

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

Interim Final

Date of Report November 22, 2017

Auditor Information

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Company Name: Louisiana Department of Corrections	
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Telephone: 225-319-4513	Date of Facility Visit: October 23-26, 2017

Agency Information

Name of Agency: Kansas Department of Corrections	Governing Authority or Parent Agency (If Applicable): <small>Click or tap here to enter text.</small>
Physical Address: 714 Southwest Jackson Suite 300	City, State, Zip: Topeka, KS 66603
Mailing Address: 714 Southwest Jackson Suite 300	City, State, Zip: Topeka, KS 66603
Telephone: 785-296-3310	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Agency mission: The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community, and by actively encouraging and assisting offenders to become law-abiding citizens.	
Agency Website with PREA Information: https://www.doc.ks.gov/	

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Elisabeth Copeland	Title: PREA Coordinator
Email: Elisabeth.Copeland@ks.gov	Telephone: 785-291-3074
PREA Coordinator Reports to: Deputy Secretary Johnny Goddard	Number of Compliance Managers who report to the PREA Coordinator 20 (Including primary and backup)

Facility Information

Name of Facility: Winfield Correctional Facility/ Wichita Work Release Facility			
Physical Address: 1806 Pinecrest Circle Winfield, KS 67156/ 401 S Emporia St, Wichita, KS 67202			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 620-221-6660/ 316-265-5211			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community, and by actively encouraging and assisting offenders to become law-abiding citizens.			
Facility Website with PREA Information: https://www.doc.ks.gov/facilities/wcf			

Warden/Superintendent

Name: Emmalee Conover	Title: Warden
Email: Emmalee.Conover@ks.gov	Telephone: 620-221-6660

Facility PREA Compliance Manager

Name: Electra Knowles	Title: CFSII
Email: Electra.Knowles@ks.gov	Telephone: 620-262-6754

Facility Health Service Administrator

Name: Reginna Strobel	Title: HSA
Email: Reginna.Strobel@ehr.doc.ks.gov	Telephone: 620-221-6660 ext. 56247

Facility Characteristics

Designated Facility Capacity: 556		Current Population of Facility: 556	
Number of inmates admitted to facility during the past 12 months			612
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			515
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			594
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			34
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-76	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			WCF- 18 months and WWRF houses offenders with less than 12 months to serve
Facility security level/inmate custody levels:			Minimum
Number of staff currently employed by the facility who may have contact with inmates:			201
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			39
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
Physical Plant			
Number of Buildings: WCF- 18 and WWRF- 1		Number of Single Cell Housing Units: 0 (only 4 segregation cells at WCF)	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		WCF-3 and WWRF-1	
Number of Segregation Cells (Administrative and Disciplinary):		WCF- 4 and WWRF- 0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are over 150 cameras either on constant view or server based at the facility. The cameras have recording capabilities for 30 days to review. This is a significant increase from last audit report. The facility administration reports they are continuing to add cameras routinely.			
Medical			
Type of Medical Facility:		Correctional Medical (Corizon)	
Forensic sexual assault medical exams are conducted at:		William Newton Memorial Hospital (WCF) and Wesley Medical Center (WWRF)	

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	108
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Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2
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Audit Findings

Audit Narrative

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

The audit of the Winfield Correctional Facility (WCF) and Wichita Work Release Facility (WWRF) was conducted on October 23-26, 2017 by Kristen Thomas, Provisional PREA Auditor, Alexia Carey, and Marcus Myers. Alexia Carey LCSW Louisiana Department of Corrections assisted with random sample and specialized staff and offender interviews. Marcus Myers, Investigator with Louisiana Department of Corrections assisted with random sample of staff and offender interviews. He also conducted the interviews with the two EAI staff as the facility. Kansas DOC and Louisiana DOC are part of a circular auditing agreement with additional states. The purpose of the audit was to determine the facility's degree of compliance with the Federal Prison Rape Elimination Act Standards.

The Notice of Audit was posted throughout the facility prior to the scheduled Onsite Audit Phase on October 2, 2017. The PREA Compliance Manager reported the notice was posted in all housing units, visitation, and programming areas. The flyer explained the purpose of the audit and provided offenders and staff with the auditors contact information. The PCM also sent out the notice via JPAY email to all offenders. A copy of the email was forwarded to the auditor. The team did not receive any letters as a result of the posting prior to the Onsite Audit Phase. One letter was received two weeks after the Onsite Audit Phase, but did not have PREA related content. The Pre-Audit material arrived October 16, 2017 which provided time for the audit team to conduct a review of the documentation prior to the Onsite Audit Phase.

Pre-Audit Phase preparation included a thorough evaluation of all documentation and materials submitted by the facility along with the data included in the Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, educational materials, training curriculum and rosters, organizational charts, posters, brochures, memorandums of understanding, and other relevant materials that were provided to determine compliance with the PREA standards. The review promoted a series of questions that were submitted to the PREA Compliance Manager for review and clarification. Responses were submitted by the PREA Compliance Manager in a timely manner and reviewed by the auditor prior to the Onsite Audit Phase.

The audit team arrived at WCF on October 23, 2017 at 8:30am and met with the facility executive staff for an entrance meeting. Attendees included: Deputy Warden, Security Major, HSA, Business Manager, Classification Administrator, Re-Entry Coordinator, HR/ Attorney, and PCM. Following the entrance meeting the audit team began the site review. This included an observation of the facility configuration, staff supervision of offenders, general population living units, the segregation unit, education/programming areas, laundry, auditorium, dining hall, yard, health services clinic, visiting rooms, library, admission and discharge, and maintenance. Informal interviews were conducted with both staff and offenders while in the various areas throughout the facility. The auditor was able to view camera locations, showering areas, toilet facilities, and sleeping areas. While on the site review, the auditor was permitted access to all areas of the facility. Notices of the PREA audit were observed posted in housing units and visitation areas. The audit team was escorted by the PREA Coordinator, PREA Compliance Manager, and Deputy Warden of the facility.

The Wichita Work Release Facility functions as a satellite to WCF and is under the same administration. In discussion with the PREA Coordinator and PREA Compliance Manager a decision was made to conduct both facility audits as one due to the fact that administrative staff are over both facilities. The facilities are approximately 40 minutes apart from one another. On October 25, 2017 WWRF's site review was conducted. Areas toured included: living units, laundry, dining hall, health services, yard, visiting room, admission and discharge, and maintenance. Informal interviews were conducted with both staff and offenders while in the various areas throughout the facility. The auditor was able to view camera locations, showering areas, toilet facilities and sleeping areas. While on the site review, the auditor was permitted access to all areas of the facility. Notices of the PREA audit were observed in the housing units and visitation areas. The audit team was escorted by the PREA Coordinator, PREA Compliance Manager, and Deputy Warden of the facility. In one housing unit the auditor did test the hotline. The introduction to the phone servicing system ask if you are making a PREA call and to press #50 if so.

An offender roster was provided to the audit team, and a random sampling of offenders was chosen for interviews from each housing unit. Offenders were interviewed using the recommended Department of Justice PREA Compliance Audit Instrument Interview Guides.

The Auditor conducted the following number of offender interviews during the Onsite Audit Phase:

- Random Inmates (Total) = 21
- Targeted Inmates (Total) = 12
- Total Inmates Interviewed = 33

The breakdown of the targeted inmates who were interviewed is as follows:

- Youthful Inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Inmates with a Physical Disability (1)
- Inmates who are Blind, Deaf, or Hard of Hearing (1)
- Inmates who are LEP (1)
- Inmates with a Cognitive Disability (1)
- Inmates who Identify as Lesbian, Gay, or Bisexual (2)
- Inmates who Identify as Transgender or Intersex (1)- WCF/WWRF only houses one offender who identifies as Transgender or Intersex
- Inmates in Segregated Housing for High Risk of Sexual Victimization (0)- WCF/WWRF did not have any offenders in segregated housing for high risk of sexual victimization
- Inmates Who Reported Sexual Abuse (3)
- Inmates Who Reported Sexual Victimization During Risk Screening (2)

The auditor was provided a roster of staff working at the facilities. The auditor selected staff randomly from each staff and discipline. The Auditor conducted the following number of staff interviews during the Onsite Audit Phase:

- Random Staff (Total) = 12
- Specialized Staff (Total) = 28
- Total Staff Interviewed = 40

The breakdown of the specialized staff who were interviewed is as follows:

- Agency Head 1- This interview was conducted by Michele Dausat, PREA Auditor, at the Topeka Correctional Facility's PREA Audit during July of 2017.
- Warden 1
- PREA Coordinator 1

- PREA Compliance Manager 1
- Agency contract administrator 1
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (2)
- Line staff who supervise youthful inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Education staff who work with youthful inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Program staff who work with youthful inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Medical staff (1)
- Mental health staff (1)
- Non-Medical staff involved in cross-gender strip or visual searches (0)- WCF/WWRF does not have any documented cases of officers conducting cross-gender strip searches during the audit cycle.
- Administrative (human resources) staff (1)
- SAFE and SANE staff (1)
- Volunteers who have contact with inmates (2)
- Contractors who have contact with inmates (1)
- Victim Advocates (1)
- Investigative staff – facility level (2)
- Staff who perform screening for risk of victimization and abusiveness (2)
- Staff who supervise inmates in segregated housing (1)
- Staff on the sexual abuse incident review team (2)- The PCM and Mental Health Staff
- Designated staff member charged with monitoring retaliation (2)
- First responders, security staff (1)
- First responders, non-security staff (1)
- Intake staff (2)

Prior PREA investigative files were made accessible for the audit team to review at the Onsite Audit Phase. Five Investigations were reviewed. A mix of unfounded, unsubstantiated, and substantiated. All reports were well written and reader friendly. The investigators are thorough in their research and diligent in efforts to gather facts and come to a logical unbiased conclusion. Pertinent information was listed in all reports, evidence/exhibits were appropriately listed and easily obtainable.

All PREA standards and policies were reviewed for compliance. Questions were clarified, and suggestions were made to enhance WCF/WWRF policies and procedures. To ensure WCF/WWRF practices follow the Agency's Regulation, a review of randomly selected personnel files, investigative files, training records and mental health records were conducted.

On the last day of the Onsite Audit Review, a debriefing was held with the facility's leadership team. The audit team summarized preliminary audit findings. During this meeting, feedback was provided to the staff regarding the facility's strengths as it relates to the DOJ PREA standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special

housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

WCF is located in Cowley County in south central Kansas. The facility is located on the north side of the city of Winfield at the site of the former Winfield State Hospital and Training Center. WCF houses minimum security offenders. On the first day of the Onsite Audit Review the facility had a capacity of 556 at WCF and 241 at WWRF. The facility has 18 functional buildings. Three of which are the living units with open bay/dormitory style housing, and it has 4 segregation cells. Both facilities house only male offenders. In all housing units a wall plaque is updated at the beginning on each shift notifying offenders if a "female is on duty." The sign remains up for the duration of the shift. A Building houses privilege offenders. The dormitory is set up to have 2-4 offenders in a room and shared suite restroom with the next room. The restroom has a solid door entry with only one offender entering at a time. This gives the offenders the opportunity to change, shower, and toilet without being viewed. The shower in the restroom has a shower curtain. B and C Buildings have a communal restroom. A swinging door is at the front entrance of the restroom. Toilets have partitions between each toilet. The showers have shower curtains hung for separation. WCF does not house youthful offenders under the age of 18.

The visitation room is one large room with camera coverage throughout. It has one single bathroom behind a solid door. The entrance is monitored and only one offender can enter at a time. The library was recently moved on the second floor above the visitation room. A recommendation was made at the last PREA audit that with the height of the bookshelves and lack of cameras it caused poor visibility for staff to monitor. The new room was larger in size which allowed the staff to only utilize waist high bookshelves. The room is also equipped with five cameras.

The Chapel is attached to B Dormitory. There are cameras throughout the Chapel and meeting rooms. Staff is present in the building when religious services and meetings are being attended by offenders.

A site review was also conducted in Birch Building. This building is assigned to medical, behavioral health, Pre-Release, and Programming. In the near future the clinic will house a small infirmary. It is already equipped to be in compliance with PREA standards. A frosted glass covers the handicap shower area. Movable curtains are also available to cover the windows to the infirmary for additional privacy barriers. The Birch Building is also utilized for various programming. The restrooms can only be utilized by offenders during specific break times. Partitions are in place covering the toilet area.

The Detail Office is utilized by the facility to send and receive offenders going to work details on a daily basis. The facility sends out approximately 120 outside crews on a daily basis. The facility recently modified their strip search area. They have individual separate stalls with a swinging partition door to conduct the strip searches for offenders returning from work. Only male officers conduct strip searches at this facility.

The Admission and Exchange Building handles all intakes and releases for WCF. The strip searches are conducted behind individual stalls with swinging partition doors. It has one individual restroom behind a closed door. Upon intake offenders are given educational PREA materials and watch the PREA video at this location.

The laundry, gym, dining hall, and maintenance shop was also visited on the site review. All buildings were similar in that they have cameras throughout, individual restrooms behind a closed door, and no issues with regards to blind spots. Staff was present in all areas and posters were visible.

The Wichita Work Release Facility (WWRF), a satellite unit of the Winfield Correctional Facility, is an all-male, minimum-custody state prison located in Wichita in south-central Kansas. WWRF houses minimum

security work release offenders. It has 1 building with 2 open bay/ dormitory style housing units. They do not have any segregation housing. There is one restroom on each housing unit floor. The entrance to the restroom has swinging style doors for coverage. The toilets and showers have partitions separating each one to give the offender the opportunity to change, shower, and toilet without being viewed. Cameras are present throughout the facility.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 3

Click or tap here to enter text.

Number of Standards Met: 41

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Number of Standards Not Met: 0

115.14- Youthful Offenders is N/A

Summary of Corrective Action (if any)

WCF/WWRF does not have any corrective action needed at this time.

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.

Kansas Department of Corrections Internal Management Policy and Procedure (IMPP) 10-103D mandates WCF and WWRF to have a zero tolerance policy towards all forms of sexual abuse and

sexual harassment. They provide a safe and secure environment for offenders. KDOC IMPP outlines the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Completed IMPP 10-103D Attachment A- Coordinated Response was also reviewed to show the protocol taken by staff following an allegation of sexual abuse and/or harassment.

According to the KDOC Central Office Organizational Chart the statewide PREA Coordinator falls under the Deputy Secretary. She voiced she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all KDOC facilities. Quarterly meetings are held with all Compliance Managers on a quarterly basis and will meet more often when needed. She also reported having three additional full-time staff to assist with her duties. She went into great detail on her work daily work tasks and mock PREA audits that are conducted on a routine basis.

According to the WCF/WWRF Organizational Chart the designated PREA Compliance Manager falls under the Deputy Warden. She voiced she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Deputy Warden is also the assigned PCM for the facility. She works routinely with the PREA team, EAI (Investigations), and the entire WCF/WWRF staff to ensure policy and procedure are being followed properly. She was knowledgeable with regards to specific policy surrounding the PREA standards. She also attends via in-person or via video conference the quarterly PCM meetings held by the PREA Coordinator. She reported this keeps her abreast of any new or modified practices on a Department wide level.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

According to IMPP 10-103D authorized KDOC to enter in a contractual agreement with other offenders. Contracts are handled at the Central Office level. Contracts were provided to the audit team by the PREA Coordinator. Contracts were reviewed and include necessary language that the contracting organizations comply with PREA standards. The PREA Coordinator reported she monitors all new and renewed contracts to make sure they maintain compliance with their obligation to follow PREA standards. She also reported that she creates a formalized plan and assists county jails they have a contract in preparation for their compliance audits.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 12-137D 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. However, when conducting the interview with the Warden, she reported if necessary the facility will utilize overtime to maintain compliance with their staffing plan. She also reported the placement 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 General Orders 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 are 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 audit team 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 announced rounds. The officers reported keeping constant movement through rounds and do not follow a specific routine.

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.

This standard is not applicable. 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. 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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. The facility provided training logs to demonstrate all staff have been trained on search procedures. The training curriculum that is utilized for the training was provided. Staff are presented with a detailed Power Point presentation on how to conduct pat gender searches and follow-up with a video demonstration. All staff then participate in guided practice, so an understanding of the material is not in question. They are also provided a handout for any follow-up questions and practice protocols. The pat down search training curriculum is for both male offenders and transgender offenders. General Orders 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. Policy and procedure require staff of the opposite gender announce their presence when entering a housing unit. During the site review and through staff and offender interviews, it was witnessed female staff were announced when entering a housing unit. A sign is placed at the entrance of each housing unit floor notifying offenders if a female officer is on duty in their housing area. The sign is updated at each shift change. Also, during random staff and offender interviews it was reported that staff of the opposite gender are announcing their presence. Offender reported they liked having the plaque in the housing unit notifying staff of females working in the dorm.

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. Documentation from the 2014 DOJ PREA Audit Report raised concern with cross gender viewing in three areas: segregation cells, B housing unit bathrooms, and the work release second floor restroom. All areas of concern have been corrected. In the segregation housing unit, a half- frosted glass partition has been placed in the control room, in unit B housing a half swinging door has been installed at the entrance of the restroom to obstruct view of staff passing, and at the work release partitions have been installed at the front of the restroom and between the urinals. During interviews with specialized and offender interviews it was reported that they can shower, toilet, and change without being viewed by staff of the opposite gender.

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. The facility provided the curriculum 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.

According to interviews with staff, WCF/WWRF does not house female offenders. During the site review no female offenders were seen by the audit team.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility provides offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, intellectual and/or physical disabilities, as well as to offenders who have limited reading skills. The facility has staff who can be utilized as translators. The Big Word is also KDOC's supplier for phone service interpreting to those offenders who are limited English proficient. Brochures are available in both English and Spanish. WCF/WWRF had prominent PREA signs throughout the facility in English as well as Spanish. The PREA Orientation Handbook is

available in Spanish as well. One Limited English Proficient offender was interviewed and he reported that he was given educational materials in Spanish. He reported that PREA posters in Spanish are in his housing units.

Agency policy prohibits the use of offender interpreters, offender readers, or other types of offender assistants to gather information related to an allegation of sexual abuse or sexual harassment. In the past 12 months WCF/WWRF has not used an offender interpreter to gather information. During interviews with the random sample of staff, no staff member was aware of the facility ever using an offender for translation purposes as it relates to PREA.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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. She cannot recall of this coming up yet, but this has been discussed with administration.

WCF/WWRF perform criminal record background checks for all newly hired employees who may have contact with offenders, 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. WCF/WWRF exceeds this standard by completing background checks annually and not every five years. Prior institutional employers of each candidate including new hires and promotional candidates, and contract employee candidates, are also contacted for information on substantiated allegations of sexual abuse of an offender or any resignation during a pending investigation of an allegation of sexual abuse of an offender using the Request for Information from Prior Institutional Employer Letter (Attachment G). The facility uses NCIC and Kansas CJIS Database to run the checks on all potential and current employees. During the interview with the HR Director a random sample of employee files was reviewed, and all contained background checks. She provided the auditor with a detailed spreadsheet documenting completion dates and results of annual background checks. From this list the auditor selected eight names at random for file reviews. Background checks and Attachment G was available in the sample employee files. All files were compliant with PREA standards.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Kansas Department of Corrections Secretary is required to approve any major changes in construction, and he shall consider the best interest of staff and offenders. During interviews with the Warden and PREA Compliance Manager, there have been no substantial upgrades to the facility since the last PREA audit during 2014. During the reporting period, there were numerous cameras installed in the dorm, library, and work release areas. The facility now has over 150 cameras either on view or server based. In discussions with the Warden and PCM the facility has plans to continue to increase the number of cameras to WCF/WWRF. During the site review cameras were observed throughout the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility is responsible for conducting either administrative or criminal sexual abuse investigations. Enforcement, Apprehension, and Investigative Team (EAI), who is responsible for conducting the investigation, shall follow a uniform evidence protocol as set forth in the EAI Manual. During interviews with two EAI staff members, they outlined the procedures they follow to conduct the investigations, obtain and preserve evidence, collection of evidence by appropriate medical personnel and the services that are to be provided to victims. The medical staff informed the audit team that when medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. The facility has MOU's with community Rape Crisis Centers to provide victim advocacy services from an allegation of sexual abuse. The signed MOU was provided to the auditor with the pre-audit material. A representative from the Rape Crisis Center was contacted via a phone interview. The facility has not had any incident in the past 12 months that would require a forensic examination. However, staff are well informed on the procedure for forensic examinations and victim advocacy services.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 22-103 requires all allegations of sexual abuse, sexual harassment, or nonconsensual sexual acts shall be referred to EAI immediately. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. WCF/WWRF has established methods of reporting to include, verbal, anonymous, written notes, #50 hotline, etc.

According to IMPP 10-103D, the facility has an MOU with community victim advocacy services to provide an advocate to support the victim through the forensic medical exam and investigatory processes. WCF and WWRF provided the MOU for victim advocacy services with the pre-audit material. The facility has not had an incident in the last 12 months that would require a forensic examination; however, staff that were interviewed knew when and how an advocate would be notified if needed.

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

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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. Prior to the onsite portion of the audit WCF/WWRF 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. 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. IMPP 02/118D Attachment B is the acknowledgement form both employees, volunteers and contractors sign that they received the necessary training. Staff initial in checkbox D if they understand that engaging in sexual abuse or sexual harassment with an offender is grounds for disciplinary action. During interviews with a random sample of employees they acknowledged participating in education training as it relates to PREA. It was clear during these interviews that staff are receiving and understand the material that is being provided to them during training. Staff did not have any difficulty articulating on how to respond to reports of sexual and sexual harassment if it is reported to them.

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

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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. WCF/WWRF provided lesson plans and training logs with the pre-audit paperwork. Additional documentation was provided at the Onsite Audit Phase. See additional information in section 115.31.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to IMPP 10-103D information about the facility's policy and procedure regarding sexual abuse/harassment is included in each facility's orientation program and is provided in a manner that is clearly understood by the offender. During the intake process, offenders receive information explaining the agency's zero-tolerance policy regarding sexual and sexual harassment and how to report incidents or suspicions of sexual abuse/harassment. Within 30 days of intake, the facility provides comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and reporting policies and procedures for responding to such incidents. WCF/WWRF provided signed acknowledgment forms at the Onsite Audit Phase indicating that offenders also receive a more detailed PREA training within 30 days of arrival at the facility. Through Case Management and Intake Staff interviews, the offenders are given this education at the day of intake in the Admission and Exchange Building prior to being assigned housing. Also, during offender interviews, they acknowledged receiving this education during Reception and Diagnostic and upon arrival to WCF. The facility provides 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. Random offender interviews indicated that offenders have knowledge of PREA, as well as the means to report allegations. During the site review, it was noted that PREA signs were

present in all housing areas, dining halls, library, laundry, visitation, gym, clinics, and religious hall. The signs provide information to offenders on how to report sexual abuse and sexual harassment. It gives the #50 hotline and the toll-free third party reporting number. It is noted that the phone calls are anonymous.

The PREA Compliance Manager routinely sends out JPAY emails to offenders at the facility regarding information of their right to be free from sexual abuse and sexual harassment. The PCM also provided documentation of open callouts with community guests providing additional information with regards to sexual abuse and sexual harassment. The victim advocacy group that has an MOU with the facility, SAFE/SANE hospital staff, and local law enforcement were all in attendance.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D discusses specialized training investigative staff receives to meet PREA Standards. Both facility investigators have completed the training specific to conducting sexual abuse investigations in a confinement setting and are required to attend annual re-certification training. The two investigators for the facility were interviewed and provided their training certificates. They received training from National Institute of Corrections: PREA and Investigating Sexual Abuse in a Confinement Setting, Kansas Peace Officers Association: What You Should Know, and KDOC: PREA and What You Should Know About it. The training includes: conducting investigations in a confinement setting; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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WCF/WWRF contracts with Corizon Health Care for medical and behavioral health care. According to IMPP 10-103D and Corizon policy, medical and behavioral health staff receive specialized training and orientation training for new hires with regards to PREA. The training includes: how to detect and assess signs of sexual abuse and sexual harassment and preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to and whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and behavioral health staff also receive the training mandated under 115.31 and 115.32. The facility is responsible for maintaining documentation that staff have received the training. The facility provided training documentation pre-audit and additional documentation at the Onsite Audit Phase for all healthcare staff.

Medical and Mental health were interviewed during the Onsite Audit Phase. Staff members were exceptionally knowledgeable and were able to elaborate on answers to all questions. It was reported that examinations were not done at the facility and were refereed out, but both medical and mental health were aware of the procedures that would take place and what would happen following the examination. Both staff members were knowledgeable of not only what their department was responsible for, but also other departments they collaborate with on a routine basis.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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According to IMPP 10-139D KDOC has established internal classification procedures for screening offenders for risk of sexual victimization and/or sexual aggression. WCF/WWRF staff complete the Sexual Victimization and Abusiveness Assessment form at initial screening within 72 hours of intake, and a full assessment within 30 days of intake to ensure the offender feels safe in his assigned housing unit. Each offender will be assigned a score by the internal classification instrument: KA (Known Aggressor), AP (Aggressor Potential), UN (unrestricted), VP (Victim Potential), or VI (Victim Incarcerated). The screening is conducted on all offenders, and information obtained is then used to make determinations regarding housing, bed, work, education, and program assignments. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA. She reported reviewing the offenders record in its entirety prior to intake. An initial screening is conducted at 72 hours and 30 days for the follow-up reassessment. She was able to articulate what the questions were on the forms and the reasoning behind the specific questions. She went into detail on how the information is utilized when assigning housing units.

KDOC has developed Total Access PREA Systems (T.A.P.S.) serves as a "one stop PREA shop" for all forms needed to prevent, detect and respond to sexual abuse and sexual harassment of individuals in the custody of the Secretary of Corrections. T.A.P.S. provides the forms and detailed instructions on how to complete and score the assessment. Offenders are not disciplined for refusing to answer specific questions.

Offenders with an internal classification of victim incarcerated (VI) and victim potential (VP) can only be housed with others classified as the same or those classified as unrestricted (UN). As well, offenders with an internal classification of known aggressor (KA) or aggressor potential (AP) can only be housed with others classified as the same or those classified as unrestricted (UN).

If the Sexual Victimization and Abusiveness Assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the offender follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral will be documented on the Sexual Victimization and Abusiveness Assessment.

During the Onsite Audit Phase, the auditor randomly selected ten offenders' names from the offender roster and reviewed the risk screening to ensure the timeliness of the completion. The screenings reviewed are within 72-hour and 30 day timeframes mandated by this PREA standard. The forms are completed in the TAPS Database and this ensures easy access to all offender files. According to the

PREA Coordinator, staff is given access to information in the database based off of their employment status. Whatever information you are allowed to see is the access you are provided when you start employment. Classification staff who complete intake articulated an excellent understanding of the requirements and intention of this standard. Interviews with both staff interviewed and random offender interviews indicated that staff thoroughly screens all offenders to ensure they are properly classified and housed. Offenders reported remembering being interviewed at intake and for a follow-up. They praised the PREA Compliance Manager for how involved she is in the intake and educational PREA process.

A review of the facility's SVAA showed all criteria required by this standard is addressed in the screening tool. One recommendation that was corrected on-site was to add language with regards to whether an offender is detained solely for civil immigration purposes. IMPP reports that WCF/WWRF does not house offenders who are detained solely for civil immigration purposes; however, this language will also be footnoted on the SVAA form itself.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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According to IMPP 10-139D the SVA assessment is conducted on all offenders, and information obtained will then be used to make determinations regarding housing, bed, work, education, and program assignments. The forms are completed in the TAPS Database and this ensures easy access to all offender files. According to the PREA Coordinator, staff is given access to information in the database based off of their employment status. At WCF victim or VP can be housed in C Dorm, A1, and A2. Aggressors can be housed in B Dorm or on A3. The work assignments are completed at WCF by the Unit Team Manager. He was interviewed at length with regards to the procedures he follows for housing and work assignments. He takes into consideration the SVAA of each offender. He does not place an aggressor and a victim on the same crew without direct official supervision. WCF does have contract supervisors on some of the off-site crews, and those will not have aggressors and victims or victim potentials on them at any time. At WWRF victims or VP can be housed on the second floor and aggressors can be housed on the second floor. SVAA are looked at prior to the offender being housed at each facility. Bunk assignments with various PREA designations documentation was provided at the on-site portion of the audit.

Transgender or intersex offenders are reassessed at least twice per year to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the offender. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.

WCF/WWRF does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. A transgender or intersex offender is given the opportunity to shower separately from other offenders. Their refusal or acceptance of separate shower times shall be documented and included in the offender official file. The audit team interviewed one transgender offender. The offender stated that she has been given the opportunity to shower separately and does not feel unsafe in this environment. Two offenders identified as bisexual/gay were interviewed and reported they have no knowledge of his housing assignments being based on how they identify. They reported feeling comfortable in their housing units, and do not feel as though they are being discriminated against.

The different PREA classification designations are as follows:

VI- Victim Incarcerated

VP- Victim Potential

KA- Known Aggressor

AP- Aggressor Potential

UN- Unclassified

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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According to IMPP 10-139, offenders at a high risk for sexual victimization are only placed in involuntary segregation housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made the offender may be housed for less than 24 hours in segregation while the assessment is completed. Offenders placed in involuntary segregation do not ordinarily remain for more than 30 days. Reviewing practices and interviewing WCF offenders in segregation, the policy is being followed. The facility utilized the Administrative Segregation Report post incident that evaluates the needs of the offenders placed in involuntary segregation.

At WCF the number of offenders at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was three. The facility utilized the Administrative Segregation Report Form to evaluate the needs of the offender. The number of offenders at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero. Sample documentation was provided at the on-site portion of the audit. The facility did not have anyone who had been housed in involuntary segregation due to risk of victimization at the facility during the Onsite Audit Phase, so no interview was conducted at that time. The Warden was interviewed regarding placement in involuntary segregation, and she reported it is a rare occurrence for their facility. She reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30 days.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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According to IMPP 10-103D, WCF/WWRF provides multiple methods for an offender to report allegations of sexual abuse or sexual harassment. Such allegations may be reported verbally to any staff member or in writing using a Form 9 or Offender Request to Staff. KDOC has an MOU with the Legal Services for Prisoners to accept correspondence from the offender population. LSP will accept both oral and written reports of sexual abuse or sexual harassment allegations from offenders incarcerated within KDOC facilities. LSP will immediately forward information received from offenders regarding sexual abuse or sexual harassment allegations to the KDOC PREA Coordinator, who shall furnish LSP with current contact information for that purpose. The PREA Coordinator will then forward this information to EAI. Offenders can also report sexual abuse or sexual harassment confidentially through the KDOC Sexual Assault Helpline. This is accessible by dialing #50 through any offender phone free of charge. Calls may be placed anonymously, or the caller may provide identifying information. Access to and the ability to retrieve messages received through the Helpline shall be restricted to Central Office EAI. The KDOC Sexual Assault Helpline is publicized in WCF/WWRF through the use of posters, General Orders, JPAY emails, and notices. Offender phones have the Helpline instructions posted in a conspicuous location by the phones in all housing units. During the site review it was observed by the audit team that signs were displayed near phones, on bulletin boards and in housing units advising offenders of the multiple ways to report. In one housing unit the auditor did test the hotline. The introduction to the phone servicing system ask if you are making a PREA call

and to press #50 if so. During interviews, offenders expressed that they had been educated on the ways to report sexual abuse and sexual harassment.

All WCF/WWRF staff, offender family members, or others can report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-888-317-8204. Allegations of sexual abuse or harassment reported through the third-party hotline will remain confidential and may remain anonymous as the request of the reporting party. The calls are referred to the KDOC PREA Coordinator or the Director of Enforcement, Apprehensions, and Investigations. During interviews with staff, they indicated they would feel comfortable reporting allegations privately to their supervisor, to the PREA Compliance Manager, or to EAI.

WCF/WWRF does not house offenders solely for immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Kansas Agency Regulation KAR 44-15-204, meets all requirements of this PREA standard. "Emergency grievances" shall 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. Emergency grievances shall be forwarded immediately, without substantive review, to the level at which corrective action can be taken. Emergency grievances shall be expedited at every level. The same external review provisions that apply to regular grievances shall apply to emergency grievances. Regulation allows a third party to assist an offender in initiating or assist in reporting allegations of sexual abuse or sexual harassment

through the grievance process. The agency does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. In the past 12 months the facility had two grievances filed that alleged sexual abuse. The facility provided documentation that grievances were responded to in a timely fashion.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The facility has an MOU in place with Wichita Area Sexual Assault Center and YWCA to provide confidential advocacy services to offenders in need. The organizations provide advocacy services to accompany and support a victim through the forensic medical examination process and investigatory interviews. Advocates shall provide support, crisis intervention, information, and referrals upon request from Wichita Work Release. WASAC can only release information when allowed through a written, time-limited consent from within WASAC. The contact information is provided to offenders upon intake into the facility. Copies of signed MOU's were available at the Onsite Audit Phase. Offenders interviewed were knowledgeable in victim advocacy resources; however, none of the offenders interviewed expressed having ever reached out to them.

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

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

According to IMPP 10-103D, staff, offender family members, or others can report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-888-317-8204. Allegations of sexual abuse or sexual harassment reported through the third-party hotline shall be confidential and may remain anonymous at the request of the reporting party. These calls are referred to the KDOC PREA Coordinator or the Director of EAI.

Third party reporting information is readily available to all offenders through the orientation manual provided upon intake. In addition, the agency's website which outlines how a third party can report allegations of sexual abuse and sexual harassment is easily accessible. The website provides a telephone number and an email address to report an allegation 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*)
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Instructions for Overall Compliance Determination Narrative

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According to IMPP 10-103D, staff are mandated to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is in regards to an offender or another staff member. Staff can report to their supervisor, PREA Compliance Manager, or EAI. Failure to report is violation of policy and may result in administrative or disciplinary sanctions. Failure to report suspected abuse of an offender is a class B misdemeanor. Staff shall not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment and investigative decisions. Medical and behavioral health staff are required to report sexual abuse and must inform offenders of their duty to report to EAI.

During interviews, staff was able to articulate the various methods they have to report allegations of sexual abuse and sexual harassment. They were aware of the confidential nature of the information they are presented with and know to only share this information for treatment and investigative purposes.

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*)

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Agency policy requires staff to take immediate action once an allegation of sexual abuse or sexual harassment is reported. Policy outlines staff responsibility if they learn an offender is at immediate substantial risk of sexual abuse. The review process using the Administrative Segregation Report is utilized to ensure the least restrictive housing is appropriately implemented. During staff interviews with the Warden and random staff it was clear that they would take immediate action if they learned that an offender was at substantial risk of imminent sexual abuse. During the past 12 months, WCF had 1 incident of assigning an offender to involuntary segregation due to a possible risk of sexual abuse.

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*)

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According to IMPP 10-103D, if WCF/WWRF receives a report that an offender has been a victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another office the facility is responsible to complete the following protocol: As soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that received the allegation shall notify the head of the office/facility where the alleged abuse occurred, the head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to their policy, and all incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. The Warden was able to elaborate on the procedures in place when the facility receives an allegation from another facility/agency. She is provided updates from EAI and PCM throughout the investigation.

The audit team was provided with documentation of the one allegation of sexual abuse the facility received from another institution. Continued communication by both parties continued until the completion of the investigation.

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

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According to IMPP10-103D, WCF/WWRF utilizes the Coordinated Response (Attachment A) as a written institutional plan to establish reports of sexual abuse and sexual harassment. The response ensures 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 has been the victim of sexual abuse is offered immediate protection from the assailant. KDOC staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse. Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) are separated, the PCM, EAI, and the Duty Officer and/or warden/ superintendent shall be notified, and the Coordinated Response (see Attachment A) is initiated. Attachment A is a five--page document that describes the in-depth protocol that is followed once an allegation of sexual abuse or sexual harassment is made.

Staff who have acted as first responders were interviewed, and elaborated on the protocols they followed after learning of an allegation. They separated the alleged victim and abuser, preserved the crime scene, and preserved any usable physical evidence on the alleged victim and abuser.

The audit team was provided with multiple completed Coordinated Response Attachments following a notification of sexual abuse or sexual harassment.

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*)
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WCF/WWRF utilizes the Coordinated Response (Attachment A) as a written institutional plan to establish reports of sexual abuse and sexual harassment. The PREA Checklist (see IMPP 10-139D) is completed for each report, which is ordinarily initiated by the Shift Supervisor. For administrative reports, or reports otherwise not reported through the Shift Supervisor, the PREA Checklist shall be completed by the PCM.

The attachment describes the protocol and coordinated actions taken by staff first responders, medical and behavioral health practitioners, investigations and facility leadership. The PREA Checklist has been developed to ensure appropriate notifications are made in a timely and consistent manner.

During the interview with the Warden, she was able to describe the Coordinated Response that is in place at the facility. She knew the steps of the first responders, healthcare staff, and EAI. She was also familiar with the form that is completed once notifications and actions are taken following the allegation.

The audit team was provided completed IMPP 10-103 Attachment B PREA Checklist Forms. The form was provided to the audit team of the facility's coordinated response once an allegation of sexual abuse or sexual harassment is received. It is a checklist that checks and balances to make sure all parties are notified and all protocols are followed according to PREA Standards.

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*)

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WCF/WWRF staff have the ability to move any offender to a safe cell or segregation area that is suitable for the protection of an offender at risk for sexual victimization. The audit team was provided with a copy of the MOU with Kansas State Organization for Employees Union. All mandates for this standard are compliant.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to IMPP 10-103D, WCF/WWRF is mandated to monitor retaliation against offenders or staff who report sexual abuse or sexual harassment or who cooperate with investigations. Retaliation is strictly prohibited. All staff shall 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. The facility employs multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items staff monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This also includes periodic status checks, for offenders. Monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. The facility shall designate who is charged with this monitoring. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. The obligation to monitor shall terminate only if the allegation is determined to be unfounded.

The audit team was provided with retaliation documentation at the Onsite Audit Phase. WCF/WWRF conducts retaliation checks at 30/60/90 intervals. The findings are then monitored by the PREA Compliance Manager at the facility. The facility has not had any incident of retaliation in the past 12 months.

The Warden reported staff monitor offenders and/or staff for retaliation for 90 days. She reported staff are monitoring offenders specifically for housing changes or transfers, removal of alleged staff or offender abusers from contact with victims, and emotional support services, and programming participation.

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

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According to IMPP 10-139, offenders at a high risk for sexual victimization are placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made the offender may be housed for less than 24 hours in segregation while the assessment is completed. Offenders placed in involuntary segregation do not ordinarily remain for more than 30 days. Reviewing practices and interviewing WCF offenders in segregation, the policy is being followed. The facility utilized the Administrative Segregation Report post incident that evaluates the needs of the offenders placed in involuntary segregation.

At WCF the number of offenders at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was three. The facility utilized the Administrative Segregation Report Form to evaluate the needs of the offender. The number of offenders at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero. Sample documentation was provided at the on-site portion of the audit.

The Warden was interviewed regarding placement in involuntary segregation, and she reported it is a rare occurrence for their facility. She reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30 days.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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WCF/WWRF does conduct its own investigations into allegations of sexual abuse and sexual harassment. It does so promptly, thoroughly, and objectively. The facility's EAI team have received specialized training in sexual abuse investigations. They received training from National Institute of Corrections: PREA and Investigating Sexual Abuse in a Confinement Setting, Kansas Peace Officers Association: What You Should Know, and KDOC: PREA and What You Should Know About it. The EAI staff gather and preserve direct and circumstantial evidence. Staff document in a written report a thorough description of physical and documentary evidence. Substantiated allegations are referred for prosecution.

Both WCF/WWRF investigators were interviewed during the on-site portion of the audit. EAI investigators have attended investigation training and seek input from the DA's Office regarding whether an investigation is administrative or criminal. When interviewing the investigators, they were able to adequately give

examples of the burden of proof and preponderance for administrative cases. They understood that a standard no higher than preponderance of evidence is used when determining allegations of sexual abuse or sexual harassment are substantiated.

During the interview, a review of (05) PREA Investigation reports from 2017 and asked questions from the "PREA Compliance Audit Instrument - Interview Guide for Specialized Staff". Of these (05) reports, (1) was "Unsubstantiated", (3) were "Substantiated" and (1) was "Unfounded". There were various incidents ranging from I/M on I/M Harassment to Staff Sexual Misconduct and / or Harassment. The investigators showed that they were thorough in their research and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable. They are familiar with Miranda and Garrity Warnings and explained the difference in both when questioned.

There were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.

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

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According to IMPP 22-103-3-A discusses all components of the preponderance of evidence standard. When interviewing the investigators, they were able to adequately give examples of the burden of proof and preponderance for administrative cases. They understood that a standard no higher than preponderance of evidence is used when determining allegations of sexual abuse or sexual harassment are substantiated. Upon review of PREA files, the investigators showed that they were thorough in their research and diligent in their efforts to gather facts and come to a logical and unbiased

conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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According to IMPP 10-103D, WCF/WWRF reports to offenders following the report of staff sexual abuse of an offender, the facility shall inform the offender (unless it is determined to be unfounded) when: the staff member is no longer posted in the offender's living unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility. Following the report of offender sexual abuse of another offender, the facility shall inform the offender when: the alleged abuser is indicted on a charge related to sexual abuse within the facility; the alleged abuser is convicted on a charge related to sexual abuse within the facility; at the conclusion of the investigation, these status updates shall be completed by the special agent and formalized on the Notification of Investigation Status form (IMPP 22-103, Attachment H); the facility shall no longer have this obligation to report once the offender is released from the agency's custody; the facility has established Memorandums of Understanding with local rape crisis/victim advocate centers in an effort to coordinate forensic medical exams, victim advocacy services, etc.

The facility's investigations department completed 30 criminal and/or administrative investigations of alleged offender sexual abuse in the past 12 months. A random sample of investigations were reviewed and notifications were made following the completion of the report. The facility did not have any investigations of alleged offender sexual abuse in the facility that were completed by an outside agency in the past 12 months.

During one offender interview it was reported that the investigation was handled appropriately. The offender was very thankful for the process and the interaction with staff he received along the way. He claims they handle the situation effectively, and despite finding the report unfounded he feels it was addressed appropriately. He was kept informed throughout the whole process. At no time did he feel retaliated against or given consequences for his report.

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. In keeping with the KDOC's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an offender is termination.

In the past 12 months, no staff from the facility have been terminated for violating agency sexual abuse or sexual harassment policies. In the past 12 months, no staff from the facility have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies.

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*)

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WCF/WWRF policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agency and to relevant licensing bodies. WCF/WWRF takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews conducted with the Warden and HR Director it was noted, in the past 12 months no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of offenders at WCF/WWRF.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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According to 10-103D, all incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. In keeping with the Department's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. Disciplinary sanctions will occur and will be based upon circumstances of the incident, offender's disciplinary history and similar sanctions imposed on similar incidents. WCF/WWRF will consider the mental health functioning of

an offender and will consult with the behavioral health staff prior to implementing a sanction. Mental health staff shall consider whether to require the offending inmate to participate in such intervention as a condition of access to programming or other benefits. The facility only disciplines an offender for sexual contact with staff only upon a finding that the staff member did not consent to the act. WCF/WWRF prohibits all sexual activity between offenders.

The audit team was provided documentation to show that both victims and aggressors are seen by the behavioral health department prior to any sanctions being implemented. This was also confirmed during interviews with the mental health department.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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According to IMPP 10-139, WCF/WWRF mandates that if Sexual Victimization and Abusiveness Assessment indicates that an offender has experienced prior sexual victimization, whether in an institution or in the community, the facility offers the offender follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral is documented on the Sexual Victimization and Abusiveness Assessment. If the Sexual Victimization and Abusiveness Assessment indicates that an offender has previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the offender follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral is documented on the Sexual Victimization and Abusiveness Assessment. All notifications to necessary facility staff shall be made by the staff member completing the screening, as necessary to ensure that the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-ups can be provided.

At the Onsite Audit Phase WCF/WWRF staff provided documentation to the audit team to show compliance with this standard. Various SVAA forms indicating notifications to staff following an offender reporting sexual victimization. Also, mental health follow-up documentation was provided to the audit team.

Staff who conduct the SVAA's reported that they submit the notification to the mental health staff when an offender reports sexual victimization or predatory behavior on the assessment. Mental Health staff also acknowledged receiving the notification and scheduling a follow-up with the offender.

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Agency policy 10-103 D supports all areas of this standard. The policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment of services. Interviews with medical and mental

health staff, as well as random staff indicates that staff is well aware of the components of this standard and that the facility is in compliance with the standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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According to 10-103D, WCF/WWRF supports all components of this standard. 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 are provided immediately, upon report or discovery, to victims of sexual abuse. When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. Medical and behavioral health care staff shall 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. Victims of sexual abuse while incarcerated shall be offered: Prophylaxis for sexually transmitted infections, if the screening for victimization and abusiveness indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institution or in the community, the facility shall offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening. The offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner, the facility shall attempt to conduct a behavioral health evaluation of all known offender-on-offender abusers within 60 days of discovery of such abuse history, informed consent shall be obtained from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

The facility provided documentation indicating that offenders who are prior victims and perpetrators are offered follow-up treatment by mental health staff. The staff of the mental health department are

employed by Corizon Health Services. They complete specialized training through Corizon in addition to any facility training offered. The staff was extremely knowledgeable regarding the needs of abusers and victims and provides numerous treatment services for this specific population. All offenders interviewed expressed consistently that the mental health department was readily available for all needs and would provide ongoing individual counseling upon referral and/or request.

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

Instructions for Overall Compliance Determination Narrative

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According to 12-118, WCF/WWRF completes a sexual abuse incident review form upon the conclusion of any investigation that has been determined to be substantiated or unsubstantiated, within 30 days of the conclusion of the investigation. The agency has developed a sexual abuse incident review form which ensures all components required by the standard are reviewed. A review of randomly selected investigation files indicated the incident reviews are being conducted at the conclusion of substantiated or unsubstantiated sexual abuse investigations as required by the standard.

During interviews with the PREA Compliance Manager and Mental Health Staff it was understood that both disciplines participate in the Sexual Assault Incident Review Team meetings. They understood the reasoning behind the team meeting. They consider whether the allegation or investigation indicates a need to change policy or practice to prevent, detect; or respond to sexual abuse, consider whether the or allegation was motivated by race, ethnicity, gender identity, or gang affiliation; examine the area of the facility where the incident occurred to observe any possible physical barriers; assess adequacy of staffing levels; possible deployment of video monitoring; and to prepare a report of the findings.

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.

According to IMPP 10-13D, the EAI unit at the facility is responsible for entering every PREA-related investigation into the EAI Case Log and to follow investigative procedures outlined in the EAI Investigations Protocol Manual. The KDOC PREA Coordinator shall, 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 facility also provided documentation of aggregated data, indicating that the data is maintained, reviewed, and collected from all incident based documents. The agency is in compliance with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The annual report was provided by the PREA Coordinator. Included in the report is the agency's progress in identifying and addressing problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility with regard to PREA protocols and compliance. The PREA Coordinator reported the report includes a comparison of the current year's data and corrective actions with those from prior years. She also reported the agency report must be approved by the agency head and is made readily available to the public on the agency's website.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency utilizes a database to collect incident based data. There is limited access to the PREA database. The annual reports are accessible through the agency website. The link was provided to the audit team to review accessibility. All personal information is redacted from the reports. Agency policy and practice provides for secure retention of the data.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

WCF/WWRF was extremely accommodating and provided access to any area of the facility that we requested. All supplemental documentation that was requested by the audit team was provided by the PCM prior to leaving the Onsite Audit Phase. The audit team was able to interview staff and offenders informally throughout the site review and confidentially for the random and specialized interviews. This auditor only received one letter from an offender and it was after the on-site portion of the audit. The letter came in a sealed envelope and was sent confidentially.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The annual reports are accessible through the agency website. The link was provided to the audit team with pre-audit materials to check for easy accessibility. All personal information is redacted from the reports.

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.

Kristen Thomas

10/22/18

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.