

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

Interim Final

Date of Report 2/22/19

Auditor Information

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Telephone: 812-526-8434 ext 220	Date of Facility Visit: June 26 to June 28, 2018

Agency Information

Name of Agency: Kansas Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Kansas	
Physical Address: 714 SW Jackson, Suite 300		City, State, Zip: Topeka	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 785-231-1111 or 800-311-0860		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community, and by actively encouraging and assisting offenders to become law-abiding citizens.

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

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: Peggy Steimel	Title: Corrections Manager II
Email: Peggy.Steimel@ks.gov	Telephone: 785-260-4658
PREA Coordinator Reports to: Johnnie Goddard, Deputy Secretary of Corrections	Number of Compliance Managers who report to the PREA Coordinator 10 + 10 Alternate PCMs

Facility Information

Name of Facility: El Dorado Correctional Facility			
Physical Address: 1737 SE Hwy 54 El Dorado, Ks. 67042			
Mailing Address (if different than above): PO Box 311 El Dorado, KS 67042			
Telephone Number: 316-321-7284			
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: http://www.doc.ks.gov/facilities/prea			

Warden/Superintendent

Name: Paul Snyder	Title: Warden
Email: Paul.Snyder@ks.gov	Telephone: 316-321-7284 ext. 22020

Facility PREA Compliance Manager

Name: Tammy Martin	Title: Unit Team Manager
Email: Tammy.Martin@ks.gov	Telephone: 316-321-7284 ext. 22557

Facility Health Service Administrator

Name: Mary Einerson	Title: Health Service Administrator
Email: Mary.Einerson@EHR.doc.ks.gov	Telephone: 316-321-7284 ext. 22072

Facility Characteristics

Designated Facility Capacity: 2029		Current Population of Facility: 2029	
Number of inmates admitted to facility during the past 12 months			1034 (January - December 2017)
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			970
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1024
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			47
Age Range of Population:	Youthful Inmates Under 18: 17	Adults: 18 and 88	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			4 (just until they turned 18)
Average length of stay or time under supervision:			10.66
Facility security level/inmate custody levels:			Special Management / Maximum, Medium, Minimum
Number of staff currently employed by the facility who may have contact with inmates:			364
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			1/1/17 thru 12/31/17 is 143
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			7
Physical Plant			
Number of Buildings: 15		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		204	
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.):			
Click or tap here to enter text.			
Medical			
Type of Medical Facility:		Infirmary	
Forensic sexual assault medical exams are conducted at:		Via Christi St. Joseph Campus, Wichita, KS	

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	277 volunteers & 42 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5

Audit Findings

Audit Narrative

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

An audit of the Prison Rape Elimination Act Prison and Jail Standards was conducted at the El Dorado Correctional Facility (EDCF) in El Dorado, Kansas as part of a PREA audit consortium between the Kansas Department of Corrections (KDOC), California Department of Corrections and Rehabilitation, and the Indiana Department of Correction (IDOC). This auditor asserts that there is no conflict of interest in conducting this audit as the IDOC does not receive audits from the KDOC. The audit of EDCF began with the notice of audit being posted May 15, 2018 and the on-site audit occurring June 26 to June 28, 2018.

Pre-Onsite Audit

The PREA Audit Announcement posting, both English and Spanish, were emailed to Peggy Steimel, KDOC PREA Coordinator, to be forwarded to the facility PREA Compliance Manager on May 15, 2018 and posted throughout the facility for offender, visitor and staff review. Photos were provided of the audit posting in several locations of the facility and forwarded to this auditor. The Pre-Audit Questionnaire and KDOC audit documents were provided to the audit team on May 16, 2018. The Auditor Compliance Tool was utilized during the document and Pre-Audit Questionnaire review. This auditor did not receive letters from offenders at EDCF prior to the on-site audit. The documentation reviewed consisted of KDOC policies and samples of facility generated documents marked by the standard and sub-standard that was applicable for each document.

Onsite Audit

On June 26th the audit team arrived at the EDCF at 8 am to begin the onsite audit of EDCF Central Unit, Reception Diagnostic Unit and Southeast Unit. The audit team consisted of myself, a certified PREA auditor; Rhonda Brennan, a probationary PREA auditor; Wayne McWhorter, a probationary PREA auditor. A meeting was held with the KDOC PREA Coordinator, Warden, Deputy Warden, PCM and other managerial staff for greetings and to discuss the logistics of the onsite audit. The audit team was provided a conference room outside of the secured perimeter for a work space.

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

- Disabled Offenders and LEP Offenders
- Gay and Bisexual Offenders
- Transgender and Intersex Offenders

- Offenders in segregated housing due to risk of sexual victimization or reported sexual abuse
- Offenders that reported prior sexual victimization during screening
- Offenders that reported sexual abuse
- Youthful Offenders

Rhonda Brennan was transported by EDCF staff to the EDCF Southeast Unit in Oswego, Kansas to conduct the tour and interviews of staff and offenders at that unit. She was provided the same staff, contractor and offender lists upon arrival.

Facility Tour: Two auditors conducted a thorough review of all offender housing units, program areas, service areas, segregation units, visiting room, and recreation areas inside of EDCF and the outside minimum security housing unit, warehouse and workshops. One auditor was driven to the Southeastern Unit in Oswego by EDCF staff. A thorough review of all offender housing units, program and service areas was conducted. Informal questions were asked of both staff and offenders during the tours. During the tours auditors focused observations on Offender showers and toilet areas to ensure there were no cross gender views; secured doors to mop closets, classrooms, offices, and staff bathrooms in areas with offender presence; video camera placement, staff presence and blind spots; proper postings of PREA information in housing units; and windows in offices where offenders meet with staff. All housing units at EDCF Central Unit were inspected even though they all had the same floor plan to ensure they all had the same shower curtains and postings. Photos were taken and notes written with the photos in OneNote on iPads to document the tours.

Offender Interviews: Offenders from every housing unit were randomly selected by auditors from the offender lists by housing unit that were provided. Targeted interviews were conducted with offenders identified by the facility as meeting one of the circumstances on the targeted list. Auditors were provided a space to interview offenders where facility staff could view the auditor and offender through a window but allowed for confidentiality. The interview protocols from the PRC website were utilized for random and targeted offender interviews. The random interview protocol was used in all offender interviews. 20 offenders (5 at Southeast Unit and 15 at Central Unit) were identified as random interviews and 21 offenders (5 at Southeast Unit and 16 at Central Unit) were identified as targeted interviews. There were no Youthful Offenders present during the onsite audit as verified by the DOB on the offender lists reviewed. The following is the breakdown of the total number of interviews:

Random	20
Transgender/Intersex	5
Gay or Bisexual	4
Reported Sexual Abuse	2
Prior Victimization	1
Disabled or LEP	9
Total offender interviews	41

Staff Interviews: Based on information provided by the PCM, the audit team identified the specialized staff to be interviewed. Some specialized staff interviews were completed with staff at both EDCF Central and Southeast Unit. The following specialized staff were interviewed:

Warden
 PREA Compliance Manager (Central and Southeast)
 Intermediate or Higher Staff (Central and Southeast)
 Medical contract Staff (Central and Southeast)
 Mental Health Contract Staff (Central Unit)
 Investigative Staff (Central Unit)
 Contract Staff Foodservice and Education (Central and Southeast)

Line Staff that Supervise Youthful Offenders (Central Unit)
Volunteer (Central and Southeast)
Screening Staff (RDU, Central and Southeast)
Intake Staff (Central and Southeast)
Incident Review Staff
Retaliation Monitoring Staff (Central and Southeast)
Human Resource Staff (Central)
Segregation Supervisor (Central)

A Victim Advocate from the Family Life Center in El Dorado was interviewed at the prison. The Family Life Center has an agreement to provide victim advocate services to victims at EDCF. Another Victim Advocate from the Wichita Sexual Assault Center was interviewed by telephone. The Wichita Sexual Assault Center would provide victim advocate services to EDCF offenders taken to Via Christi St. Joseph Hospital in Wichita, KS. A Sexual Assault Nurse Examiner was interviewed by telephone at the Via Christi St. Joseph Hospital as well. 14 staff were selected at random from staff rosters provided by the facility for random staff interviews.

The KDOC Secretary, Contract Administrator and PREA Coordinator were interviewed by an IDOC auditor at the Larned CF audit in May 2018. Those interviews will be used for this audit as well.

The audit team regularly had discussions with the KDOC PREA Coordinator about areas of concern with standards compliance during the onsite audit. The goal of the discussions was to ensure there was no missing information that would support meeting the standard. At the end of the onsite audit, the audit team had a meeting with the Warden, Deputy Wardens, PREA Coordinator, PREA Compliance Manager and other facility staff to discuss the findings of the onsite audit and the areas of concern with standards compliance. Possible corrective actions were discussed at that time. This auditor informed the facility staff a more accurate determination of compliance and the need for corrective action would be made after the audit team reviewed all documents. The warden was informed a draft report would be sent within the next 30 days.

Post Audit

After the onsite audit, documents obtained onsite were reviewed and additional documents were requested from the PREA Coordinator and facility. These documents were provided in a timely manner. Notes from the tour, interviews and documents reviewed were provided to this auditor by the collateral auditors after the onsite audit. The KDOC PREA Coordinator indicated she wanted all communication during the CAP to be directed to her.

Corrective Action Plan: This auditor gathered the notes and feedback from the two collateral auditors to begin a review of all documentation. A final determination of standards compliance was made by using the audit tool from the pre-onsite document review, onsite tour notes, onsite interviews notes, and documentation of corrections made during the onsite audit and shortly after the onsite. The CAP was developed in discussion with the KDOC PREA Coordinator. A copy of the CAP document was emailed to the PREA Coordinator, PCM and Warden on 8/1/18.

Interim Audit Report: The Interim Audit Report was completed by this auditor using the audit tool and review of document and interview notes from the audit team. The Interim Report was sent to the PREA Coordinator, PCM and Warden on 8/13/18.

Contact was made with Just Detention International via email on July 6, 2018 inquiring about contact from any EDCF offenders with JDI. A return email was received on July 9, 2018 from Christian Vien stating that JDI had received no communication from EDCF offenders in the past 12 months.

Three letters from offenders at EDCF were received by the auditor after the onsite audit. All three were forwarded to the facility for review and response. The facility provided information to the auditor showing the letters were responded to by facility staff.

Facility Characteristics

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

The El Dorado Correctional Facility (EDCF) was constructed as a result of a 1988 class action lawsuit challenging prison conditions. The \$58 million facility was originally constructed to house 640 adult male inmates with the potential for future expansion of 725 additional beds. In 1995, a 115-bed, medium-custody dormitory was created by modifying an existing industrial building. In 2001, two additional cell houses were activated at the central unit at a cost of \$17.5 million. EDCF's Central Unit opened in January 1991.

Located one mile east of El Dorado on State Highway 54, EDCF is designed to house special management, maximum and medium custody inmates. Inmates assigned to the Central Unit are usually repeat offenders with a history of violent behavior.

EDCF houses the most dangerous and recalcitrant inmates assigned to long-term involuntary segregation. All male offenders sentenced to the custody of the Secretary of Corrections are received and processed through the EDCF Reception and Diagnostic Unit (RDU). In RDU, inmates receive orientation and are assigned to a custody classification, appropriate programs and a permanent housing assignment.

As with other facilities under the management of the Secretary of Corrections, education, health services and food services are provided through contracts with private vendors.

The following are programs and services available at El Dorado Correctional Facility:

The programs division provides oversight for risk reduction, reentry and case management initiatives at EDCF. The division ensures effective programming is offered to provide rehabilitative treatment to assist inmates for return to society. These programs include academic and vocational education, cognitive skills, self-help groups and mental health services. Programs to enhance work ethics, relapse prevention and goal setting are also available.

Within the program division, unit teams manage the inmate population assigned to each housing unit. A unit team manager is responsible for the day-to-day operation of the housing unit. Uniformed staff and corrections counselors are also part of each unit team. The unit team's purpose is to decentralize programs and operations to provide more individual attention to the inmate population and to respond to the needs of individual inmates.

An individualized treatment program is developed, implemented and maintained for each inmate by unit team staff. The unit teams provide services to inmates in the form of work assignments, progress reviews, attitudinal and adjustment counseling, release counseling and other matters. For unit teams, release planning for all inmates is vital to an inmate's successful transition into society. An inmate employment

assessment and job assignment program is utilized to ensure inmates are assigned jobs commensurate with their technical skills. Inmates are also assigned to work crews to obtain on-the-job training which allows them to develop work skills and assist them with reintegration into society. The records office is responsible for providing clerical support for the unit teams and for updating records of inmates received, processed and transferred into and from EDCF.

Contract services, including medical, mental health and education programs are also overseen by the Deputy Warden of Programs.

NON-CONTRACTED PROGRAMS: The Kansas Strengthening Kids of Incarcerated Parents (KS-SKIP), FLIP (Fundamental Lessons in Psychology), Behavior Management Program, Offender Workforce Development (OWDS),

Spiritual Life Center opened in June 2010, the Spiritual Life Center is an 11,500 sq. foot structure designed to support the spiritual needs of inmates. Constructed primarily through the efforts of inmate labor, volunteers, and facility staff, project funding, furnishings, and equipment have come exclusively from donations received from individuals, corporations and foundation grants. The Spiritual Life Center provides space to an increased number of inmates to attend religious services along with housing support groups such as AA and Life Skills training. The building contains a large chapel area, a multi-purpose room, five classrooms, a library, two chaplain's offices and a conference room.

When the doors opened January 2013 the facility was named The El Dorado Correctional Facility Southeast Unit (EDCF SE Unit). Soon after opening, the name changed to Oswego Correctional Facility, Southeast Unit (EDCF SE Unit). The Oswego Correctional Facility houses 262 medium and minimum custody inmates. Total staffing for the facility is 55 KDOC staff with additional staff from contract agencies (Aramark-Food Service and Corizon-Medical). The El Dorado Correctional Facility Central Unit, located in El Dorado, Kansas provides oversight of the facility. The Warden at the Central Unit serves as Warden for the Oswego Southeast Unit. The Oswego Southeast Unit facilities management team consists of one Deputy Warden, one Unit Team Manager and one Administrative Captain. The Southeast Unit has two primary buildings that house offenders. One is the medium unit and it has three dorms with a total of 230 offenders. Across the road is the second building with one dorm of 32 minimum offenders. The Southeast Unit currently only has DBT as a program, because of low staffing, but should soon have T4C, Substance abuse, Work force development, all of which will be facilitated by Counselors. The medium security unit has 3 separate housing areas V1, V2 and V3. The minimum unit has one housing unit W. The offender population mostly consists of persons with limited mobility that require special medical care. The facility does not have a segregation unit, but does have two holding cells that are used to temporarily hold an offender until he can be transferred to a more secure 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: 2

115.31 Employee training
115.53 Inmate access to outside confidential support services

Number of Standards Met: 42

Prevention Planning

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
115.12 Contracting with other entities for the confinement of inmates.
115.13 Supervision and monitoring.
115.14 Youthful inmates.
115.15 Limits to cross-gender viewing and searches.
115.16 Inmates with disabilities and inmates who are limited English proficient.
115.17 Hiring and promotion decisions.
115.18 Upgrades to facilities and technologies.

Responsive Planning

115.21 Evidence protocol and forensic medical examinations.
115.22 Policies to ensure referrals of allegations for investigations.

Training and Education

115.32 Volunteer and contractor training.
115.33 Inmate education.
115.34 Specialized training: Investigations.
115.35 Specialized training: Medical and mental health care

Screening for Risk of Sexual Victimization and Abusiveness

115.42 Use of screening information.
115.43 Protective custody.

Reporting

115.51 Inmate reporting.
115.52 Exhaustion of administrative remedies.
115.54 Third-party reporting.

Official Response Following an Inmate Report

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

Investigations

115.71 Criminal and administrative agency investigations.
115.72 Evidentiary standard for administrative investigations.
115.73 Reporting to inmates.

Discipline

115.76 Disciplinary sanctions for staff.

115.77 Corrective action for contractors and volunteers.

115.78 Disciplinary sanctions for inmates.

Medical and Mental Care

115.81 Medical and mental health screenings; history of sexual abuse.

115.82 Access to emergency medical and mental health services.

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

Data Collection and Review

115.86 Sexual abuse incident reviews.

115.87 Data collection.

115.88 Data review for corrective action.

115.89 Data storage, publication, and destruction.

Auditing and Corrective Action

115.401 Frequency and scope of audits.

115.403 Audit contents and findings.

Number of Standards Not Met: 1

115.41 Screening for risk of victimization and abusiveness.

Summary of Corrective Action (if any)

115.13 Supervision and Monitoring
Central Unit

1. Staff Bathrooms were observed unlocked in several locations where offenders have access with minimal staff supervision. Instruct staff to secure all staff bathrooms where offenders can access them. The Warden sent a memorandum to all EDCF staff informing them to keep all staff bathrooms locked. This document and a copy of the email to all EDCF staff was provided at the onsite audit to complete this corrective action.
2. Mop closets were unlocked in areas where offenders have access with minimal staff supervision. Instruct staff to secure all mop closets when they are not being accessed. The Warden sent a memorandum to all EDCF staff informing them to keep all caustic closets locked when not in use. This document and a copy of the email to all EDCF staff was provided at the onsite audit to complete this corrective action.
3. Offender bathrooms were unlocked with no window in the door or there were deadbolt locks on the inside that offenders could use to lock the door. Offender bathrooms with no window should be locked and staff control access to them. The deadbolts must be removed. The Warden sent a memorandum to all EDCF staff informing them to keep all offender bathrooms locked. This document and a copy of the email to all EDCF staff was provided at the onsite audit. The deadbolts were removed and pictures sent via email to complete this corrective action.
4. U housing unit had an area behind the old officer station that offenders could get behind and not be seen. Either block the stairs or block off the access behind the office. Pictures of a gate on the stairs was sent via email to complete this corrective action.

5. A closet in the laundry was standing open in an area without constant supervision. Either lock the closet when staff are not present or remove the door. The door was removed and pictures sent via email to complete this corrective action.

Oswego-Southeast Unit

6. The laundry area had a blind spot in a corner where a dryer was located. A dome mirror was installed and pictures sent via email to complete this corrective action.

115.14 Youthful Offenders

Youthful offenders were being transferred to RDU prior to turning 18 years old. Current KDOC policy requires them to be transferred from the juvenile division after they turn 18. Send documentation of transfers that follow the current policy. A memorandum was sent by the Deputy Secretary to the Superintendent of the KJCC to follow the current policy of transferring youthful offenders to EDCF after they turn 18. Documentation of transfers of a youthful offender from KJCC to EDCF RDU after they turned 18 were sent via email to complete this corrective action.

115.15 Limits to Cross Gender Viewing and Searches

Some shower curtains were too low and could be seen through. Replace with solid curtains and hang at the right height. Pictures of new shower curtains that reduced cross gender viewing were sent via email to complete this corrective action.

115.17 Hiring and Promotion Decisions

The questions asked of staff on the application do not cover the requirements of the standard (a) and are not being asked of contract staff. The questions were revised and sent via email for review.

Employees and Contract staff must be asked questions that address all 3 requirements of (a). Provide documentation that new hires and new contract staff have been asked these questions. 16 examples of staff and contract staff answering the revised questions that meet the standard were sent via email to complete this corrective action.

115.41 Screening for Risk of Victimization

The assessment does not ask if the offender has been convicted of a sex offense against a child or adult on the victim vulnerability. Add this to the victim assessment. Out of a sample of 15 assessments, 3 were out of time frame for the 72 hour and 30 day review. That is 20% out of compliance and does not meet the standard.

Change the assessment to add the factor of sex offense against a child or adult to the vulnerability factors and submit a sample of assessments for review over the next 60 days. The assessment was revised to meet the standard on 10/30/18. Completed assessments at intake and review were sent for EDCF RDU and Central via email. The RDU assessments met the time frames of the standard. Most of the Central assessments did not get completed at intake within 72 hours or reviewed in less than 30 days. Evidence that meets the standard was not provided prior to the CAP deadline on 2/9/19, therefore the facility does not meet this standard.

115.42 Use of Screening Information

Transgender offenders are being placed in a facility based on their genital status per policy.

There needs to be an evaluation process in place based on the FAQ from March 2016. A policy to evaluate the placement of an offender that identifies as transgender needs to be in place. The

offender's own views need to be considered in this process. The process needs to be documented. The agency policy was revised on 10/30/18 and sent via email for review. An intake assessment for a transgender offender in both EDCF Central and RDU were sent via email for review. The assessments documented the consideration of the offender's feelings of safety and administrative factors in determining the placement of the offenders to complete this corrective action.

115.67 Agency Protection Against Retaliation

During the review of investigations, documentation was not found that showed monitoring for retaliation was being completed per the standard.

Provide documentation of retaliation monitoring for reports of sexual abuse over the next 90 days. Six new investigations occurred after the onsite audit. Five required retaliation monitoring. Documentation of monitoring was provided for review via email and found to meet the standard to complete this corrective action.

115.71 Criminal and Administrative Investigations

Investigations were reviewed and found to not document a thorough investigation, all aspects covered, or investigations were not complete. Investigations need to be documented as required by the standard and be more thorough. A review of investigations over the next 90 days to determine if they meet the standard.

Six new investigations occurred after the onsite audit. Four were still open at the end of the corrective action period, therefore final reports were not available. Investigation reports for the two that had closed were sent via email for review. Both reports documented a thorough investigation that examined the perpetrator's history and the impact of staff actions. The investigations were determined to meet the standard to complete this corrective action.

115.73 Reporting to Inmates

A review of investigations showed 6 out of 8 did not document the offender was notified of the investigation outcome.

Provide documentation of notifying offenders of the investigation outcome for completed investigations over the next 90 days. During the 90 days after the onsite audit there were no completed investigations. Therefore the PREA Coordinator was asked to provide notices to offenders for any completed investigation during the CAP. Two investigations were completed during the corrective action period. A Notification of Investigation Status was provided for review via email for both closed investigations that meet the standard to complete this corrective action.

115.86 Sexual Abuse Incident Reviews

Two investigations of sexual abuse did not have the incident review documented.

Provide documentation of incident reviews for sexual abuse cases during the next 90 days. There were no completed investigations during the 90 days following the onsite audit, therefore the PREA Coordinator was asked to provide incident reviews for any investigations that closed more than 30 days prior to the end of the corrective action period. Two investigations were reported to be completed during the corrective action period. One was determined to be unfounded and is not required to be reviewed per the standard. One was determined to be unsubstantiated less than 30 days from the end of the corrective action period and was scheduled for a review after the CAP deadline. Reviews were provided for cases that were still waiting on DNA evidence. These reviews were completed as it may take a very long time for the evidence results to be received. The PREA Coordinator indicated a second review would be completed when the investigations officially concluded. The reviews were sent via email and determined to meet the standard's requirements to complete this corrective action.

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.

The Internal Management Policy and Procedure (IMPP) 10-103D Coordinated Response to Sexual Abuse and Harassment and EDCF General Order 09-130 Sexual Abuse Prevention Program were provided for review. Both policies provide the agency and facility policy of zero tolerance for all forms of sexual abuse and sexual harassment. These policies also outline the plan for preventing, detecting and responding to reports of sexual abuse and sexual harassment by offenders. During interviews with 14 random staff and 20 random offenders most all knew there was a zero tolerance of sexual abuse and sexual harassment as a policy. All were asked to define zero tolerance and described it as no sexual contact or sexual harassment of any kind is allowed, regardless of consent.

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

The EDCF organizational chart for Central Unit and the Southeast Unit were provided for review. They show a PREA Compliance Manager for each unit that are executive level staff. Both PCM's were interviewed and indicated they have the time and authority to coordinate and implement the facility's compliance with the PREA standards. A list of PCM's for all KDOC facilities was provided as proof each facility has a designated PCM.

The facility and agency is found to meet this standard based on the auditor's review of the policies, facility documents and interviews conducted.

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.

Current contracts were provided for the confinement of KDOC offenders in Cloud County Jail, Jackson County Jail and Washington County Jail. All contracts required the contractor to agree to comply with the requirements of the Prison Rape Elimination Act. All three counties had completed a PREA audit with a certified PREA auditor. The final reports for Jackson County, Washington County and Cloud County were provided to this auditor.

The Agency Contract Administrator stated in her interview that she ensures all contracts for confinement require compliance with PREA and she monitors for compliance by visiting the county jail to review their PREA policy and procedures once or twice per month. She makes announced and unannounced visits to the jails. She interviews offenders and staff to determine their knowledge of PREA.

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

The agency is found to meet this standard based on the auditor's review of interviews, contracts and PREA audit reports provided.

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.

Policy IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management was provided for review. This policy provides a description of the required content of a staffing plan; the requirement for every facility to have a staffing plan; the process to develop and review the facility staffing plan; and the requirement to document deviations from the staffing plan. IMPP 12-137D also requires the staff analysis report and review of the operational staffing plan to be forwarded to the PREA Coordinator for review by January 1 each year. IMPP 12-137D requires staff to make documented unannounced rounds on every shift to identify and deter sexual abuse and sexual harassment. IMPP 10-103D was provided for review and requires the facilities to write general orders that specify the policy and practice of intermediate and higher level supervisors to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. EDCF General Order 09-130 Sexual Abuse Prevention pg. 3 was provided for review and requires unannounced rounds and specifically states that staff are not alert other staff that the unannounced rounds are occurring.

A staffing plan review for EDCF Central Unit and Southeast Unit was provided for 2017 and 2018 demonstrating the facility had a staffing plan and that the plan was being reviewed annually as required by the standard. A memorandum from the Warden was provided stating there were no deviations from the staffing plan in the last 12 months as of June 1, 2018. During my interview with the Warden he explained what the staffing plan was predicated on and the process for the annual review of the plan. The Warden described the staffing plan as being the essential posts for maintaining safety and security at the facility. He also stated that a deviation from the staffing plan would be the closing of a post that was defined as essential. Posts that are not defined as essential would be collapsed when coverage is needed at an essential post. This is not seen as a deviation from the plan. The Warden said a staffing analysis was conducted during 2018 based on the NIC staffing analysis model. The facility has had no findings of inadequacy from courts, federal investigative agencies or oversight bodies. The Warden checks for compliance with the staffing plan by reviewing the Captains log weekly where information from the shift rosters is compiled.

During the tour of the EDCF Central Unit staffing levels seemed adequate for the security level of the facility. Video monitoring was present throughout the facility and provided additional coverage in program, industry and recreation areas. Security staff were questioned about how they conduct security rounds in these areas and provided a clear description of appropriate supervision. However, several blind spots were found. Specifically the Central Unit had staff bathrooms left unlocked inside the perimeter in several locations; an offender bathroom in the medical/MH and culinary arts area were unlocked with no window in the door, a closet was open in the Spiritual Life Center (SLC) with offenders in the area unsupervised; mop closets were found unlocked in several offender living areas with limited staff supervision; two offender bathrooms in Maintenance had locks on the inside of the doors; U housing unit had a blind spot area behind an old office on the upper level with stairs that were open to offender access; and a closet in the laundry room was open with no window. During the facility tour at the Oswego Southeast Unit a blind corner was observed in the laundry room. The blind spot area that does not meet the standard was discussed with the Warden and possible corrections that could provide compliance with the standard.

Corrective Action Recommended:

Central Unit - Staff bathroom doors and mop closets must be locked to prevent offender access in areas with offender movement. Single use offender bathrooms with no window in the door must be locked and access controlled by staff so they can monitor them when in use. Access to the upper level in U Housing Unit must be either blocked at the stairs or the area behind the office must be blocked so offenders cannot access the blind spot. The closet in the laundry should either be locked or the door taken off.

Oswego Southeast – An appropriately placed mirror can aid staff in monitoring the blind spot in the laundry room.

Corrective Action Completed:

Central Unit – The Warden sent all EDCF staff a signed memorandum requiring all staff bathrooms and mop closets to remain locked at all times to ensure offenders do not have access to them without direct staff supervision. The memorandum was attached to an email sent to all EDCF staff. A copy of the memorandum and the email to all staff were provided to this auditor on 6/28/18. The closet door in the laundry room was removed to prevent offenders from hiding behind it and allow staff to monitor the space. Photos of the closet with no door were provided to this auditor on 6/28/18. The stairs up to the old officer station in U dorm were blocked by an expanded metal gate that is padlocked. A sign was also placed on the gate stating the area was restricted from offender access. Pictures of the gate and signage were sent on 11/15/18.

Oswego Southeast – A dome mirror was installed in the laundry room to aid staff in easily monitoring the blind spot by the washer. Photos of the mirror were provided to this auditor on 6/29/18.

The facility is found to meet this standard based on the auditor’s review of interview notes, policies, observations on the facility tour, and documentation of corrective actions completed.

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.

IMPP 10-103D pg. 5, section E was provided for review. This policy requires youthful offenders to be housed in the KDOC Juvenile Correctional Complex and then be transported to the EDCF RDU when they turn 18 or as soon thereafter. Several Under 18 Reports for EDCF were provided that show no offenders under 18 during December of 2017, March of 2018 and May of 2018. However four segregation reports were provided for offenders placed in restricted housing because they were under 18 when they arrived at EDCF. During the tour of RDU, I was shown the cells that the offenders under 18 were placed in until they turned 18. These cells were on the same unit along with adult offenders. There was no sight or sound separation of the offenders under 18 from the adult offenders. This does not meet the standard. A line staff that works in the unit where offenders under 18 are housed was interviewed. The staff indicated that it was impossible to maintain sound separation between offenders under 18 and adult offenders in this unit. The staff indicated the youthful offenders remained in their cell until they turned 18 a few days after arrival. Then they are moved to another unit in population.

Corrective Action:

Stop the transfer of offenders from KJCC prior to their 18th birthday or house the under 18 offenders in a housing unit that allows sight and sound separation.

Corrective Action Completed:

In discussion with the PREA Coordinator it was discovered that the Juvenile Correctional Complex was sending youthful offenders a few days before their 18th birthday rather than waiting until they had turned 18 to transport. This does not follow policy IMPP 10-103D. The PREA Coordinator contacted the transportation coordinator to inform them they could not transport the offenders from the KJCC to EDCF RDU until after they turned 18. A memorandum was provided to this auditor dated August 29, 2018 from the Deputy Secretary of Juvenile Services to the Deputy Superintendent and Program Director at KJCC requiring all youthful inmates to be transferred from KJCC to EDCF RDU on their 18th birthday or soon thereafter. After the onsite audit, documentation was provided on 10/16/18 of three offenders being transferred from KJCC to EDCF RDU after they turned 18.

Based on the auditor's review of policies, documents and corrective actions completed, the facility has demonstrated substantial compliance and determined to meet this standard.

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.

EDCF reported on the PAQ no cross gender strip or cross gender body cavity searches were conducted in the last 12 months. Interviews with offenders and staff did not indicate that any had occurred. Policy IMPP 12-103 Offender and Facility Searches allows for cross gender strip searches under exigent circumstances and these must be documented. Body cavity searches must be conducted by medical staff only. This policy also allows cross gender pat searches of male offenders and requires pat searches of transgender and intersex offenders to be conducted in a respectful and least intrusive manner as possible. Training curriculum for PREA Pat Searches and Search Procedures were provided for review. These training curriculum covered all required searches. Training records of 33 staff were reviewed and showed all had completed search training in the last year. EDCF General Order 09-122 Offender and Facility Searches section III requires staff to be trained and qualified in search procedures. GO 09-122 also allows for staff to conduct cross gender pat searches and states only same gender staff may perform strip searches. During random staff interviews, the majority of staff knew the policy and procedures for searching transgender offenders. All staff knew to refrain from being judgmental and using derogatory language during searches of transgender offenders. 5 transgender offenders were interviewed. All indicated they were comfortable with how they are searched and that staff were professional during searches. None thought they were searched solely for the purpose of determining their genital status.

IMPP 10-301D page 4 C requires staff of opposite gender to announce their presence when entering a housing unit and when entering an offender restroom/shower area. Offenders are to be allowed to shower and perform bodily functions without nonmedical staff of the opposite gender seeing them in a state of undress except when viewing is incidental to security checks. This policy requires the presence of opposite gender staff to be announced prior to entering a housing unit and announcements will be documented in housing unit log books. During the facility tours, views into areas where offenders shower and use toilets were checked for possible cross gender viewing that would not be incidental during a security check. During the tour of Central Unit most offender showers were observed having a solid shower curtain that blocked viewing the genitals and buttocks of offenders while undressing or showering. However, some shower curtains were hung too low or made of material that allowed for viewing through the material. The infirmary has observation cells with toilets that are equipped with cameras that were monitored by a male staff. The monitor was placed on a table in an open area of the infirmary where nonmedical female staff could see it. No other camera views showed offenders in a state of undress. Cross gender announcements were observed being made and documented in housing unit logs, however the staff were making the announcement in a normal tone of voice at the entrance door to the housing unit pod. Auditors had concerns that offenders could not hear the announcement based on the distance of the cell doors from the door to the housing unit pod and the amount of noise from fans. Offenders reported not being to hear cross gender announcements when asked during interviews.

The tour of the Oswego Southeast Unit found no issues with cross gender viewing in areas where offenders shower and toilet. Cross gender announcements were being made and documented in the housing unit logs. Offenders reported hearing the cross gender announcements during interviews. The Southeast Unit had a red Cross Gender sign that would light up when female staff were present on the unit. This allowed for offenders with a hearing disability to know that female staff were present. There were no camera views that showed offenders in a state of undress.

Corrective Actions Recommended:

It is recommended that shower curtains that are non-compliant be replaced with the curtains that were found to be compliant. This should be documented with photographs and sent to this auditor. The suicide watch monitor needs to be moved to an area that prevents nonmedical female staff working in

the unit from seeing it. The method for cross gender announcements must be changed so that offenders can hear in their cells.

Corrective Actions Completed:

The suicide watch monitor was moved into an area that prevents nonmedical female staff from viewing it. Pictures of the relocation were provided to this auditor on 6/29/18. A memorandum from the Warden requiring all cross gender announcements to be made on the housing unit PA system so offenders can hear the announcement in their cells. This memorandum was emailed to all EDCF staff. A signed copy of the memorandum and the email to all EDCF staff were provided to this auditor on 6/29/18. Shower curtains were made by the facility block opposite gender staff views of the genitals and buttocks of offenders while still allowing the staff to monitor the shower area for security and safety. Pictures of the new shower curtains in use in several housing units were sent to this auditor on 1/18/19.

Based on the auditor's review of policies, documents, interview notes, and corrective actions completed, the facility has demonstrated substantial compliance and determined to meet this standard.

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D Coordinated Response to Sexual Abuse page 7, E requires the facility to provide PREA education in formats accessible to all offender including LEP, deaf, visually impaired, disabled, and limited reading skills. IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency page 2, section IV states that KDOC staff may use either KDOC bilingual staff or an outside interpreter service. The current contract is with The Big Word. The Big Word access codes for EDCF were provided. Offenders identified by EDCF staff as LEP were interviewed. The Big Word interpretive service was utilized during the interviews verifying that EDCF has an account. These offenders had received the PREA education information and knew how to make a report. The Inmate Education Brochure, PREA Posters and Sexual Assault Brochure are provided in Spanish. Staff that provide PREA education indicated in interviews they would either use staff identified as an interpreter or the interpretive service if that language was not covered by staff interpreters. The Spanish version of posters were observed throughout the facility during the facility tour.

Corrective Action Recommended:

During random interviews with staff it was found that most staff were unaware of an interpretive service that could be used to assist an offender making a report. It was recommended that the Warden make an official communication to all staff informing them that there is a service available and how to access it.

Corrective Action Completed:

The Warden sent a memorandum to all EDCF staff informing them of the Big Word interpretive service and how to access the service. The memorandum was emailed to all EDCF staff and the email was provided to the auditor on 6/29/18.

Based on the auditor's review of policies, documents, interview notes with offenders, and corrective actions completed, the facility has demonstrated substantial compliance and determined to meet this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

IMPP 02-126D Human Resources: Recruitment and Selection Process pg. 9 states the KDOC shall not hire or promote anyone into a position that may have contact with offenders where one of the three factors in (a) is applicable and incidents of sexual harassment perpetrated against an inmate shall be considered in making hiring and promotion decisions. 19 staff records were reviewed at random for documentation of questions asked of applicants regarding 1-3 of this section. Three questions were on the application for staff to answer that only covered prior perpetration of sexual abuse or sexual harassment of an inmate in an institution. There were no questions regarding prior criminal convictions or civil judgments for sex offenses committed in the community. There was also no evidence that contract staff were asked any of these questions prior to working around offenders. HR staff indicated during an interview that these questions are asked, however documentation does not support that all of the questions are asked. This does not meet (a) & (b) of the standard.

IMPP 02-126D also requires criminal background checks to be completed on all new hires and employment checks with prior institutional employers. All applicants are asked if they previously worked for an institutional employer. If the applicant indicates they have then HR staff send a form letter inquiring about prior substantiated investigations for sexual abuse or sexual harassment or resignations during such investigations. Two examples of employment checks was found in the staff record review. One prior employer did not respond to the request for information and one responded with no record of any PREA investigation. Twenty six staff records were reviewed for criminal background checks and prior institution employment checks. Nineteen of the twenty six records were selected at random from a list of staff and reviewed during the onsite audit. Criminal background checks were found completed on new hires prior to employment and annually on current staff. Five contract staff records were selected at random from a contract staff list and reviewed for criminal background checks. All had criminal background checks prior to beginning work or that were less than 5 years old. IMPP 02-126D also indicates that employees are subject to termination if they provide a false response to a questions on the application or make materially false statements during application, screening or the interview process. HR staff reported in an interview that all staff and contract staff have a background check completed prior to employment and annually thereafter. Investigators conduct the criminal background check via the NCIC. If a request for information about prior PREA investigations were received from an institutional employer on a former EDCF employee, the HR staff indicated she would provide the information but there were no requests made in the previous 12 months.

Corrective Actions Recommended:

The questions asked on the KDOC application do not address (a) 2 or 3. Contract staff are not being asked questions pertaining to (a) 1-3. It is recommended that questions addressing (a) 2 and 3 be added to the application or the questions be provided in a supplement document. All contract staff should be asked to answer questions regarding (a) 1-3 prior to working with offenders. Documentation of the new practice should be provided for all new hires and new contract staff.

Corrective Actions Completed:

The PREA Coordinator sent this auditor a new form used to ask applicants the required pre-employment questions in (a) 1-3 and (b) regarding sexual harassment of offenders. The form was found to meet the requirements of the standard. Twelve examples of the completed form for newly

hired staff and four examples of the completed form for new contract staff were provided to this auditor on 10/18/19 demonstrating practice that meets the standard.

Based on the auditor's review of policies, documents, corrective actions completed, the facility has demonstrated substantial compliance and determined to meet this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 01-123D Authorization for Construction, Renovation or Demolition of Physical Structures page 2, A. 4. requires new construction, renovation or expansion of a facility to comply with the Prison Rape Elimination Act standards and consideration of the effect of changes to protect offenders from sexual abuse. The Secretary of KDOC stated during an interview on a previous audit that KDOC PREA guidelines are considered on any renovations or additions to facilities. He said camera systems are regularly being evaluated, upgraded and expanded when a need is indicated in routine security audits. The Warden at EDCF stated during an interview that the executive staff look at the placement of cameras during regular rounds in the facility or as a result of sexual abuse incident reviews. If there is a need to move or add cameras to provide better monitoring of offenders he is made aware. He indicated the facility had over 600 cameras between RDU, Central and Southeast. Cameras were seen throughout the facility during the tour. Many were placed specifically to cover an area that might be a blind spot. The Warden pointed out some areas where they planned to add cameras to improve monitoring.

Based on the auditor's review of policy, interview notes and observations during the facility tour, the facility has demonstrated substantial compliance and found to meet this standard.

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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IMPP 10-103D was reviewed and requires a SANE exam when medically and procedurally appropriate for victims and perpetrators of sexual abuse at no cost to the offender. Attachment A page 2 outlines the procedures for arranging a SANE examination and for protecting evidence until the exam can be performed. EDCF GO 09-130 was reviewed and describes how staff are to protect evidence and requires, when the victim consents, transport to the designated hospital for evaluation by a SANE at no cost to the offender. Kansas Statutes Chapter 65-448 was reviewed and describes the requirements for qualified physicians and nurses to provide a forensic examination at no cost to the victim.

A phone interview was conducted with a SANE at the Via Christi St. Joseph Hospital who reported that there were 15 SANE's that were certified based on the 2013 National Protocol for Forensic Exams. She indicated services would be provided to offenders from EDCF and the hospital would contact a victim advocate to assist the victim through the forensic exam. The victim advocate would come from the Wichita Sexual Assault Center.

This auditor contacted a victim advocate at the WSAC via telephone for an interview. The WSAC victim advocate stated they have an agreement with EDCF to respond to the Via Christi St. Joseph Hospital to provide services to offenders during the forensic exam. She state the hospital automatically calls if an offender is brought in for a forensic exam. If the offender refuses services it is documented and the VA leaves.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 Investigation Procedures page 3, D was reviewed and requires all allegations of sexual abuse, sexual harassment and non-consensual sexual acts to be assigned for investigation immediately and shall follow a uniform evidence protocol. IMPP 10-103D was reviewed and requires administrative and criminal investigations to be completed for all allegations of sexual abuse and sexual harassment. This policy is posted on the agency website.

The secretary for KDOC stated during his interview that all allegations of sexual abuse and sexual harassment were to be investigated according to their policy. EAI investigators at each facility are responsible for conducting those investigations. Investigations are tracked in a centralized data base.

An interview was conducted with an EDCF investigator who stated that all allegations of sexual abuse and sexual harassment were referred to his office for investigation and provided a clear description of the investigation process. Staff confirmed in random interviews that any allegation of sexual abuse or sexual harassment by an offender would be reported to their immediate supervisor, the shift supervisor or directly to an investigator. All staff knew that EAI was responsible for PREA investigations.

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

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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IMPP 10-103D Page 5, section II was reviewed and requires all KDOC employees to receive the brochure "Undue Familiarity and Sexual Misconduct" and receive training in all of the topics required by the standard. The policy requires the training to be tailored to the gender of the offenders at the facility. Staff that are reassigned to a facility opposite of the gender of their previous facility are required to receive additional training. Refresher training is required to be completed annually. Training is documented by staff signature or electronic signature verifying that they understand the training. IMPP 03-104D Minimal Departmental Training Standards was reviewed and requires all staff categories to complete the curriculum "Offender Sexual Assault Prevention/PREA" annually. This exceeds the two year requirement of the standard

The PREA Employee Basic Training lesson plan was reviewed and found to cover all 10 of the required topics in the standard. IMPP 10-103D states the refresher training shall include a review of IMPP 10-103D and staff responsibilities to prevent and report sexual assaults and other relevant PREA-related material. The Training Director at EDCF was interviewed and stated that the PREA Employee Basic Training Lesson was used for both Orientation training for new hires as well as annual training for all employees. The orientation training is in classroom and the annual training is either in a classroom or an online training module. The classroom training is documented by signature on the PREA Training Acknowledgement form that states they received and understand the training. The online training is documented by staff checking a box that acknowledges they received and understand the training at the end of the module. The facility Training Director showed the auditor the screen for online acknowledgement during his interview.

17 employee names were selected at random from the staff list provided to auditors. Training records for these staff were reviewed and found to have completed the training during the last 12 months. All 14 staff randomly interviewed demonstrated knowledge of the 10 required training topics in the standard.

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D page 5, E was reviewed and requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They are also to be notified of the Agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The EDCF Training Director stated during his interview that he trains all contract staff with the same training curriculum as the EDCF employees. The PREA Employee Basic Training curriculum was reviewed and found to cover their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The KDOC Orientation and Basic Volunteer Training curriculum was provided for review and found to

provide the information to volunteers required in the standard under the section Sexual Assault Prevention and Intervention.

8 contract staff names were selected from a list of all EDCF staff and a review of their training records was conducted. 7 contract staff were found to have completed the training in the last 12 months. One had recently returned to service and had to complete the online training module. This was completed the day after the onsite audit. 19 volunteer records were reviewed for completion of the PREA training. All 19 had signed an acknowledgment form that they received and understood the Sexual Assault Prevention and Intervention Program training. This form summarizes what was covered in the training and the policy of KDOC regarding sexual abuse prevention and reporting. 3 contract staff were randomly selected from the contract staff list and interviewed. All contract staff interviewed had knowledge of the agency zero tolerance policy and their responsibilities in detecting, responding to and reporting sexual abuse and sexual harassment.

The Chaplain responsible for registering and training all EDCF volunteers was interviewed. He stated that training is conducted in classroom annually. The training is scheduled every other month to allow volunteers several opportunities to attend throughout the year. 4 volunteer records were selected at random and reviewed in the Chaplain's office. All 4 had documentation of completing the required PREA training. A religious services volunteer was interviewed and had knowledge of the agency zero tolerance policy, and how to detect, respond and report sexual abuse.

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

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received 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

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IMPP 10-103D page 6, section III was reviewed and provided the agency's requirements for offender PREA education. This policy requires information about the department/facility policy regarding sexual abuse and sexual harassment; zero tolerance policy; offender rights to be free from sexual abuse and sexual harassment; free from retaliation for reporting; and how to report incidents be included in each facility's offender orientation program. This orientation will be provided within 30 days of arrival at the facility. This orientation is required to be provided upon transfer to another facility as well. An acknowledgement of PREA orientation must be signed by the offender and imaged in the electronic offender record. The facility provided PREA orientation documents for review. These consisted of the inmate education brochure, offender orientation handout, PREA signs, sexual assault brochure. All were provided in English and Spanish versions.

15 completed Offender PREA Orientation Acknowledgment forms were provided for review prior to the onsite audit. During the onsite audit, offender names were chosen at random from an offender list that was provided to auditors on the first day. 11 offenders were selected at random for review of PREA education records. All records reviewed were found to meet the standard.

Forty one offenders were interviewed and asked questions regarding their knowledge of the information provided in the PREA orientation. Most had knowledge of the zero tolerance policy. Most offenders admitted they didn't pay attention when they heard the staff conducting orientation say PREA. Some said they didn't need to know because they would not report anything and take care of it themselves. However, every offender knew at least one way to report sexual abuse. Most reported remembering something about a video but didn't pay attention. Most knew there was an outside organization for victims, but didn't know who they were. Those that remembered some kind of PREA orientation said they received in within a few days of their arrival.

Two staff at EDCF Central and one at Southeast were interviewed about providing PREA orientation. All indicated the offenders are given the sexual assault brochure at intake to the facility. This was verified during the tour when the Sergeant that runs the intake said he hands the brochure to offenders when they arrive as part of their intake processing. The staff that provide the orientation all reported they go over the materials previously listed in a one on one meeting with the offender. The video is shown to groups of offenders.

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D page 6, F was reviewed and requires specialized training to be provided to Special Agents in conducting sexual abuse investigations in confinement settings, techniques for interview sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the evidentiary standard for administrative and criminal cases. EDCF investigators that conduct sexual abuse investigations had completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting course. Certificates were provided for completion of the course. The course curriculum was reviewed and found to cover techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the evidence standards for substantiation and referral for prosecution. Certificates for other investigation training courses were also provided for all investigators documenting that they have attended investigations trainings in addition to the NIC training.

An interview was conducted with an Investigator by an auditor. The Investigator demonstrated knowledge of the topics in this standard and the training he received. He stated that if he feels a crime has been committed then he calls the county attorney for consultation. His description of how he handles evidence was in accordance with the national protocol for forensic evidence.

Based on the interview with an investigator, policy and curriculum reviewed, it has been determined the facility meets this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 6, section F, #3 was reviewed and found to require medical and mental health staff to receive specialized training in the 4 topics required in this standard as well as the training that all KDOC employees receive. A copy of the KDOC Specialized Training Medical & Mental Health Professionals was provided for review. This training covered the topics required in this standard. Additionally, a copy of the training curriculum provided by Corizon, the medical contractor for KDOC, to

their medical and mental health staff was provided for review. This curriculum also provided material that covered the topics required in this standard. The KDOC does not employ medical or mental health staff. All medical and mental health staff are contracted through Corizon.

During the interview with the EDCF Training Director, this auditor was told the medical mental health staff complete NIC training modules from the PREA Learning Center in addition to the PREA training provided to all staff and the KDOC Specialized training for medical and mental health staff. Training records for medical and mental health staff were provided for review. These records provided for review documented that medical and mental staff at EDCF Central and Southeast had completed the PREA training that all staff had to attend and the NIC training modules. 3 medical and 1 mental health staff were interviewed and able to demonstrate knowledge of the training topics required in this standard.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-139D Screening for Sexual Victimization and Abusiveness was provided for review. This policy requires offenders to be assessed for their potential for being a victim or aggressor with an assessment instrument known as the Sexual Victimization and Abusiveness Assessment (SVA) electronically in the Total Access PREA System (TAPS). The SVA provides a score that can designate offenders as Unrestricted (UN), Victim Incarcerated (VI), Victim Potential (VP), Known Aggressor (KA), Aggressor Potential (AP). These designations are then considered in the placement of offenders in housing, programs and job assignments. The PREA Application User Manual was provided for review. This manual provides detailed instructions to staff for completing the SVA. The SVA is to be completed within 72 hours on all offenders at intake to the agency or transferring into a facility. The SVA is to be reviewed within 30 days of intake or transfer. The policy also requires an offender's SVA to be re-assessed annually or when there is a triggering event. Transgender/Intersex offenders are to be re-assessed twice per year to review appropriateness of placement and programming assignments and to assess for threats to the offender's safety.

The SVA was reviewed for the criteria required in the standard. The KDOC PREA Application Manual states that KDOC does not house offenders solely for civil immigration detainers. Therefore this criteria is not applicable to the KDOC and not covered on the SVA as a factor for victimization. A criteria for victimization that is applicable was not assessed on the SVA. The SVA did not assess for prior conviction for sex offenses against a child or adult in the victimization assessment. Instead this was assessed on the risk for being sexually abusive. All criteria required by the standard were being assessed on the SVA for risk of being sexually abusive or an aggressor. Overall the SVA is assessing for most of the required criteria in this standard but does not meet the standard as a result of not assessing for one victimization criteria.

The 72 hour and 30 day SVA's were reviewed for a sample of 15 offenders randomly selected from the offender list provided to auditors. 3 of the 72 hour SVA's were past 72 hours when completed and 3 of the 30 day SVA's were past 30 days when completed. That is 20% of the sample not meeting the standard.

Random interviews with offenders were conducted based on names being selected at random from each housing unit from offender lists provided to auditors. Most had been at the facility for more than 12 months and were not asked interview questions regarding being screened for their sexual orientation or prior sexual abuse per the DOJ interview protocol. Of the offenders that had been at EDCF for less than 12 months, most reported answering questions pertaining to their sexual orientation and prior sexual victimization and some stated they could not remember.

Staff that perform screening at EDCF Central and Southeast were interviewed. Both staff reported that SVA's were completed in less than 72 hours of arrival at the facility and reviewed within 30 days of arrival. Both staff described the process for completing the assessment that follows the KDOC PREA Application Manual. One staff reported that offenders are given a questionnaire to fill out to gather

information about sexual orientation and prior victimization and then asked about their answers in a one on one meeting with staff.

Corrective Actions Recommended:

The criteria for prior conviction for sex offense against a child or adult must be added to the factors for victimization on the SVA for it to meet the standard. SVA's must be completed more consistently within 72 hours and reviewed within 30 days. The SVA revision and completed samples that meet the required time frames for 72 hour and 30 day assessments must be submitted for review.

Corrective Action Completed:

The SVA was revised on 11/9/18 and submitted to this auditor for review. The revision added the criteria for prior conviction for sex offense against a child or adult to the victimization factors. The assessment was found to cover all required factors in the standard. On 11/29/18, this auditor requested assessments using the new instrument for the remainder of November and December 2018 for offenders at EDCF RDU and Central. On 12/15/18 six offenders' assessments were reviewed that were received at intake at EDCF RDU. All 6 offenders received an intake assessment within 72 hours and a second review within 30 days using the revised SVA.

On 12/19/18, this auditor requested assessments for offenders received on transfer from other facilities directly into EDCF Central. The PREA Coordinator sent that request to the facility. On 2/8/19, this auditor received both intake and 30 day review assessments for twelve offenders that transferred to EDCF Central from other facilities. Upon review, this auditor found 5 of the 12 intake assessments completed within 72 hours of the arrival date and 2 of the 12 assessment reviews completed within 30 days of the arrival date. The assessments were completed for offenders that arrived in either November or December of 2018. Most of the assessments were not completed within the time frames required by the standard.

This auditor finds that the agency revised the assessment to meet the standard, however the facility is still not ensuring the assessments are completed within the required time frames in the standard. Based on the auditor's review of the assessments provided, it has been determined the facility does not meet this standard

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 11-106 Case Management page 2 was reviewed and states the offender's status as a Known Aggressor (KA) or Victim Incarcerated (VI) per the screening at admission shall be considered when making program referrals. IMPP 10-139 page 3, section V was reviewed and prohibits the housing of offenders with a VI or VP to only be housed with offenders that are the same or UN and offenders with a KA or AP can only be housed with offenders that are the same or UN. The PREA Compliance Manager described the placement of offenders in the facility during her interview. She stated the SVA scores for offenders is located on the bed assignment roster for each housing unit. Offenders with aggressor scores from the SVA are not placed in the same cell or bunked adjacent to the offenders with

a victim score. Offenders with a UN are allowed to be housed with anyone. Housing bed rosters for U unit, an open dorm, and V unit, a 2 man cell house, were provided for review. It was clear from the bed rosters that offenders with victim scores were not housed with offenders that had aggressor scores.

IMPP 10-139D page 4, section VI was reviewed and requires a transgender/intersex offender's own views of his or her safety to be given serious consideration. The policy does not state what that consideration is for. The policy does prohibit placing LGBTI offenders in dedicated housing units and provides transgender/intersex offenders the opportunity to shower separate from other offenders. 5 transgender offenders were interviewed. None stated they didn't feel they were placed in their current housing or program assignment just based on their gender identity. They reported being given the opportunity to shower separate from other offenders. All reported being asked questions by staff about their safety.

When the PREA Compliance Manager was asked what the facility considers in determining the housing of transgender/intersex offenders, she stated they are housed based on what is in their birth certificate and "below the belt". This auditor was provided with GHSP Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria by the PREA Coordinator at a previous audit. The guidelines cover diagnosis and treatment plans, to include hormone therapy and quarterly reviews of the offender submitted to the Director of Health Care Services, the Secretary of Corrections and the Deputy Secretary of Corrections.

In the section covering management and placement it reads, "An inmate who is committed to the KDOC shall be placed in an institution according to the inmate's biological gender presentation and appearance. This shall include the inmate's intact, external genitalia and secondary sex characteristics. Specific cases with partial completion of sex reassignment surgery, removal or augmentation of breasts, removal of testicles, etc. shall be evaluated on a case-by-case basis."

KDOC's policy places transgender/intersex offenders in facilities based on their genital status. The FAQ dated March 24, 2016 states that placement of transgender/intersex offenders based on solely on their genital anatomy does not meet the standard.

Corrective Action Needed:

To meet this standard, the KDOC must have a policy that outlines procedures for evaluating the facility placement of transgender and intersex offenders on a case by case basis that considers their views of their own safety and whether a placement would present management or security problems. The new policy and documented reviews of facility placement for transgender or intersex offenders must be submitted for review.

Corrective Action Completed:

A revision of IMPP 10-139D Programs and Services: Screening for Sexual Victimization was authorized by Policy Memorandum Issuance #18-10-002 signed 10/25/18 and a copy provided to this auditor on 11/5/18. The revision was made to section VI. Transgender/Intersex Offenders with the following:

B. Housing and programming considerations for transgender or intersex offenders who are committed to the KDOC shall include, but not be limited to:

- 1. The general programming needs;*
- 2. The offender's health and safety; and*
- 3. Whether the placement in a facility for male or female offenders would present*

management or security concerns.

C. A transgender or intersex offender's own views with respect to his or her own safety shall be elicited and factored into the decision-making process.

1. During the initial placement evaluation and bi-annual assessments, offenders will be interviewed regarding their views on their placement and programming assignments as well as any threats to safety.

2. Documentation of the interviews should indicate the offender's view as being (one of the following):

a. The offender has no safety, placement or programming concerns at this time.

b. The offender expressed concerns with housing and programming needs or expressed safety concerns.

c. The offender refused to participate in the interview, instead all available information was reviewed and either:

(1) There are no apparent programming or safety issues evident, OR

(2) There are some programming and safety issues to be considered.

D, Final determination regarding housing placement is the responsibility of the KDOC and the facility wardens, but clinical input provided by the site Behavioral Health or Counseling staff regarding any issues or concerns will be factored into the decision.

GHSPG Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria was revised on 10/30/18 and a copy provided to this auditor on 11/5/18. Section 8 Management and Placement was revised to remove the language referring to placement based on external genital anatomy. It now states: *"Determination regarding housing placement is the responsibility of the KDOC and the facility wardens, however; clinical input by the site Behavioral Health or Medical staff regarding any issues or concerns will be factored into the decision."*

An Internal Classification Checklist documenting an SVA dated 12/6/18 was provided for review. The intake vulnerability assessment of an offender that identified as transgender during the interview the Counselor, documented the offender's facility placement with the offender's feelings about safety and programming needs being considered.

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-139D page 4, section VII was reviewed and covers the use of involuntary segregation for offenders at high risk of sexual victimization. This policy requires an assessment of all housing alternatives prior to placement in involuntary segregation. Placement in segregation will be made if no alternative housing can separate the offenders from likely abusers. If an assessment cannot be immediately made then the offender may be house for less than 24 hours in segregation while the assessment is completed and shall not ordinarily remain in segregation for more than 30 days.

IMPP 20-105 Basis Operations of Administrative Segregation concerns placement of an individual on involuntary segregation. The facility uses an "Administrative Segregation Report" to document (1) the basis for the facility's concern for the inmate's safety (2) the reason why no alternative means of separation can be arranged.

If an offender were placed on involuntary segregation, the IMPP 20-105 outlines the requirement to assess if access to programs, privileges, education, or work opportunities have been restricted. If limited, the facility shall document: (1) the opportunities that have been limited, (2) the duration of the limitation, (3) the reason for such limitation.

IMPP 20-106 Administrative Segregation Review Board reads, "The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter."

The Warden stated during his interview that offenders that make a PREA report would only be placed in segregation as a last resort. The goal would be to keep them in population. If they had to place them in segregation it would be for as short of a time as possible. If there was no safe alternative placement at EDCF, then he would have the offender transferred to another prison.

During review of the investigation files there was no evidence that an offender had been involuntarily placed in segregation after making a sexual abuse report because the staff didn't think it was safe for

the offender to remain in general population housing. During the tour of the facility it was determined by asking staff working the unit that there were no offenders placed in segregation due to a PREA report.

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D page 7, section IV Reporting of Sexual Abuse C was reviewed and lists the multiple methods an offender may report sexual abuse or sexual harassment. Offender may make a verbal report to any staff, a written report through a Form 9 "Offender Request to Staff" and a grievance, call on the offender phone system to #50 to report to investigators on the KDOC Sexual Assault Helpline. An MOU with the Legal Services for Prisoners and KDOC was provided for review and covers the external reporting requirement of the standard. Offenders may call or write the Legal Services for Offenders confidentially and anonymously. Correspondence to the Legal Services for Offenders may be turned in sealed and does not need the offenders name on it to be mailed. Third party reports may be made through a hotline or email for sexual abuse reports on the KDOC webpage. These reports go directly to the PREA Coordinator which was reported to this auditor during her interview. This auditor called the hotline and left a message requesting a call back to verify the hotline for the audit. My call was returned two days later. The staff that returned the call said there had been a problem with the voicemail resulting in the delay. This auditor also sent a test email to the email address on the KDOC webpage requesting an email back to verify for the audit and was emailed back the same day.

Posters with information regarding the Sexual Assault Hotline and Legal Services for Offenders were seen during the facility tour throughout the facility in housing units and other areas offenders congregate. Brochures were provided for review and contain information telling offenders all of the methods for reporting sexual abuse and sexual harassment. These brochures are provided to offenders at the PREA orientation.

Staff all demonstrated knowledge of most of the ways an offender could make a report during random interviews by auditors. All offenders demonstrated some knowledge of making a report either directly

to staff, writing a form 9 or calling #50 during random interviews by auditors. Most admitted they didn't pay attention during PREA orientation but knew because of the posters in the facility.

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Kansas Administrative Regulation (KAR) 44 Article 15-204 provides the rules and procedures for offenders to submit "Sexual Abuse Grievances" and "Sexual Harassment Grievances". A review of KAR 44-15-204 found the time frames of the policy to be compliant with the time frames of the standard. This policy covers the following parts of the standard: the agency not requiring a time limit on when a grievance must be filed after the alleged incident; the agency may apply normal time frames to any portion of the grievance that does not allege sexual abuse; the agency shall not require an informal grievance process or to require the offender to resolve the issue with staff that are the target of the report; allows the agency to defend against an offender lawsuit on the ground that the statute of limitation has expired. The policy does not require the offender to submit or refer the grievance to the staff that are the subject of the complaint. Third party grievances may be filed on behalf of the offender and another offender may file the grievance for an offender. The offender may decline to have the grievance processed. Offenders that file a grievance in bad faith may be disciplined only if it can be shown the offender filed the grievance in bad faith. A grievance that indicates a risk of imminent sexual abuse shall be treated as an emergency grievance with the initial answer in 48 hours and final decision within 5 calendar days.

The facility reported 7 grievances reporting sexual abuse in the last 12 months. 4 of these were reviewed by the auditor and found to be processed in accordance with the requirements of this standard. These grievances were answered in less than 90 days. The facility reported there were no

70 day extensions in the last 12 months and no sexual abuse emergency grievances in the last 12 months.

One offender was interviewed that filed a grievance to make a report. The report was concerning staff sexual harassment, which is not covered by this standard. Based on the dates provided by the offender the grievance was process in accordance with the time frames in the standard.

Based on the auditor's review of policies, facility documents and interview notes, the facility is found to meet this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 11, section H was reviewed and covers the requirement for victim advocate services to victims of sexual abuse. The KDOC is required to attempt to make arrangements with local rape crisis centers to provide victim advocate services to facilities through agreements. If these arrangements cannot be made then the efforts will be documented. In cases where a victim advocate cannot be available, a qualified staff member will act as the victim advocate.

An MOU with the Family Life Center Safe House was provided for review. The Family Life Center Safe House is a local rape crisis center in El Dorado that has agreed to provide victim advocate services to offenders that are victims of sexual abuse at EDCF through the MOU. Another MOU was provided for review that is an agreement for the Safehouse Crisis Center in Pittsburg, KS to provide victim advocate services to offenders at the EDCF Southeast Unit in Oswego. A list of victim advocate service providers for all KDOC facilities was provided for review. This document shows that every prison in the KDOC has an agreement with a local rape crisis center. Given the remote location of some prisons, like EDCF Southeast Unit in Oswego, it is remarkable that agreements have been arranged for services at every prison.

A victim advocate from the Family Life Center was interviewed by an auditor and stated that she has provided counseling to offenders at EDCF. Currently they put the offender on the phone with her, but she is willing to come to the facility and see the offender. Her supervisor didn't want her in a room with an offender in a face to face meeting even with staff watching through a window. She was in discussions with EDCF and her supervisor about using the non-contact visiting rooms for meeting with the offenders. The Family Life Center does not accompany the offender for a forensic exam in Wichita. Victim advocate services are provided at the Via Christi St. Joseph Hospital by the Wichita Sexual Assault Center advocates.

During the tour posters providing information about the Family Life Center and how to contact them were seen through the housing units and areas offenders congregate. Most offenders were aware of services being available to victims during random offender interviews. This information is also provided to all offenders during the PREA orientation.

Based on the auditor's review of the policy, interview notes, documents, and observations during the tour, it has been determined the facility substantially exceeds the requirements of this standard. EDCF has been very successful in arranging victim advocate services in three different locations to ensure services are provided to victims of sexual abuse.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 8, section C #2 provides the ability for staff, an offender's family or others to make a report of sexual abuse or sexual harassment by calling a toll free telephone number that is published on the KDOC website. These calls are referred to the KDOC PREA Coordinator or the Director of EAI for the KDOC. This auditor verified the hotline is published on the KDOC website and tested this method of reporting by calling and leaving a message to return a call to my cellphone. A return call was received two days later. The caller stated the delay was because the voicemail system had just experienced technical issues and was corrected. The website also provides an email address to submit a third party report. This auditor tested the email report system by sending an email and asking for a response when received. The response was received within 2 hours.

The PREA posters that were observed throughout the facility during the tour tell offenders that their family may make a report on their behalf through the phone number on the KDOC website and may ask to remain anonymous. These posters were observed in the visiting rooms at both EDCF Central and Southeast. They are provided in both English and Spanish. During random offender interviews some offenders were aware of a number on the KDOC website, however most just assumed their family could contact the facility to make a report on their behalf. The PREA Coordinator stated the reports are immediately forwarded to the facility EAI investigator and Warden.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 7, section IV, A was reviewed and requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment involving an offender or a staff member. Staff are instructed to report to their supervisor, appointing authority or EAI. Failing to report may result in administrative or disciplinary sanctions. Failing to report suspected abuse of an offender is a class B misdemeanor. If the offender is under 18 a report must be made to the Kansas Protection Report Center when the offender has reported sexual abuse. Staff are prohibited from revealing any information related to sexual abuse reports to anyone that is not involved in the response or investigation. The policy also requires medical and mental health staff to report sexual abuse and must inform offenders of their duty to report at the initiation of services. A Corizon General Health Services Policy & Procedure titled Federal Sexual Assault Reporting Regulations was reviewed and found to require medical and mental health staff to inform offenders of their duty to report sexual abuse to facility investigators if an offender were to inform them of an incident.

During random staff interviews, all staff stated they are required to report all knowledge or suspicion of sexual abuse and sexual harassment immediately to their supervisor, the shift supervisor or EAI directly. During medical and mental health staff interviews it was clear that staff had knowledge of the duty to report and stated they inform offenders of this duty. The Warden stated during his interview that all reports of sexual abuse and sexual harassment are referred to the facility investigators. A review of investigation files indicated that reports from offender to staff are being sent to investigators as required by the policy and the standard.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 9, section V was reviewed and states the victims in a report of sexual abuse and sexual harassment are to receive immediate protection from the alleged assailant. Staff are not to make judgements or assumptions about the credibility of a victim, suspect or witness of sexual abuse. EDCF General Order 09-130 page 3, section III was reviewed and requires reported victims to be provided immediate protection from assailants.

The facility reported no instances of imminent risk during the past 12 months. During interviews with Random staff, all staff indicated they would protect the offender and take them to a safe area until the shift supervisor arrived. The Agency Head indicated during his interview that offenders who are at risk of imminent sexual abuse would be separated so that that an investigation could substantiate if there was a viable risk. The Warden stated during his interview that the goal is to protect an offender when they make a report. They will remove the alleged perpetrator and move the alleged victim if they have to in order to keep the offender safe. Protective custody will only be used as a last alternative if needed to keep the offender safe.

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D page 9, section D was reviewed and covers the procedures the facility head is to follow when an offender reports sexual abuse that occurred while incarcerated at another facility or under the supervision of another agency. The facility head is required to notify the facility head of the facility where the alleged sexual abuse occurred within 72 hours of receiving the report.

Three examples were provided where the EDCF Warden sent a notification to the agency head at two jails and the Warden at Lansing Correctional Facility during the last 12 months. Two notifications were regarding reports of sexual abuse and were sent the same day the offender made the report to staff at EDCF. One was a report of sexual harassment that was sent 21 days after the offender made the report at EDCF, however the standard does not cover sexual harassment.

During the interview with the Warden, he stated he would notify the head of the other facility if an offender reported sexual abuse occurred at another facility and assist with the investigation by having investigators interview the offender. All information would be shared with the other facility head. He stated he has not had such a report since he has been the Warden at EDCF for the last two months.

Based on the auditor's review of the notes for the interview with the Warden, policy and examples of notifications to other facilities, it has been determined the facility meets this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D Attachment A, Coordinated Response was reviewed and covers the responsibilities of first responders. Under the section Discovery, first responders are to call for immediate assistance and notify the shift supervisor, keep the victim and alleged perpetrator separated, secure the scene, complete and submit written reports prior to departing the shift. EDCF General Order 09-130 page 3, section IV, B #1 states to facilitate evidence collection, the victim shall not shower, wash, drink, eat, defecate, urinate, or change clothing until examined.

During random staff interviews, all staff, both custody and non-custody, stated they would keep the alleged victim separate from the alleged perpetrator; secure the crime scene or ask someone else to secure it; not allow the victim or perpetrator to shower, eat, drink, use the bathroom; or change clothes to preserve evidence. One staff was interviewed that was a first responder to a report of sexual abuse stated there was no physical evidence to collect in the report he received, however he was knowledgeable in preserving physical evidence.

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

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D Attachment A, Coordinated Response was reviewed and is a template for facilities to develop their institutional plan. It covers responsibilities for first responders, the Shift Supervisor, Medical Staff, Behavioral Health, forensic examinations, Investigators, and PREA Compliance Managers in response to a report of sexual abuse. EDCF General Order 09-130 was reviewed and found to provide the facility plan for responding to reports of sexual abuse. It covers the response by first responders, shift supervisors, medical and mental health staff, and EAI investigators.

During an interview with the Warden, he demonstrated knowledge of the facility's coordinated response to a report of sexual abuse when asked what would be done by staff if an offender reported being sexually assaulted. Additionally interviews with all other staff verified that everyone knew their role in the facility's plan for response to a report of sexual abuse.

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees covering 7/1/2010 to 6/30/13 (with automatic annual renewals outlined in Article 24 – Duration), directs that the agency is not limited in its ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

The MOA does not restrict the conduct of the disciplinary process and whether a “no-contact” assignment imposed during the investigation is expunged from or retained in the staff member’s personnel file.

The Agency Head verified in an interview with an auditor that the agreement entered into with the Kansas Organization of State Employees permits the agency to remove alleged staff abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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

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 10-103D page 8, section D was reviewed and requires retaliation monitoring of the alleged victim, any offenders or staff that make a report or are witnesses. The monitoring is to occur for at least 90 days and can be extended if there is a continuing need. Monitoring shall include offender disciplinary records, housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring of offenders shall include periodic status checks. Monitoring shall end when the allegation has been determined to be unfounded. Staff and offenders are instructed to report any information about retaliation to EAI investigators. The facility can employ multiple protection measures, such as housing changes or transfers of the alleged victim, and removal of staff and offender perpetrators.

The Secretary of KDOC reported during his interview that it is agency policy for staff to be designated at the facility to monitor for retaliation against offenders and staff that report sexual abuse or cooperate with investigations. Any report of retaliation would be investigated and action taken as warranted. The Warden also stated during his interview he would open a new investigation if there were retaliation reported.

EDCF General Order 09-130 assigns the PREA Compliance Manager as the person responsible for retaliation monitoring. However the PCM informed me that she just assigns the monitoring to the Counselor where the offender is housed at the Central Unit. The Southeast Unit has a person designated to monitor. A Counselor was interviewed at the Central Unit. He provided a concise description of his responsibilities in monitoring for retaliation with offenders that follows this standard. He stated monitoring is assigned within a week of the report. He watches how staff interact with the offender and meets with the offender once a month. The offender is instructed to see him if he has any concerns between meetings. The staff designated with monitoring at Southeast Unit in Oswego was interviewed and stated that monitoring had not been needed yet but was aware he may be called upon

to do so. The auditor concluded that EAI may be conducting the investigation and not telling the Counselor at Southeast, as a result the monitoring isn't getting done.

During the review of investigation files, retaliation monitoring documentation was not found for sexual abuse cases. The PREA Coordinator looked in the electronic investigation file system and did not find the monitoring documented there as required. Therefore, the facility does not meet this standard.

Corrective Action Recommended:

Recommend the PREA Compliance Manager, who is designated with monitoring in the policy, track the documentation of the monitoring for all sexual abuse cases and provide the documentation for review for 90 days.

Corrective Action Completed:

On 1/29/19, the EDCF PREA Compliance Manager provided this auditor with a summary of investigations and supporting documentation for all investigations conducted at EDCF since the onsite audit. Six investigations were reported. 2 had concluded with one finding of unfounded and one finding of unsubstantiated. The remaining four cases were still open. All six investigations were for sexual abuse reports requiring retaliation monitoring. Documentation of retaliation monitoring meetings with the victim were provided for 5 out of 6 cases where meetings with the offender began soon after the report was received and documented as required by the standard. The one case that retaliation monitoring was not conducted had been determined to be unfounded within days of receiving the grievance that alleged the sexual abuse by staff.

Based on the auditor's review of policies, documents, interview notes and corrective actions completed, the facility has been determined to meet this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

EDCF General Order 10-101 Protective Custody was reviewed and allows for an offender to be placed in protective custody involuntarily "if there is reason to believe that the offender may be in serious and/or imminent danger, and documentation exists to support such placement." The placement is to be reviewed in accordance with IMPP 20-106 Restrictive Housing Review.

IMPP 20-105 Basis Operations of Administrative Segregation concerns placement of an individual on involuntary segregation. The facility uses an "Administrative Segregation Report" to document (1) the basis for the facility's concern for the inmate's safety (2) the reason why no alternative means of separation can be arranged.

If an offender were placed on involuntary segregation, the IMPP 20-105 outlines the requirement to assess if access to programs, privileges, education, or work opportunities have been restricted. If limited, the facility shall document: (1) the opportunities that have been limited, (2) the duration of the limitation, (3) the reason for such limitation.

IMPP 20-106 Administrative Segregation Review Board reads, "The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter."

The Warden stated during his interview that offenders that make a PREA report would only be placed in segregation as a last resort. The goal would be to keep them in population. If they had to place them in segregation it would be for as short of a time as possible. If there was no safe alternative placement at EDCF, then he would have the offender transferred to another prison.

During review of the investigation files there was no evidence that an offender had been involuntarily placed in segregation after making a sexual abuse report because the staff didn't think it was safe for the offender to remain in general population housing. During the tour of the facility it was determined by asking staff working the unit that there were no offenders placed in segregation due to a PREA report.

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

KDOC utilizes its own investigators to conduct sexual abuse and sexual harassment investigations. IMPP 10-103D page 6, section F was reviewed and requires investigators to receive specialized training required in 115.34. IMPP 22-103 Investigative Procedures page 3, section D was reviewed and requires all allegations of sexual abuse, sexual harassment and nonconsensual sex acts have an investigation initiated immediately and follow a uniform evidence protocol as set forth in the EAI manual. This policy provides direction for the general conduct of an investigation to include the preservation of the crime scene, evidence collection, interviews, audio/video surveillance, computer forensics, and polygraph examination. This policy states that "absolutely no polygraph examinations shall be administered to alleged victims of sexual abuse." Investigations are to be documented on the Standard Investigation Report form and completed within 7 days of the conclusion of the investigation.

IMPP 22-103 states that suspects in criminal cases shall be advised of their rights under Miranda (d). Staff that are suspected of administrative and criminal violations may be required to answer questions under penalty of disciplinary action. They will be presented with the Garrity Warning to sign that is an attachment to the policy. If the decision by the County Attorney/District Attorney is that criminal charges will not be pursued, then the employee will be informed and advised they will be required to cooperate in the investigation or be subject to disciplinary actions.

During the review period the facility reported 24 investigations. 18 were sexual abuse investigations and 6 were sexual harassment investigations. None were substantiated, therefore none were referred for prosecution (h). Two cases are ongoing with pending DNA evidence testing. 8 investigations files, 6 sexual abuse and 2 sexual harassment, were randomly selected for review. Two reports did not have a case number assigned, one with an investigator assigned and one that did not. One report of inmate-on-inmate sexual abuse occurring on 12/20/17 had been given to EAI but had not been investigated at the time of the onsite audit. The remaining 6 investigations had been completed and documented in a report. The reports did not indicate that investigators had reviewed prior complaints to determine if the alleged perpetrator had any prior reports of sexual abuse (c). Investigation reports indicated that interviews were conducted but provided very little description of those interviews as they pertain to the investigation (f & g). Reports also did not mention whether staff actions or failure to act contributed to the abuse occurring (f).

An EAI Investigator was interviewed and provided a thorough description of the investigation process to include the conduct of interviews, collection of evidence, review of camera footage, use of Garrity and Miranda, and the proper evidence standard. When asked what information is included in administrative reports he responded the same as criminal. There was no mention of reviewing staff actions or if the alleged perpetrator had prior reports of sexual abuse.

Corrective Action Recommended:

The review of investigation files found investigations were not completed or reports did not document a thorough investigation by not providing a complete description of interviews, not mentioning if there was a check of the alleged perpetrator for prior reports, not stating whether staff actions or failure to act contributed to the abuse. Investigators must ensure all reports are investigated and a thorough investigation is documented. The PREA Coordinator informed the auditor there was a PREA

investigation training for all investigators to attend in the next month that may assist as a corrective action for this standard.

Provide to the auditor for review all completed investigation files since the onsite audit.

Corrective Actions Completed:

On 1/29/19, the EDCF PREA Compliance Manager provided this auditor with a summary of investigations and supporting documentation for all investigations conducted at EDCF since the onsite audit. Six investigations were reported. 2 had concluded with one finding of unfounded and one finding of unsubstantiated. The remaining four cases were still open. Investigation reports for the two completed investigations were reviewed by this auditor. Both reports documented a prompt, thorough investigation that described interviews with the victim, perpetrator and witnesses; the availability and quality of video and physical evidence; the impact of staff actions; and the existence of prior sexual abuse investigations involving the perpetrator. A summary provided the rationale that supported the findings.

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 22-103 Investigative Procedures supports that the investigations use the preponderance of evidence standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. This standard is used for all investigations, to include criminal.

An Investigator stated during his interview that preponderance of the evidence was the standard to substantiate a PREA Investigation. A review of investigation files found that outcomes were based on the preponderance of evidence as the evidentiary standard.

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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

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 10-103D page 10, section E was reviewed and covers reporting to offenders. The policy requires investigators or designated staff to notify the offender of the disposition of the investigation (substantiated, unsubstantiated, or unfounded). The policy also requires, in cases of staff sexual abuse, the offender shall be informed when the staff are no longer posted in the offender's living unit; the staff is no longer employed at the facility; and/or the staff has been indicted related to the sexual abuse. However the policy does not cover when the agency/facility learns that the staff has been convicted on a charge related to sexual abuse within the facility. In cases of sexual abuse committed

by another offender, the facility is required to notify the offender when the alleged abuser is indicted or convicted on a charge related to sexual abuse within the facility.

A "Notice of Investigative Status" document was provided for review. This document is Attachment H to policy IMPP 22-103 Investigation Procedures. This document is used to notify the alleged victim of the outcome of the investigation of sexual abuse. All of the required factors were covered except notifying the offender when staff have been convicted on a charge related to sexual abuse within the facility.

Eight sexual abuse investigation files were reviewed. Six sexual abuse investigations did not have documentation of notifying the offender of the investigation outcome.

Corrective Action Recommended:

The policy and Notice of Investigative Status must be revised to include notifying an offender of staff convictions for charges related to sexual abuse in a facility. The facility investigators must also notify offenders of the outcome in all sexual abuse cases.

The agency will need to provide the change in policy and the notice to the offender. The facility will need to provide completed Notice of Investigative Status forms on all sexual abuse investigations during the next 90 days for review.

Corrective Action Completed:

On 10/4/18, the PREA Coordinator sent this auditor a revised Notification of Investigation Status form that added the outcome regarding staff convictions and the memorandum sent to all facilities notifying them of the changed form. On 1/29/19, the EDCF PREA Compliance Manager provided this auditor with a summary of investigations and supporting documentation for all investigations conducted at EDCF since the onsite audit. Six investigations were reported. 2 had concluded with one finding of unfounded and one finding of unsubstantiated. The remaining four cases were still open investigations. A Notification of Investigation Status was provided to the victim within 30 days of conclusion of the investigation on both cases using the revised form.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment page 9, Section D #3 was reviewed and states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

IMPP 02-118D Employee and Volunteer Rules of Conduct and Undue Familiarity Attachment B, "Kansas Department of Corrections Acknowledgements" Under Rules of Conduct for Employees, Contract Personnel and Volunteers...acknowledge that they have read and understand IMPP 10-103D, including engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal. It is also understood that termination shall be the

presumptive disciplinary sanction for employees who engage in sexual abuse of an offender. Staff sign, date and a witness signs and dates the form under this section.

IMPP 02-120 page 4, section A, #5 covers the factors to be considered by the appointing authority prior to proposing formal disciplinary action. One factors is the “type of disciplinary action taken with other employees under similar circumstances.”

The facility reported no staff being dismissed or disciplined during the review period. This is verified by no substantiated cases against staff in the investigation files. The Warden reported during his interview there were no staff dismissed or disciplined for a PREA violation during the review period.

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment, indicates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

IMPP 02-118D Employee and Volunteer Rules of Conduct and Undue Familiarity Attachment B, "Kansas Department of Corrections Acknowledgements" Under Rules of Conduct for Employees, Contract Personnel and Volunteers...acknowledge that they have read and understand IMPP 10-103D, including engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal. It is also understood that termination shall be the presumptive disciplinary sanction for employees who engage in sexual abuse of an offender. Staff sign, date and a witness signs and dates the form under this section.

IMPP 01-106D Denial of Entry for Contract Personnel was reviewed and covers the process for removal of contract staff from a facility by the appointing authority for violation of KDOC and facility rules. IMPP 13-101D Volunteering page 9, section XI was reviewed and allows for a volunteer to be removed from the facility and prohibited from contact with offenders if the volunteer engages in sexual abuse of an offender.

The facility reported no contract staff were disciplined or removed from the facility related to a PREA incident during the review period. A review of investigation records found there were no substantiated findings against contractors or volunteers in an investigation during the review period. The Warden reported during his interview there were no contract staff or volunteers removed from the facility for a PREA violation.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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KAR 44-13-201 – KAR-13-405 is the KDOC disciplinary procedure that is used when inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-

on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. This policy contains definitions for prohibited sexual activity between offenders, both consensual and non-consensual that follows the zero tolerance policy of the KDOC.

KAR 44-13-406 covers the disposition of charges and administration of sanctions. The sanctions are commensurate with the nature and circumstance of the abuse committed and fall within a range of applicable sanctions based on the nature of the offense, the offender's prior disciplinary history and ensures that the sanction is commensurate with other sanctions imposed on offenders.

IMPP 10-103D page 10, section F, #3 was reviewed and states if an investigation determines consensual sexual activity has occurred between offenders, appropriate disciplinary action shall be taken.

The facility reported no instances of discipline of offenders for sexual abuse during the review period. A review of investigative records reveals there were no substantiated findings of offender sexual abuse or sexual harassment during the review period.

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

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*)
- 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 10-139D Screening for Sexual Victimization and Abusiveness was reviewed and covers the disclosure of sexual victimization or the perpetration of sexual abuse under § 115.41 that occurred in an institutional setting or in the community ensuring that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening.

The facility identified an offender that reported prior victimization during the screening from 115.41. An interview was conducted with that offender. He reported being seen by medical and mental health within 2 hours of reporting prior sexual victimization during the 72 hour screening. A review of the offender's medical record verifies he was seen as reported.

Three staff (2 Central and 1 Southeast) that conduct the screening for victimization were interviewed and all stated offenders that report prior victimization or perpetration are referred the same day to medical and mental health for services.

IMPP 10-139D and GHSP P-B-05.00 Response to Sexual Abuse were reviewed both outline the requirement to any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment was reviewed and requires informed consent to be obtained from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

Medical and Mental Health staff were interviewed and stated they would inform offenders of their duty to report if an offender reported prior sexual abuse to them. They also said they would obtain consent to report if the offender were to disclose sexual victimization that occurred outside of an institution.

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Corizon General Health Services Policy and Procedure was reviewed and covers the provision of emergency services, including forensic medical exams, and follow up health care for victims of sexual abuse. The policy requires the prophylactic treatment for sexually transmitted diseases and referral to a behavioral health practitioner for follow up behavioral health services. Medical and behavioral health staff are to provide services consistent with the community level of care.

IMPP 10-103D page 10, section G was reviewed and requires medical and behavioral health care to be provided to victims of sexual abuse immediately upon report or discovery. Victims and perpetrators will be offered an off-site forensic medical exam performed by a SANE at no cost to the offender. Victims of sexual abuse will be offered prophylaxis for sexually transmitted infections.

Two medical staff at Central and one medical staff at Southeast were interviewed. All three provided a description of the medical services they would provide a victim of sexual abuse that meets the requirements of the standard and appears to be consistent with the community level of care. Services would be provided immediately upon notice of a report of sexual abuse. If there is the potential for evidence collection, medical arranges for the forensic exam at the emergency room. Infection control will be handled by the hospital following the forensic exam. Follow up services are provided by medical as needed and referral to mental health. Mental health staff was interviewed and stated he would provide counseling to victims to include suicide risk assessment. He would also provide services to abusers that are referred for substantiated cases of sexual abuse. None had been referred during the review period as there had been no substantiated sexual abuse findings.

A review of investigation files showed that referrals to medical and mental health were completed on all sexual abuse investigations reviewed on the same day as the report was received.

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Kansas Administrative Regulations 44-5-115, IMPP 10-103D and GHSP P-B-05.00 address the access to medical and mental health evaluation and treatment services for victims of sexual abuse. The evaluation and treatment includes: follow-up services, treatment plans, and when necessary referral for continued care following their transfer to, or placement in, other facilities, or their release from custody.

IMPP 10-103D and GHSP P-B-05.00 address the requirement that inmate victims of sexual abuse while incarcerated are 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. IMPP 10-103D, also requires that clinic staff address any recommendations for care which is consistent with the level of care the offender would receive in the community. When medically and procedurally appropriate, offsite forensic medical exams are to be provided at no cost to the offender.

IMPP 10-103D requires the facility to attempt to conduct a behavioral health evaluation of known inmate-on-inmate abusers within 60 days of learning of such abuse history.

Medical and mental health staff described ongoing care that would be provided to sexual abuse victims consistent with the requirements of this standard. Medical would provide ongoing treatment for injuries or infection control. Mental health would provide ongoing counseling for PTSD as needed.

A review of investigation files showed that referrals to medical and mental health were completed on all sexual abuse investigations reviewed on the same day as the report was received.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 12-118D Serious Incident Review Board was reviewed and requires each facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. EDCF uses a "Sexual Abuse Incident Review Format" to cover the six (6) criteria outlined in this standard for every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The Warden stated during his interview that all PREA investigations are reviewed to ensure they are completed thoroughly and the information from the review is used to determine if the response was appropriate, do they need more training, does video monitoring need improved, and did the offender know how to report. He said the sexual incident review team consisted of himself, the PCM, EAI, Health Care Administrator, Major, Assistant PCM/Deputy Warden and other area staff. The PREA Compliance Manager indicated during her interview that she completes a report of the review and sends it to the Warden for review and signature. If there are any needs for correction the Warden follows up on it.

A Deputy Warden was interviewed that was reported to be part of the review team. She described the review process and the items that are reviewed. She stated they look at demographic information of the offender, assess for blind spots and the need for more staff or video cameras. The investigation file, video evidence, interview transcripts, any witness statements, and incident reports are all reviewed.

Three completed Sexual Abuse Incident Review forms were provided prior to the onsite audit. All three were completed more than 30 days after the investigation was completed. Two sexual abuse investigations that were unsubstantiated did not have a SAIR completed and the forms could not be located during the onsite audit. The SAIR form was found to cover all aspects of a review that are required in the standard.

Corrective Actions Recommended:

Sexual Abuse Incident Reviews were found to be out of the 30 day time frame or not completed. Provide the auditor all completed SAIR's on all sexual abuse investigations within 30 days of completion of the investigations completed after the onsite audit.

Corrective Actions Completed:

On July 27, 2018, the EDCF PCM provided this auditor with 9 sexual assault incident review documents for review. All of these reviews were completed prior to the onsite audit per the date on the forms, however they were not received at the onsite audit. The reviews considered all of the requirements of this standard. These reviews were requested at the time of the onsite audit, however the PCM could not locate them prior to the end of the onsite audit.

On 1/29/19, the EDCF PREA Compliance Manager provided this auditor with a summary of investigations and supporting documentation for all investigations conducted at EDCF since the onsite audit. Six investigations were reported. Two had concluded with one finding of unfounded and one finding of unsubstantiated. The remaining four cases were still open. The investigation that was unsubstantiated ended just before the CAP ended, therefore the facility did not complete the review yet because it had been less than 30 days since the investigation ended. The other completed investigation did not require a review based on the finding of unfounded.

The facility did provide this auditor with 3 Sexual Abuse Incident Reviews after the onsite audit that were completed on investigations that were still waiting on the results of the DNA evidence and therefore not concluded. The PREA Coordinator told this auditor the reviews were completed because the facility did not know how long it would take for the DNA analysis to be completed as it has taken more than a year in the past. The PREA Coordinator told this auditor that these cases will get a second review once the investigations are concluded. Case # SP-17-0360-07 was reviewed on 9/25/18 by the PCM and review committee, however this case has DNA results still pending, as reported by the PREA Coordinator, and will be reviewed again once concluded. Case # SP-18-0016-07 was reviewed on 11/16/18 by the PCM and review committee, however was concluded on 2/5/19 when the DNA results were received, as reported by the PREA Coordinator, and now has 30 days to get a second review. Case # SP-18-0140-07 was reviewed on 9/25/18 by the PCM and review committee, however was concluded on 2/6/19 after receiving the DNA results, as reported by the PREA Coordinator, and will be reviewed a second time within 30 days. These early reviews were completed on the standard form for Sexual Assault Incident Review that considered all of the requirements of this standard.

Documentation of incident reviews was requested for investigations that conclude after the onsite audit. Documentation of those investigations was provided, however one investigation concluded that did not require a review, 3 had concluded less than 30 days from the CAP deadline, and the remainder have not concluded due to pending DNA results. No investigations concluded more than 30 days prior to the CAP deadline that required a review.

Based on the auditor's review of policies, documents, interview notes, and corrective actions completed, the facility is found to meet this standard.

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.

IMPP 10-103D Coordinated Response was reviewed and covers the requirements for the EAI to maintain information on each PREA-related case. The KDOC PREA Coordinator is required to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The KDOC PREA Coordinator stated during her interview that she gathers the information for the SSV from the EAI case logs.

A summary of the 2017 PREA data was provided and shows a breakdown of the reports KDOC received by incident type and the finding of the investigations for each type of incident. The 2016 Survey of Sexual Victimization report was provided and is posted on the KDOC website. There has been no request for the 2017 SSV from the BJS.

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D Coordinated Response was reviewed and covers the requirements for the EAI to maintain information on each PREA-related case. The KDOC PREA Coordinator is required to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.

The KDOC PREA Coordinator stated during her interview that she gathers the information for the SSV from the EAI case logs. This information is also used to complete the annual report. A copy of the 2017 Annual PREA Report was provided. The report was reviewed and covers a comparison of the data from the current year to the previous 3 years. There is discussion of incident reviews, corrective actions and compliance levels for all facilities. The report was approved by the Secretary for the KDOC and is published on the website.

Based on the auditor's review of the KDOC's annual PREA report and the interview with the PREA Coordinator, it has been determined the agency meets this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment, addresses the requirements for the EAI to maintain information on each PREA-related case. The KDOC PREA Coordinator is required to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. This information is maintained in an electronic case file that has restricted access and a log in screen. This data base was shown to the auditor by the PREA Coordinator during the onsite audit. The data that is collected for each facility in the EAI case file is aggregated and reported in the annual SSV report to BJS. A copy of the 2017 SSV was provided for review. There no personally identifying information provided on the report. GO 01-114 Offender Sexual Abuse Prevention/Intervention, reads, "data collected pursuant to 115.87 shall be securely maintained for at least ten (10) years after the date of initial collection."

Based on the auditor's review of the policy, documents and interview with the PREA Coordinator, it has been determined the agency meets this standard.

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

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

Instructions for Overall Compliance Determination Narrative

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

A review by the auditor of the KDOC website found a PREA audit report for every KDOC facility during the first audit cycle. Two facilities have been audited in 2017. Three are currently undergoing an audit in 2018 as the auditor is part of an audit team for each of those audits.

The audit team was provided access to every part of the facility that offenders had access. There was no area auditors wanted to go that we were not allowed to enter. All documents requested have been provided to auditors. Auditors were given private areas to conduct interviews with offenders and staff during the onsite portion of the audit.

Based on the auditor's review of the PREA audit reports on the KDOC website and the onsite audit, it has been determined that the agency meets this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the KDOC website shows a PREA audit report for every KDOC facility during the first audit cycle and audit reports for the two that were completed in 2017 at Topeka CF and Winfield CF.

Based on the auditor's review of the KDOC website and audit reports found there, it has been determined the agency meets this standard.

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.

Bryan Pearson

2/22/19

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.