7) calendar days of the conclusion of the investigation. A review of documentation at TCF revealed that the original case file, along with supporting materials and evidence, is maintained by the appropriate investigation section. A copy of the investigation report and appropriate documentation is provided to the Warden/Parole Director, and the County Attorney/District Attorney of jurisdiction if appropriate. Additional case materials will be provided as requested. The EAI Supervisor stated that the KDOC Chief Legal Counsel and/or designees has access to investigation files as needed to carry out their duties and responsibilities.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Investigations that are criminal in nature are investigated by the facility and/or agency's EAI Investigators. Where reasonable grounds exist to suspect that an individual has committed a violation of criminal law, it shall be reported to the State's Attorney of the county in which the incident occurred or to the appropriate prosecuting official. When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. A review of the investigation records identify the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution was 8.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile inmate and applicable law requires a shorter period of retention.

All written reports for the past 12 months were reviewed on-site. Additionally, the agency retains all files while the abuser is incarcerated or employed by the agency, plus five years, unless applicable law requires a shorter period of retention. A review of the facility PREA Incident reports revealed that there were 21 allegations of sexual abuse or sexual harassment in the past 12 months. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 month was 15. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency was zero. The Investigation Officer stated that of the alleged sexual abuse investigations that were completed, 12 inmates were notified verbally or in writing, of the results of the investigation. In the past 12 months, the number of staff from the facility who violated agency sexual abuse or sexual harassment policies was 4. Three of staff were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

Provision (k):

Auditor is not required to audit this provision.

Provision (l):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

KDOC Policy states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. According to the Warden, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
EAI Protocol Manual
KDOC IMPP 22-103 Investigative Procedures
Investigative Reports

Interviews:

Facility Investigation Supervisor
Investigators
Warden
PCM
Random Staff

Provision (a):

§115.272 -The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment policy address the requirements of the standard. 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. A review of training documents and interviews with the facility EAI Investigator indicated that the facility and 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. A review of training documents indicated that the investigators have received the necessary special training in sexual abuse investigations.

Conclusion:

Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
PREA Notifications of Investigation Status
KDOC IMPP 22-103 Investigative Procedures

Interviews:

Investigators
Warden
PCM
APC

Provision (a):

Following an investigation into an inmate's allegation of sexual abuse suffered in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Facility Policy KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment addresses the inmate being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The Warden and the APC will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person(s), as determined by the interviews. The KDOC Policy provides that any inmate who makes an allegation of sexual abuse shall be informed by the Warden and APC in writing following an investigation, as to whether the allegation was substantiated, unsubstantiated, or unfounded.

Following an investigation into an inmate's allegation of sexual abuse and receipt of the investigating agency's finding or findings, the Warden shall inform the inmates the determined outcome. A review of documentation on several investigation reports it revealed that of the 15 alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 12.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

The KDOC Policy states the facility shall request all relevant information from the investigating agency in order to inform the inmate of the outcome of the investigation. When a person, staff or offender, makes an allegation of sexual harassment or sexual abuse of an offender by a staff member against a staff member, the results of the investigation into that allegation will be provided to the complainant using Notification of Investigative Status (Attachment H). The auditor reviewed several Notification of Investigative Status forms and interviewed the inmates to verify standard compliance.

Provision (c):

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the inmate will be informed. A review of documentation on several investigation reports it revealed that of the 15 alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 12. The response included information such as the staff member is no longer assigned within the inmate's housing unit, no longer employed at the facility, if the staff member has been indicted on a charge related to sexual abuse within KDOC or if the staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d):

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The KDOC Policy provides that following an inmate's allegation that he has been sexually abused by another inmate; the alleged victim shall be subsequently informed whenever the alleged abuser is criminally charged related to the sexual abuse; or is adjudicated on a charge related to sexual abuse.

Provision (e):

All such notifications or attempted notifications shall be documented.

The Policy provides that all such notifications or attempted notifications be documented. The KDOC PREA Notifications of Investigation Status would serve to notify the inmate, in writing, regarding the provisions of this standard. In addition, the Annual PREA Compliance Report documents all cases.

Provision (f):

Auditor not required auditing this provision.

Conclusion:

A review of reports and documentation, as well as interviews with staff, confirm the Standard requirements and staff knowledge of the process of reporting to an inmate regarding the outcomes of an allegation of sexual abuse. The Auditor has determined the facility is compliant with this standard regarding reporting to inmates.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment

Interview:

Warden
Random Staff
Random Inmates
Investigators
PCM
APC

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment address the mandates of this standard. Interviews with the Human Resource Manager confirmed that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. In keeping with the Department's zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

All incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. In keeping with the Department's zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution. Interviews with the Human Resource Manager confirmed that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse as confirmed by the Warden. In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was three. All staff were terminated (or resigned prior to termination), for violating agency sexual abuse or sexual harassment policies and have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

KDOC IMPP 10-103D provides that disciplinary sanctions for violations of KDOC policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment states all terminations for violations of the facility’s sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy shall be reported to law enforcement, unless the activity is clearly not criminal. In addition, FPCM and EAI investigator interviews and review of reports and files indicated that incidents were reported to relevant licensing bodies.

Conclusion:

Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff. There were two reported incidents but neither required any disciplinary actions.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
PREA Notifications of Investigation Status
KDOC IMPP 22-103 Investigative Procedures
KDOC IMPP 13-101D Volunteer Services

Interview:

Warden
Random Staff
Random Inmates
Contractors

Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and previously reported to relevant licensing bodies.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment; PREA Notifications of Investigation Status; KDOC IMPP 22-103 Investigative Procedures and IMPP 13-101D Volunteer Services address the mandates of this standard. Contractors or volunteers who engage in sexual abuse are prohibited from contact with offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

Provision (b):

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviews with the Warden indicated that the facility would take appropriate remedial measures, and consider prohibiting further contact with offenders, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there were no contractors/volunteers reported to have engaged in an act of sexual abuse with an offender. Staff interviews confirmed compliance to this standard. In the past 12 months, the number of contractors or volunteers who has violated agency sexual abuse or sexual harassment policies was zero.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliant with this standard regarding corrective action for contractors and volunteers.

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)

- If the agency prohibits all sexual activity between inmates, 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
K.A.R Inmate Rule Book
Pre-Audit Questionnaire Documentation

Interview:

Warden
Random Staff
Random Inmates
Medical Providers

Provision (a):

An inmate may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment and K.A.R Inmate Rule Book address the mandates of this standard. The Policy further addresses an administrative process for dealing with rule violations and references the policy that deals with discipline. Sanctions are directly related to the seriousness of the negative behavior. The interview with the Warden revealed the process regarding allegations of inmate-on-inmate abuse which can include the inmate being removed from the facility and placed in the detention center during the investigation by law enforcement. Offenders found guilty of an administrative finding or criminal finding of offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility was two. The documentation also indicated that they both were criminal findings of guilt for inmate-on-inmate sexual.

Provision (b):

Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of an inmate, agencies shall not deny the inmate daily large-muscle exercise or access to any legally required educational programming or special education services. Inmates in isolation shall receive daily visits from a medical or mental health care clinician. Inmates shall also have access to other programs and work opportunities to the extent possible.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment provides that disciplinary sanctions are 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. The Warden indicated that in the extreme event a disciplinary sanction results in the isolation of an inmate, TCF shall not deny the inmate daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Inmates shall also have access to other programs and work opportunities to the extent possible and receive daily visits from medical and mental health staff, in accordance with the Standard.

Provision (c):

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The KDOC Policy provides that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Warden. The Warden also clarified that the facility does not make any determination regarding whether a activity constitutes sexual abuse.

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending inmate participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

KDOC Policy provides the facility considers whether to offer the offending inmate therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.

Provision (e):

The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The KDOC Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence enough to substantiate the allegation. All instances where sexual abuse is not unfounded (whether substantiated or unsubstantiated) through an appropriate investigation must be reviewed by a Sexual Abuse Incident Review Team pursuant to IMPP 12-118D. (28 C.F.R. §§ 115.86 and 115.386)

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Policy prohibits any sexual conduct between inmates. All such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced. If the investigation determines sexual activity was consensual between the offenders, appropriate disciplinary action must be taken.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for inmates.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC IMPP 10-139D, Screening for Sexual Victimization and Abusiveness
CORIZON General Health Services Policy & Procedures: Response to Sexual Abuse
KDOC BH Follow up Report
CORIZON Mental Health Referral Form Attachment D
CORIZON Limits of Confidentiality and Group Confidentiality Form
Sexual Victimization and Abusiveness Assessment (SVA) Tool

Interview:

Warden
Random Staff
Random Inmates
Medical Providers

Provision (a):

If the screening pursuant to § 115.341 indicates that an 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?

If the Sexual Victimization and Abusiveness Assessment (SVA), an internal screening tool, indicates that an offender has experienced prior sexual victimization, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening. (28 C.F.R. §§ 115.81 and 115.381) The date of the referral is documented on the SVA. Interviews and a review of intake screening documents supports the finding that screening for prior sexual victimization is conducted by mental health professionals during in-processing procedures. If the screening indicates the offender experienced prior sexual victimization, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days. The Health Service Administrator stated that follow-up meetings with mental health providers routinely occur within 72 hours of the initial screening. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community.

Provision (b):

If the screening pursuant to § 115.341 indicates that an inmate has previously perpetrated sexual abuse, 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?

KDOC Policy indicates that if the screening for victimization and abusiveness indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a

facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening.

Provision (c):

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?

In accordance to policy and staff interviews, if the screening for abusiveness and victimization indicates that an inmate has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the inmates a follow-up meeting with a facility contracted Mental Health provider. The follow-up shall be completed within 14 days. All confidential data and files are labeled on a "need to know" basis. Warden and medical staff interviews verified the procedures.

Provision (d):

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?

Medical and mental health practitioners attempt to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff on a need-to-know-basis for treatment plans, security, housing, work, program assignments and management decisions.

Provision (e):

If appropriate, 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.

KDOC Policy states that medical and mental health practitioners will 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.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding mental health screening and interventions for inmates.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Corizon General Health Services Policy and Procedures P-B-04-00
CORIZON General Health Services Policy & Procedures: Response to Sexual Abuse
Sexual Victimization and Abusiveness Assessment (SVA) Tool
Department of Corrections Permanent Administrative Regulations Article 5.—INMATE MANAGEMENT
Pre-Audit Questionnaire Documentation

Interview:

Warden
Random Staff
Random Inmates
Medical Providers

Provision (a) and (b):

If the screening pursuant to § 115.341 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b): If the screening pursuant to § 115.341 indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment and KDOC IMPP 10-139D, Screening for Sexual Victimization and Abusiveness provides that medical and mental health practitioners are required to report sexual abuse and must inform offenders of their duty to report at the instigation of services. If the screening for victimization and abusiveness indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening. Access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse. When medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender.

Provision (c):

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

TCF Policies supports that if the SVA tool indicates that an offender has experienced prior sexual victimization, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening. (28 C.F.R. §§ 115.81 and 115.381) The date of the referral is documented on the SVA. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the inmate files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied.

Provision (d): Medical and mental health practitioners shall 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.

The Health Service Administrator stated that Policy provides that medical and mental health practitioners shall 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. The facility has Informed Consent forms to document this type of situation. The offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC ID 04.01.301, Offender Sexual Assaults Prevention and Intervention
KAR 44-5-115 Service Fees
Department of Corrections Permanent Administrative Regulations Article 5 - INMATE MANAGEMENT

Interviews:

Medical Staff
Mental Health Staff
Warden

Provision (a):

The facility shall 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.

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment states that medical and behavioral health practitioners are required to report sexual abuse and must inform offenders of their duty to report at the instigation of services. Access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse. When medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. FPCM and the APC stated that all medical and behavioral health care staff at each facility must contribute to a coordinated response to all allegations of sexual abuse by relaying, to the PCM and/or security/administrative staff, information pertinent to the well-being of the offender(s) or for investigative purposes.

Provision (b):

The evaluation and treatment of such victims shall 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.

The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/harassment victims medical and mental health services consistent with the community standard of care. Inmate victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care. The facility has fully staffed medical and mental health departments and offers sexual abuse/harassment victims medical and mental health services consistent with the community standard of care.

Provision (d):

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Interview statements from the Warden and a review of policy indicated that all inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The Warden stated that if pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Provision (f):

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Inmate victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The HSA stated that victims of sexual abuse while incarcerated at TCF would be offered Prophylaxis for sexually transmitted infections. The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.

Provision (g):

Treatment services shall be 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.

All treatment services will be provided at no cost to the victim, according to Policy and staff interviews.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and includes but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided at no cost to the inmates.

Provision (h):

The facility shall 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.

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known inmate-on-inmate abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. The Mental Health Administrator interview supported the Policy.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

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.

Documents Reviewed:

KDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention
PREA Application User Manual

Interviews:

Warden
PCM

The Internal Affairs Investigator
Health Care Unit Administrator

Provision (a):

The facility shall 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.

Facility Policy KDOC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, investigations requires the facility to 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 deemed to be unfounded. The APC stated that each facility shall conduct a sexual abuse incident review (SAIR), 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. The SAIR team has prepared reports of its findings, including but not necessarily limited to determinations made pursuant to this policy, and any recommendations for improvement. The report is submitted to the Warden and KDOC PREA Coordinator within 10 business days of the completion of the review.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The Warden and reports verified that this process is implemented at TCF. The Warden interview and reports verified that this process is implemented at TCF.

Provision (c):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Warden has identified the SAIR team at TCF to include, at a minimum the PREA Compliance Manager as chairperson; the EAI Special Agent Supervisor or EAI Special Agent; a CSII/JCOIII (Lieutenant) or higher; a health care or mental health professional; and additional staff as appointed. The interview with the Warden and a review of meeting minutes confirmed the Policy requirements.

Provision (d):

The review 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; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Warden, review of Policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the inmate identifies as gay, bisexual, transgender, or

intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing.

Provision (e):

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The Policy states the administration shall implement the recommendations for improvement or shall document its reasons for not doing so. The Warden further stated that he considers the recommendations from the SAIR team and would implement the recommendations for improvement or document its reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Survey of Sexual Victimization 2018

Interviews:

Agency PREA Coordinator
Warden

Provisions (a) & (c):

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.

The Warden confirmed that for every allegation of sexual abuse or sexual harassment, all documents and items to demonstrate a complete and proper Coordinated Response has been located entirely in the electronic EAI Case log. The EAI Supervisor has uploaded documents and case information. Documents and processes gathered or facilitated by the FPCM, are be forwarded electronically to EAI for inclusion in the electronic case file. The KDOC PREA Coordinator has, on an annual basis, reviewed and analyzed the aggregated data received from TCF to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The 2018 Survey of Sexual Victimization Summary form was reviewed to verify compliance.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency data has been aggregated at least annually. The Survey of Sexual Victimization State Prison Summary form was reviewed to verify compliance.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA. The Policy and review of the annual report and data gathering instrument and other documents

confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. Documentation includes, but is not be limited to Investigative Summary and Reports; Interviews, audio recordings, video recordings, photographs, list of evidence, and all other documents and items respective to the case; PREA Checklist, S.A.I.R., if appropriate, documentation from Medical/Behavioral Health, investigators, SAFE/ SANE (if applicable), and documentation of least restrictive housing. If the victim was involuntarily isolated, a completion and retention of requirements set forth in IMPP 20-104 and documentation of monitoring retaliation.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

TCF does contract with local jails and outside facilities for confinement of its inmates. The APC provided incident-based and aggregated data from each facility with which it contracts for the confinement of its inmates.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Warden stated that upon request, TCF shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data collection.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
2018 PREA Annual Report
Governor MEMO: Data Storage Publication and Destruction Location: KDOC website

Interviews:

Warden
PREA Coordinator

Provision (a-b-d):

The agency shall 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: (a) Identifying problem areas; taking corrective action on an ongoing basis; preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole; (b) ensuring that 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; (c) removing all personal identifiers before making aggregated sexual abuse data publicly available; and (d) maintaining 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.

The annual report is approved as required by Policy, per the interviews and a review of the report by the Auditor, the annual report reflects a comparison of the results of annual data, by calendar year. The KDOC policy states that the Agency PREA Coordinator must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the

effectiveness of the sexual abuse prevention and intervention program. The annual report has been reviewed and the report is accessible to the public through the facility's website. There were no personal identifiers on the annual report.

Provision (c):

KDOC states that the agency's annual report will be approved by the agency head and made readily available to the public through its website.

The annual report is approved as required by Policy, per the interviews and a review of the report by the Auditor, the annual report reflects a comparison of the results of annual data, by calendar year. The annual report has been reviewed and the report is accessible to the public through the facility's website. There were no personal identifiers on the annual report.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data review for corrective action.

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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Governor MEMO: Data Storage Publication and Destruction Location: KDOC website

Interviews:

Warden
PREA Coordinator

Provision (a-d):

The agency shall (a) ensure that data collected pursuant to § 115.87; (b) 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; (c) remove all personal identifiers before making aggregated sexual abuse data publicly available and (d) 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

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment address the mandates of this standard. The data is retained in a secure filing system. Documents and processes are gathered by the FPCM, and forwarded electronically to EAI for inclusion in the electronic case file the final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the KDOC website. The reports cover all data required in the elements of this standard. A review of the annual report verified there are no personal identifiers and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.

Provision (b-c):

(b) The agency shall make aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annual through its website. (c) The agency shall remove all personal identifiers before making aggregated sexual abuse data publicly available.

KDOC policy and documentation reviewed indicates that the agency makes 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. In addition, the agency has removed all personal identifiers before making aggregated sexual abuse data publicly available.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
2018 PREA Annual Report website

Interviews:

Warden
PREA Coordinator

Provision (a-b):

PREA audits for the facility have been conducted as required for the initial three-year period. The facility, in conjunction with the Illinois Department of Corrections, has embarked on fulfilling the auditing requirements for this second three-year period. The facility has provided the Auditor with the required documentation which have maintained as required by the standards and the auditing process.

A comprehensive site review was provided to the Auditor during the site visit and additional documentation was reviewed during the site visit. The staff members were cooperative in providing additional documentation as requested. The Warden provided appropriate work space which included conditions for conducting interviews in private with the inmates and staff. The posted notices regarding the audit were observed throughout the facility, accessible to inmates; staff; visitors; contractors; and volunteers. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. No correspondence was received by the Auditor.

Provision (h-i-m-n):

Standard 115.40a: Frequency and scope of audits states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. All final reports are posted on the agency website.

During this audit, the Auditor had access to previous audits, and had the ability to observe all areas of the audited facility. The Auditor received copies of any relevant documents (including electronically stored information) requested and was able to conduct private interviews with staff and inmates. A review of documentation and interviews with the Warden and the Agency PREA Compliance Manager support the finding that this facility is following this Standard.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

Documents Reviewed:

KDOC IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC Website

Interviews:

Warden
PREA Coordinator

Provision (f):

The agency shall publish on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.

The agency has published on its agency website and 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 starting January 2016 through December 2019. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Dwight Fondren

April 10, 2020

Auditor Signature

Date

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

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