

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

Interim       Final

Date of Report    May 1, 2018

### Auditor Information

Name:    Kristen Thomas	Email:    Kthomas@corrections.state.la.us
Company Name:    Louisiana Department of Corrections	
Mailing Address:    P.O. Box 174 Hwy 74	City, State, Zip:    St. Gabriel, LA, 70776
Telephone:    225-319-4513	Date of Facility Visit:    December 12-14, 2017

### Agency Information

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

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

<b>Name:</b> Peggy Steimel	<b>Title:</b> PREA Coordinator
<b>Email:</b> peggy.steimel@ks.gov	<b>Telephone:</b> 785-291-3074
<b>PREA Coordinator Reports to:</b> Deputy Secretary Johnny Goddard	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 20 (Including primary and backup)

### Facility Information

<b>Name of Facility:</b> Hutchinson Correctional Facility			
<b>Physical Address:</b> 500 Reformatory, Hutchinson, KS			
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.			
<b>Telephone Number:</b> 620-662-2321			
<b>The Facility Is:</b>	<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
<b>-Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

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

**Facility Website with PREA Information:** <https://www.ekdoc.doc.ks.gov/facilities/hutchinson-correctional-facility/hutchinson-correctional-facility>

### Warden/Superintendent

<b>Name:</b> Dan Schnurr	<b>Title:</b> Warden
<b>Email:</b> dan.schnurr@ks.gov	<b>Telephone:</b> 620-662-2321

### Facility PREA Compliance Manager

<b>Name:</b> Mark A. Mora	<b>Title:</b> Corrections Manager I
<b>Email:</b> mark.mora@ks.gov	<b>Telephone:</b> 620-728-3374

### Facility Health Service Administrator

<b>Name:</b> Deb Lundry	<b>Title:</b> HSA
<b>Email:</b> debra.lundry@ehr.doc.ks.gov	<b>Telephone:</b> 620-728-3322

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1862		<b>Current Population of Facility:</b> 1881		
<b>Number of inmates admitted to facility during the past 12 months</b>				1,469
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>				857
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>				1,329
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>				153
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 18-82		
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>				0
<b>Average length of stay or time under supervision:</b>				1.99 MONTHS
<b>Facility security level/inmate custody levels:</b>				Minimum, Low Medium, High Medium, Maximum, Special Management
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>				722
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>				228
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>				223
<b>Physical Plant</b>				
<b>Number of Buildings:</b> 102		<b>Number of Single Cell Housing Units:</b> 6		
<b>Number of Multiple Occupancy Cell Housing Units:</b>		2		
<b>Number of Open Bay/Dorm Housing Units:</b>		10		
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		100		
<b>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.):</b>				
There are 707 analog cameras and 290 IP cameras installed. This is a significant increase from last audit report. The facility administration reports they are continuing to add cameras routinely.				
<b>Medical</b>				
<b>Type of Medical Facility:</b>		Medical Infirmary		
<b>Forensic sexual assault medical exams are conducted at:</b>		Hutchinson Regional Medical Center		
<b>Other</b>				

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	329
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	4

# Audit Findings

## Audit Narrative

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

The audit of Hutchinson Correctional Facility was conducted on December 12-14, 2017 by Kristen Thomas, Provisional PREA Auditor, Alexia Carey, and Chase Hooper. Alexia Carey LCSW Louisiana Department of Corrections assisted with random sample and specialized staff and offender interviews. Chase Hooper with Louisiana Department of Corrections assisted with random sample of staff and offender interviews. He also conducted the interviews with the EAI staff at the facility. Kansas DOC and Louisiana DOC are part of a circular auditing agreement with additional states. The purpose of the audit was to determine the facility's degree of compliance with the Federal Prison Rape Elimination Act Standards.

The Notice of Audit was posted throughout the facility prior to the scheduled Onsite Audit Phase on November 6, 2017. The PREA Compliance Manager reported the notice was posted in all housing units, visitation, and programming areas. The flyer explained the purpose of the audit and provided offenders and staff with the auditors contact information. The team received five letters because of the posting prior to the Onsite Audit Phase. All five offenders were interviewed at the Onsite Audit Phase by Kristen Thomas. The Pre-Audit material arrived November 23, 2017 which provided time for the audit team to conduct a review of the documentation prior to the Onsite Audit Phase.

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

The audit team arrived at Hutchinson Correctional Facility on December 12, 2017 at 8:30 am and met with the facility executive staff for an entrance meeting. Attendees included: Warden, Deputy Wardens, PREA Coordinator, and PREA Compliance Manager. HCF has three site locations. The main unit, south unit which is directly across the street from the main unit, and the east unit which is approximately one mile from the main unit. Following the entrance meeting the audit team began the site review. This included an observation of the facility configuration, staff supervision of offenders, general population living units, the segregation unit, education/programming areas, laundry, auditorium, dining hall, yard, health services clinic, visiting rooms, library, admission and discharge, and maintenance. Informal interviews were conducted with both staff and offenders while in the various areas throughout the facility. The auditor was able to view camera locations, showering areas, toilet facilities, and sleeping areas. While on the site review, the auditor was permitted access to all areas of the facility. Notices of the PREA audit were observed posted in housing units and visitation areas. The audit team was escorted by the PREA Coordinator, PREA Compliance Manager, Warden and Deputy Wardens of the facility. In one housing unit the auditor did test the hotline.

The introduction to the phone servicing system ask if you are making a PREA call and to press #50 if so. The hotline has user friendly instructions for a first time caller.

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

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

- Random Inmates (Total) = 23
- Targeted Inmates (Total) = 19
- Total Inmates Interviewed = 42

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

- Youthful Inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Inmates with a Physical Disability (1)
- Inmates who are Blind, Deaf, or Hard of Hearing (1)
- Inmates who are LEP (1)
- Inmates with a Cognitive Disability (1)
- Inmates who Identify as Lesbian, Gay, or Bisexual (4)
- Inmates who Identify as Transgender or Intersex (1)- HCF only houses one offender who identifies as Transgender or Intersex
- Inmates in Segregated Housing for High Risk of Sexual Victimization (3)
- Inmates Who Reported Sexual Abuse (4)
- Inmates Who Reported Sexual Victimization During Risk Screening (3)

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

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

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

- Agency Head 1- This interview was conducted by Michele Dausat, PREA Auditor, at the Topeka Correctional Facility's PREA Audit during July of 2017.
- Warden 1
- PREA Coordinator 1
- PREA Compliance Manager 1
- Agency contract administrator 1 -Done through Central Office, interviewed at prior audit
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (1)
- Line staff who supervise youthful inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Education staff who work with youthful inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Program staff who work with youthful inmates (0)- Youthful offenders will be housed at the Kansas Juvenile Correctional Complex.
- Medical staff (1)
- Mental health staff (1)

-Non-Medical staff involved in cross-gender strip or visual searches (1)- HCF does not have any documented cases of officers conducting cross-gender strip searches during the audit cycle.

-Administrative (human resources) staff (1)

-SAFE and SANE staff (1)

-Volunteers who have contact with inmates (2)

-Contractors who have contact with inmates (1)

-Victim Advocates (1)

-Investigative staff – facility level (3)

-Staff who perform screening for risk of victimization and abusiveness (2)

-Staff who supervise inmates in segregated housing (1)

-Staff on the sexual abuse incident review team (3)- The Warden, PCM and Mental Health Staff

-Designated staff member charged with monitoring retaliation (1)

-First responders, security staff (1)

-First responders, non-security staff (1)

-Intake staff (1)

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

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

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

## Facility Characteristics

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

Hutchinson Correctional Facility is the state's second largest facility for adult male offenders. The offenders are housed in the main-custody compound within the walled portion of the HCF, a minimum-security unit located outside the walls, and a medium-custody unit located slightly more than a mile east of the main facility. HCF also houses one of two centers for the KDOC's transportation system that provides for the movement of offenders among the state's correctional facilities. On the first day of the Onsite Audit Review the facility had a capacity of 1881 at HCF. The facility has 102 functional buildings. Ten of which are the living units with open bay/ dormitory style housing and six single cell housing unit (100 segregation cells). HCF houses only male offenders. In all housing units a wall plaque is updated at the beginning on each

shift notifying offenders if a “female is on duty.” The sign remains up for the duration of the shift. Main Unit houses segregation offenders. A-C Units are all mirror images of each other. Cells on one side of the unit with a shower room at the end of each tier. Only male officers escort the offenders to the shower room. D Unit is a cell type setting; however, houses five offenders per cell. The shower room is at the end of the tier. The main unit has one dormitory type setting E Unit. The shower entrance has swinging style partition door to cover the toilet and shower areas. This gives the offenders the opportunity to change, shower, and toilet without being viewed.

The main unit kitchen, programming area, clinic, electrical maintenance, education, print shop, laundry, and admissions and discharge area were all visited at the site review. All areas have individual offender restrooms that either have a solid door or swinging partition door. All areas were equipped with cameras and PREA posters. Staffing appeared adequate in all areas that the audit team visited. The maintenance supervisor was interviewed and reported that he is aware of who is a known aggressor and known victim, and he does not assign those to the same job assignment.

The next area visited was the south unit which was opened in 1985. It was built using offender labor. It houses minimum security offenders. All housing units were visited and they all mirror one another. The restrooms have swinging partition doors to cover the toilet and shower areas. All dormitories had PREA posters visible. The hotline was utilized in one dorm and was in working order.

The kitchen, visitation area, programming area, and clinic were also visited on the south unit. All areas had PREA posters visible. All areas were adequately staffed. All restrooms in these miscellaneous areas had a single restroom with a solid door entrance.

Since 2001, offenders at Hutchinson Correctional Facility have aided the U.S. Department of Interior’s Bureau of Land Management (BLM) in alleviating the over-population of wild horses on federal lands in the western United States. Through a cooperative agreement between the BLM and Kansas Correctional Industries (KCI), a self-supporting unit under the direction of the Kansas Department of Corrections, a dozen minimum-custody offenders care and train the wild horses with the goal of making them suitable for adoption. The program also provides offenders work opportunities that help inmates reintegrate back into the community.

The last unit visited was the east unit which is approximately one mile from the main unit. All dormitories were visited and mirror one another. Each dorm had PREA posters visible. The restrooms had swinging style partition doors. The hotline phone numbers were placed by all the phones.

The visiting area, programming area, clinic, kitchen, laundry, maintenance, private industry, canteen packaging, and gymnasium were all visited. All areas had PREA posters visible. All restrooms were either single with a solid door or a swinging partition door to cover the toilet area. All areas were well lit and equipped with the appropriate number of staff. All buildings were similar in that they have cameras throughout and no issues with regards to blind spots.

The east unit has a Lucky Dog Program. Through the Lucky Dog Program, dogs receive training from offenders who teach the dogs basic obedience commands such as sit, lie down and stay. The dogs are house broken, crate trained and are taught to walk on a leash. This is a second chance for the lucky dogs that would likely otherwise have been euthanized. Begun in 2002 with just one dog, the Lucky Dog Program has since grown to 15 dogs that are trained between 60 to 65 inmates.

## 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:** 0

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**Number of Standards Met:** 44

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**Number of Standards Not Met:** 0

115.14- Youthful Offenders is N/A

**Summary of Corrective Action (if any)**

## 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.*

115.11 (a): Kansas Department of Corrections Internal Management Policy and Procedure (IMPP) 10-103D mandates HCF to have a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. They provide a safe and secure environment for offenders. KDOC IMPP outlines the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Completed IMPP 10-103D Attachment A- Coordinated Response was also reviewed to show the protocol taken by staff following an allegation of sexual abuse and/or harassment.

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

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

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

115.12 (a): According to IMPP 10-103D authorized KDOC to enter in a contractual agreement with other offenders. Contracts are handled at the Central Office level. Contracts were provided to the audit team by the PREA Coordinator. Contracts were reviewed and include necessary language that the contracting organizations comply with PREA standards.

115.12 (b): The PREA Coordinator reported she monitors all new and renewed contracts to make sure they maintain compliance with their obligation to follow PREA standards. She also reported that she creates a formalized plan and assists county jails they have a contract in preparation for their compliance audits.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.13 (a): IMPP 12-137D ensures the facility will develop, document, and make its best effort to follow a staffing plan that provides for adequate levels of staffing, and when applicable video monitoring, to protect offenders against sexual abuse. The staffing plan also includes but is not limited to: number and placement of supervisory staff, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal Investigative agencies, all components of the facility's physical plant, the composition of the inmate population, institution programs occurring on a particular shift, any applicable state or local laws, regulations, or standards, any findings of inadequacy from internal or external oversight bodies, and any other relevant factors. The staffing plan is reviewed annually in collaboration with the Warden, PREA Compliance Manager, and PREA Coordinator, and additional multi-disciplinary staff. The Warden reported KDOC also conducts an agency wide staffing analysis.

115.13 (b): The facility provided a staffing plan and daily staff rosters clearly indicating staffing levels. A staffing analysis review (Attachment C- IMPP 12-137D) was also provided to the audit team. The leadership team conducts an annual staffing analysis including a review of existing posts, video monitoring, and other monitoring technologies at the facility. When conducting the interview with the Warden, he reported if the facility deviates from the staffing plan the staffing roster is updated. He reported the most common reason for deviating from the staffing plan is due to staff shortages. He also reported the placement of cameras has been a significant topic during their staffing plans within this audit cycle.

115.13 (c): According to IMPP 12-137D, each facility shall develop and manage rosters from an accurate and current staff analysis report. Each facility staff analysis report shall be completed on the Facility Staff Analysis Report. The final staff analysis report shall be distributed to the warden or superintendent, PREA Coordinator, the Chief Fiscal Officer and the Human Resource Manager for: budget requests made for the following fiscal year; rostering in the facility; and, documentation that staff plans protect incarcerated offenders against sexual abuse. The PREA Coordinator reported during her interview that KDOC completes an Agency wide staffing analysis.

115.13 (d): According to IMPP 10-103D and 12-137D each facility is responsible for providing General Orders to reflect the practice of having intermediate level and high-level-supervisors conduct and document unannounced rounds to identify and deter staff and offender sexual abuse and sexual harassment. Staff are prohibited from alerting other staff members that these rounds are occurring. The facility provided examples of their electronic log books documenting unannounced rounds by staff on all shifts to the audit team with the pre-audit paperwork and additional documentation of logbooks at the Onsite Audit Phase. During interviews with two Intermediate/Higher Level Facility Staff they reported that they conduct, and document announced rounds. The officers reported keeping constant movement through rounds and do not follow a specific routine.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

115.14 (a-c): This standard is not applicable. During interviews with the Warden, PREA Coordinator, and PREA Compliance Manager the auditor was informed that youthful offenders are housed at the Kansas Juvenile Correctional Complex. For verification purposes the Central Office also provided an age analysis to the auditor with the age of each offender being housed at the facility.

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

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA



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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

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

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

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

115.15 (a): IMPP 12-103 covers the procedures for searches and is compliant with the mandates of this standard. Strip searches and visual body cavity searches shall be conducted by staff of the same gender and in a private place which prevents the search from being observed by those not assisting in the search. A seasoned officer of 35 years was interviewed regarding non-medical staff conducting cross gender strip searches. He reported in his whole career he has never been made aware of an officer of the opposite gender conducting a strip search of an offender.

115.15 (b): This subsection is not applicable. During interviews with the Warden, PREA Coordinator, and PREA Compliance Manager the auditor was informed that they do not have any female offenders being housed at the facility.

115.15 (c): According to 12-103 except in exigent circumstances, strip searches and body cavity searches shall be conducted, in private, by staff of the same sex as the offender being searched. General Orders requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches. Also, during interviews with the PREA Compliance Manager and Higher-Level Facility Staff it was reported that no cross-gender strip searches have been conducted at the facility within the past 12 months.

115.15 (d): IMPP 10-103D requires an offender shall be able to shower and perform bodily functions without nonmedical staff of the opposite gender viewing them, except in exigent circumstances. During the site review and through staff and offender interviews, it was witnessed female staff were announced when entering a housing unit. A sign is placed at the entrance of each housing unit floor notifying offenders if a female officer is on duty in their housing area. The sign is updated at each shift change. Also, during random staff and offender interviews it was reported that staff of the opposite gender are announcing their presence. Offender reported they liked having the plaque in the housing unit notifying staff of females working in the dorm.

115.15 (e): Policy requires staff to be cognizant when searching transgender and intersex offenders and shall conduct searches in a respectful, and least intrusive, manner as possible. The facility has integrated training specific to transgender searches. The facility provided the curriculum and training logs. During random staff interviews it was reported that they are trained on how to conduct cross-gender pat-down searches and searches of transgender offenders. Staff reported they receive a refresher course on an annual basis.

115.15 (f): The facility provided training logs to demonstrate all staff have been trained on search procedures. The training curriculum that is utilized for the training was provided. Staff are presented with a detailed Power Point presentation on how to conduct pat gender searches and follow-up with a video demonstration. All staff then participate in guided practice, so an understanding of the material is not in question. They also provided a handout for any follow-up questions and practice protocols. The pat down search training curriculum is for both male offenders and transgender offenders. Policy and procedure require staff of the opposite gender announce their presence when entering a housing unit.

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

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

#### 115.16 (a)

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

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.16 (a): The facility ensures that offenders 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. It provides offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, intellectual and/or physical disabilities, as well as to offenders who have limited reading skills.

115.16 (b): The facility has staff who can be utilized as translators. The Big Word is also KDOC's supplier for phone service interpreting to those offenders who are limited English proficient. Brochures are available in both English and Spanish. HCF had prominent PREA signs throughout the facility in English as well as Spanish. The PREA Orientation Handbook is available in Spanish as well. Four offenders identified as either Limited English Proficient or with a disability were interviewed and they reported receiving information regarding sexual abuse and sexual harassment.

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

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

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

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

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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115.17 (a): IMPP 02-126D requires that KDOC shall not hire or promote anyone into a position who may have contact with offenders, and shall not enlist the services of any contractor that may have contact with offenders, that have engaged in sexual abuse of offenders in an institutional setting, has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has been civilly or administratively adjudicated to have engaged in such activity. The HR Director confirmed this practice during her interview.

115.17 (b): Agency policy requires the facility to 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 offenders. The HR Director also reported that the facility does consider prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire anyone. She cannot recall of this coming up yet, but this has been discussed with administration.

115.17 (c-d): Before hiring new employees who may have contact with offenders, the facility performs criminal record background checks for all newly hired employees who may have contact with offenders,

all employees who have contact with offenders who are considered for promotion, contractors who may have contact with offenders, and volunteers who may have contact with offenders. During the interview with the HR Director a random sample of employee files was reviewed, and all contained background checks. She provided the auditor with a detailed spreadsheet documenting completion dates and results of annual background checks. From this list the auditor selected five names at random for file reviews. Background checks and Attachment G was available in the sample employee files. All files were compliant with PREA standards.

115.17 (e): Policy requires the facility to conduct criminal background checks at least every five years of current employees and contractors who may have contact with offenders. The HR Director reported HCF completes background checks on an annual basis. She reported the facility uses NCIC to run the checks on all potential and current employees.

115.17 (f): The facility shall also ask all applicants and employees who may have contact with offenders directly about previous misconduct. Prior institutional employers of each candidate including new hires and promotional candidates, and contract employee candidates, are also contacted for information on substantiated allegations of sexual abuse of an offender or any resignation during a pending investigation of an allegation of sexual abuse of an offender using the Request for Information from Prior Institutional Employer Letter (Attachment G).

115.15 (g-h): According to the HR Director omissions regarding misconduct, or the provision of materially false information, are grounds for termination. The facility is also required to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The HR Director reported KDOC has a universal form that is utilized on both ends to request information regarding misconduct on a potential hire.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring



technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.18 (a): The Kansas Department of Corrections Secretary is required to approve any major changes in construction, and he shall consider the best interest of staff and offenders. The main compound is currently undergoing modifications. The Warden reported prior to the start of the construction the changes were approved through Central Office.

115.18 (b): IMPP 01-123D requires when a facility is installing or updating a video monitoring system, the facility considers how the technology may enhance the facility's ability to protect offenders from sexual abuse. The facility now has 707 analog cameras and 290 IP cameras installed. In discussions with the Warden the facility has plans to continue to increase the number of cameras to HCF. During the site review cameras were observed throughout the facility.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.21 (a-b): The facility is responsible for conducting either administrative or criminal sexual abuse investigations. IMPP 10-103 D- Coordinated Response to Sexual Abuse and Sexual Harassment outlines the response by staff at the facility from the initial report to the closing of the investigation. Enforcement, Apprehension, and Investigative Team (EAI), who is responsible for conducting the investigation, shall follow a uniform evidence protocol as set forth in the EAI Manual. During interviews with two EAI staff members, they outlined the procedures they follow to conduct the investigations, obtain and preserve evidence, collection of evidence by appropriate medical personnel and the services that are to be provided to victims. A copy of the EAI Investigations Protocol Manual was provided to the audit team.

115.21 (c): Policy requires the facility to offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where evidentiarily or medically appropriate. Such examinations

are conducted at Hutchinson Regional Medical Center. The medical staff informed the audit team that the off-site forensic medical exam is performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. This is also outlined in Kansas Statute 2013- 65-448.

115.21 (d): The facility has MOU's with a community Rape Crisis Center to provide victim advocacy services from an allegation of sexual abuse. The signed MOU was provided to the auditor with the pre-audit material. HCF has an agreement with Sexual Assault/ Domestic Violence Center. A representative from the Rape Crisis Center was contacted via a phone interview. The facility has had one incident in the past 12 months that required a forensic examination. During interviews, staff were well informed on the procedure for forensic examinations and victim advocacy services.

115.21 (e): According to the MOU signed between HCF and Sexual Assault/ Domestic Violence Center, the organization provides advocacy services to accompany and support the offender victim through the forensic medical examination process and investigatory interviews. The advocates shall provide emotional support, crisis intervention, information, and referrals upon request from HCF. This was confirmed through interviews with the PREA Compliance Manager and the audit team was provided with a copy of the signed MOU.

115.21 (f-h): This subsection is not applicable because the facility is responsible for investigating allegations of sexual abuse through their EAI Department.

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

115.22 (b): Investigations shall be initiated as prescribed by IMPP 22-101. All allegations of misconduct or criminal activity received by EAI shall be reviewed and a determination made as to how the allegation will be handled. EAI will review the information and determine if the investigation should be conducted by that office or if the issues would be more appropriately handled through a different process. Investigative staff was interviewed and confirmed this practice. The department has legal authority to conduct investigations; however, does refer to the DA's Office if criminal charges are needed.

115.22 (c-e): This subsection is not applicable. HCF is responsible for conducting their own investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

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

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.31 (a): According to IMPP 10-103D all newly hired employees shall receive the minimum training required by PREA standards. The training covers such areas as: the facility's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders rights to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in a confinement setting; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. During interviews with a random sample of employees they acknowledged participating in

education training as it relates to PREA. It was clear during these interviews that staff are receiving and understand the material that is being provided to them during training. Staff did not have any difficulty articulating on how to respond to reports of sexual and sexual harassment if it is reported to them.

115.31 (b): According to 03-104D, training shall be tailored to the gender of the offenders at the facility. Staff shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Prior to the onsite portion of the audit HCF provided lesson plans and numerous training logs for the auditor to review. The facility's training curriculum was reviewed and was found to address all required components of this standard as mandated.

115.13 (c): The facility provides employees with refresher training annually to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. During the on-site portion of the audit, an additional random sample of employees and contractors (five of each) training files were reviewed. According to training file review staff is receiving annual PREA training.

115.13 (d): The facility documents through an employee signature that they understand the training they have received. All files indicated by an employee signature that they are completing the PREA training as required. IMPP 02/118D Attachment B is the acknowledgement form both employees, volunteers and contractors sign that they received the necessary training. Staff initial in checkbox D if they understand that engaging in sexual abuse or sexual harassment with an offender is grounds for disciplinary action.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.32 (a): According to IMPP 02-118, 03-104, 10-103, and 13-106, the facility ensures all volunteers and contractors who may have contact with offenders have received appropriate training mandated by the PREA standards. HCF provided lesson plans and training logs with the pre-audit paperwork. Additional documentation was provided at the Onsite Audit Phase. The facility reported providing training with 329 volunteers and 223 contractors with regards to sexual abuse/harassment prevention, detection, and response. Two volunteers were contacted via a phone call and acknowledged receiving the training on the facility's policies regarding sexual abuse/harassment.

115.32 (b-c): The facility provided the volunteer and contractor Power Point presentation and brochures that are taught for new volunteers and contractors. The information provided covers the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Sample forms were provided to the audit team. The individual signs the form to acknowledge as a volunteer, contract provider, or person with intermittent contact with offenders, they are aware of the Department of Corrections' zero-tolerance policy regarding sexual abuse and sexual harassment and know how to report such incidents. They also acknowledge that they understand the information presented regarding this topic and shall report any instance which violates the KDOC Offender Sexual Assault Policy.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.33 (a): According to IMPP 10-103D information about the facility's policy and procedure regarding sexual abuse/harassment is included in each facility's orientation program and is provided in a manner that is clearly understood by the offender. During the intake process, offenders receive information explaining the agency's zero-tolerance policy regarding sexual and sexual harassment and how to report incidents or suspicions of sexual abuse/harassment. During interviews conducted with intake staff, the facility provides a brochure and orientation handbook with this information to the offender upon intake. The Deputy Warden's Secretary sends out an orientation email for all newly arrived offenders. The Pre-Audit Instrument reported a total of 1870 offender were provided this information at intake within the last 12 months.

115.33 (b-c): Within 30 days of intake, the facility provides comprehensive education to all newly transferred offenders either in person or through video regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and reporting policies and procedures for responding to such incidents. Intake staff reported the offender is placed on callout to the counselor's office to watch a PREA video.

115.33 (d): The facility provides offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. Random offender interviews indicated that offenders have knowledge of PREA, as well as the means to report allegations. During the site review, it was noted that PREA signs were present in all housing areas, dining halls, library, laundry, visitation, gym, clinics, and religious hall. The signs provide information to offenders on how to report sexual abuse and sexual harassment. It gives the #50 hotline and the toll-free third-party reporting number. It is noted that the phone calls are anonymous.

115.33 (e): The Offender PREA Orientation attendance shall be documented and acknowledgement of

receipt shall be signed. The signed receipt shall be imaged in the offender's electronic record. Copies of the electronic record were viewed at the on-site portion of the audit.

115.33 (f): During the site review, it was noted that PREA signs were present in all housing areas, dining halls, library, laundry, visitation, gym, clinics, and religious hall. The signs provide information to offenders on how to report sexual abuse and sexual harassment. It gives the #50 hotline and the toll-free third-party reporting number. The PREA policies and corresponding information are also available in the offender library for review.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
 Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.34 (a): IMPP 10-103D discusses specialized training investigative staff receives to meet PREA Standards. Four facility investigators have completed the training specific to conducting sexual abuse investigations in a confinement setting and are required to attend annual re-certification training. The investigators for the facility were interviewed and provided their training certificates.

115.34 (b): The specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. They received training from National Institute of Corrections: PREA and Investigating Sexual Abuse in a Confinement Setting, Kansas Peace Officers Association: What You Should Know, and KDOC: PREA and What You Should Know About it. The facility maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. This information was confirmed through the interviews with the investigative staff.

115.34 (c): The facility maintains documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations. The four investigators for the facility provided their training logs during interviews at the on-site audit portion. Copies of their training logs were also provided with pre-audit materials.

115.34 (d): This subsection is not-applicable.

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

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

**115.35 (a)**

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

**115.35 (b)**

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

**115.35 (c)**

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

**115.35 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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115.35 (a, c-d): HCF contracts with Corizon Health Care for medical and behavioral health care. According to IMPP 10-103D and Corizon policy, medical and behavioral health staff receive specialized training and orientation training for new hires with regards to PREA. The training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and behavioral health staff also receive the training mandated under 115.31 and 115.32. According to the Pre-Audit Questionnaire, a total of 77 (100%) medical and mental health employees have received the training required by the agency policy. The facility is responsible for maintaining documentation that staff have received the training. The facility provided training documentation pre-audit and additional documentation at the Onsite Audit Phase for all healthcare staff. Also, medical and mental health were interviewed during the Onsite Audit Phase. Staff members were exceptionally knowledgeable and were able to elaborate on answers to all questions.

115.35 (b): It was reported that examinations were not done at the facility and were referred out. However, both medical and mental health were aware of the procedures that would take place and what would happen following the examination. Both staff members were knowledgeable of not only what their department was responsible for, but also other departments they collaborate with on a routine basis.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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



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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.41 (a-b): According to IMPP 10-139D, KDOC has established internal classification procedures for screening offenders for risk of sexual victimization and/or sexual aggression. HCF staff complete the Sexual Victimization and Abusiveness Assessment form at initial screening of intake, and a follow-up assessment to ensure the offender feels safe in his assigned housing unit. During interviews with the intake supervisor he provided a spreadsheet to track all incoming offenders initial and follow-up assessment. It was evident that all offenders are receiving a screening; however, the 72-hour and 30-day follow-ups are not in compliance. This was discussed with facility staff and will increase tracking to gain compliance in this area.

Each offender will be assigned a score by the internal classification instrument: KA (Known Aggressor), AP (Aggressor Potential), UN (unrestricted), VP (Victim Potential), or VI (Victim Incarcerated). The screening is conducted on all offenders, and information obtained is then used to make determinations regarding housing, bed, work, education, and program assignments. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA. He reported staff is required to review the offenders record in its entirety prior to intake. During the corrective action period an updated spreadsheet was created for all housing units to track the 72-hour and 30-day SVAA form completion dates. Staff has been able to come into compliance with this standard.

115.41 (c-e): Each offender will be assigned a score by the internal classification instrument: KA (Known Aggressor), AP (Aggressor Potential), UN (unrestricted), VP (Victim Potential), or VI (Victim Incarcerated). The screening is conducted on all offenders, and information obtained is then used to make determinations regarding housing, bed, work, education, and program assignments. The intake screening considers the following criteria to assess offenders for risk of sexual victimization: whether the offenders as a mental, physical, or developmental disability; the age of the offenders; the physical build of the offender; whether the offender has previously been incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions for sex offenses

against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. IMPP reports that HCF does not house offenders who are detained solely for civil immigration purposes; however, this language will also be footnoted on the SVAA form itself. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA. He was able to articulate what the questions were on the forms and the reasoning behind the specific questions. He went into detail on how the information is utilized when assigning housing units. A review of the facility's SVAA showed all criteria required by this standard is addressed in the screening tool.

115.41 (f): HCF staff complete the Sexual Victimization and Abusiveness Assessment form at initial screening of intake, and a follow-up assessment to ensure the offender feels safe in his assigned housing unit. During interviews with the intake supervisor he provided a spreadsheet to track all incoming offenders initial and follow-up assessment. It was evident that all offenders are receiving a screening; however, the 72-hour and 30-day follow-ups are not in compliance. This was discussed with facility staff and will increase tracking to gain compliance in this area. Interviews with both staff interviewed and random offender interviews indicated that staff thoroughly screens all offenders to ensure they are properly classified and housed. Offenders reported remembering being interviewed at intake and for a follow-up. During the corrective action period an updated spreadsheet was created for all housing units to track the 72-hour and 30-day SVAA form completion dates.

115.41 (g): An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. HCF make the recommendations for re-assessment ordinarily when they conduct a Sexual Assault Incident Review of the case to abide with §115.41(g). Examples of reassessment were sent via email to the auditor. Reassessments are tracked in the agency's PREA Database.

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

115.41 (i): The facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The KDOC T.A.P.S system is electronic and assigns access to specific information based off of the employee's job title. Sensitive information can only be accessed by appropriate employees. Interviews with the PREA Compliance Manager and Risk Screening Staff confirmed that T.A.P.S access is only given to authorized users.

## **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.*

115.42 (a): According to IMPP 10-139D the SVA Assessment is conducted on all offenders, and information obtained will then be used to make determinations regarding housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being

sexually victimized from those at high risk of being sexually abusive. The forms are completed in the T.A.P.S. Database and this ensures easy access to all offender files. According to the PREA Coordinator, staff is given access to information in the database based off their employment status.

115.42 (b): At HCF the Unit Team Supervisor at each unit has a spreadsheet that labels all offenders that are VP in blue and AP in red. This ensures that no victim/aggressor is housed on the same tier. The work assignments are completed at HCF by the Unit Team Supervisor. He was interviewed at length with regards to the procedures he follows for housing and work assignments. He takes into consideration the SVAA of each offender. SVAA are looked at prior to the offender being housed at each facility. Bunk assignments with various PREA designations documentation was provided at the on-site portion of the audit.

115.42 (c): In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the facility considers on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. According to 10-139D, the facility shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. This was also confirmed during an interview with a transgender offender currently housed at the facility.

115.42 (d): Transgender or intersex offenders are reassessed at least twice per year to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the offender. The PREA Compliance Manager and Unit Manager responsible for conducting risk screenings confirmed that transgender and intersex offenders are reassessed at least twice per year.

115.42 (e): According to 10-139D, a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. The transgender offender that was interviewed at the on-site portion of the audit felt that his own views of safety were considered upon intake into the facility.

115.42 (f): According to 10-139D, a transgender or intersex offender is given the opportunity to shower separately from other offenders. Their refusal or acceptance of separate shower times shall be documented and included in the offender official file. The audit team interviewed one transgender offender. She stated that she declined, but has been given the opportunity to shower separately and does not feel unsafe in this environment.

115.42 (g): HCF does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. Two offenders identified as bisexual/gay were interviewed and reported they have no knowledge of his housing assignments being based on how they identify. They reported feeling comfortable in their housing units, and do not feel as though they are being discriminated against.

The different PREA classification designations are as follows:

VI- Victim Incarcerated

VP- Victim Potential

KA- Known Aggressor  
AP- Aggressor Potential  
UN- Unclassified

## Standard 115.43: Protective Custody

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

### 115.43 (a)

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

### 115.43 (b)

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

### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No

- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

115.43 (b): According to 20-101, offenders placed in involuntary segregation have reasonable access to programs and services including, but not limited to, educational services, commissary services, library services, social services, counseling services and religious guidance. A staff member who supervises offenders in segregated housing was interviewed regarding this subsection. He reported



offenders have access to certain programming/education and privileges. If for some reason any of these are restricted it is documented in the logbook with the reason.

115.43 (e): Every 30 days the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. Offenders at risk of sexual victimization who were held in involuntary segregation for less than 30 days in the past 12 months was eight. None of those offenders were held past 30 days. Sample documentation was provided at the on-site portion of the audit. During the on-site audit phase, the audit team interviewed three offenders who had been held in involuntary segregation due to risk of victimization. No one reported being held for more than 30 days. The Warden was interviewed regarding placement in involuntary segregation, and he reported it is a rare occurrence for their facility. He reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30 days.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.51 (a): According to IMPP 10-103D, HCF provides multiple methods for an offender to privately report allegations of sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such allegations may be reported verbally to any staff member, in writing using a Form 9, or dialing #50. KDOC has an MOU with the Legal Services for Prisoners to accept correspondence from the offender population. LSP will accept both oral and written reports of sexual abuse or sexual harassment allegations from offenders incarcerated within KDOC facilities. LSP will immediately forward information received from offenders regarding sexual abuse or sexual harassment allegations to the KDOC PREA Coordinator, who shall furnish LSP with current contact information for that purpose. The PREA Coordinator will then forward this information to EAI. Offenders can also report sexual abuse or sexual harassment confidentially through the KDOC Sexual Assault Helpline. This is accessible by dialing #50 through any offender phone free of charge. Calls may be placed anonymously, or the caller may provide identifying information. Access to and the ability to retrieve messages received through the Helpline shall be restricted to Central Office EAI. The KDOC Sexual Assault Helpline is publicized in HCF using posters, General Orders, JPAY emails, and notices. Offender phones have the Helpline instructions posted in a conspicuous location by the phones in all housing units. During the site review it was observed by the audit team that signs were displayed near phones, on bulletin boards, and in housing units advising offenders of the multiple ways to report. In

one housing unit the auditor did test the hotline. The introduction to the phone servicing system ask if you are making a PREA call and to press #50 if so. During interviews, offenders expressed that they had been educated on the ways to report sexual abuse and sexual harassment.

115.51 (b): The facility provides a way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender's reports of sexual abuse and sexual harassment to the facility's officials, allowing the offender to remain anonymous upon request. All HCF staff, offender family members, or others can report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-888-317-8204. Allegations of sexual abuse or harassment reported through the third-party hotline will remain confidential and may remain anonymous as the request of the reporting party. The calls are referred to the KDOC PREA Coordinator or the Director of Enforcement, Apprehensions, and Investigations. During interviews with staff, they indicated they would feel comfortable reporting allegations privately to their supervisor, to the PREA Compliance Manager, or to EAI.

HCF does not house offenders solely for immigration purposes.

115.51 (c): According to IMPP 10-103D, staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is regarding an offender or another staff member. Staff may report to their supervisor, Appointing Authority, or EAI. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Failure to report suspected abuse of an offender is a class B misdemeanor. During interviews with staff, it was reported that all allegations whether verbal or in writing are taken seriously and the Coordinated Response Protocol is initiated.

115.51 (d): Staff, offender family members or others may report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-888-317-8204. Allegations of sexual abuse or harassment reported through the third-party hotline shall be confidential and may remain anonymous at the request of the reporting party. These calls shall be referred to the KDOC PREA Coordinator or the Director of Enforcement, Apprehensions, and Investigations. Through random staff interviews it was evident they know how to anonymously report sexual abuse and sexual harassment of offenders.

## 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.*

115.52 (a-c, f): The agency does have an administrative procedure to address offender grievances regarding sexual abuse. The facility does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Kansas Agency Regulation KAR 44-15-204, meets all requirements of this PREA standard. "Emergency grievances" shall mean those grievances for which disposition according to the regular time limits would subject the offender to a substantial risk of personal injury, or cause other serious and irreparable harm to the offender. In emergency situations the offender may bypass the prerequisite of informal resolution if going to the unit team would not obtain a solution to the problem. The offender shall indicate on the face of the grievance form the nature of the emergency and shall write the phrase "Sexual Abuse Grievance" at the top of the grievance report form. Emergency grievances shall be forwarded immediately, without substantive review, to the level at which corrective action can be taken. Emergency grievances shall be expedited at every level. The same external review provisions that apply to regular grievances shall apply to emergency grievances. Any offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance shall not be referred to a staff member who is the subject of the complaint. The agency does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. In the past 12 months the facility had five grievances filed that alleged sexual abuse. The facility provided documentation that grievances were responded to in a timely fashion.

115.52 (d): According to KAR 44-15-204, upon receipt of each grievance report form alleging sexual abuse, a serial number shall be assigned by the warden or designee, and the date of receipt shall be indicated on the form by the warden or designee. Each grievance alleging sexual abuse shall be returned to the offender, with an answer, within 10 working days from the date of receipt. Each answer shall contain findings of fact, conclusions drawn, the reasons for those conclusions, and the action taken by the warden. Each answer shall inform the offender that the offender may appeal by submitting the appropriate form to the secretary of corrections. In all cases, the original and one copy of the grievance report shall be returned by the warden to the offender. The copy shall be retained by the offender for the offender's files. The original may be used for appeal to the secretary if the offender desires. The necessary copies shall be provided by the warden. If no response is received from the warden in the time allowed, any grievance may be sent by an offender to the secretary of corrections with an explanation of the reason for the delay, if known, with a notation that no response from the warden was received. If the warden's answer is not satisfactory to the offender, the offender may appeal to the secretary's office by indicating on the grievance appeal form exactly what the offender is displeased with and what action the offender believes the secretary should take. The offender shall send the appeal directly and promptly by U.S. mail to the department of corrections' central office in Topeka. If an appeal of the warden's decision is made to the secretary, the secretary shall have 20 working days from receipt to return the grievance report form to the offender with an answer. The answer shall include findings of fact, conclusions made, and actions taken. If a grievance report form is submitted to the secretary without prior action by the warden, the form may be returned to the warden for further action, at the option of the secretary's designee. In all cases, a final decision on the merits of any portion of a grievance alleging sexual abuse, or an appeal thereof, shall be issued by the secretary

within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time taken by offenders in preparing and submitting any administrative appeal. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level and may proceed to the next level of appeal.

115.52 (e): Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of the offenders. Regulation allows a third party to assist an offender in initiating or assist in reporting allegations of sexual abuse or sexual harassment through the grievance process. In the past 12 months, there were no grievances alleging sexual abuse filed by offenders in which the offender declined third-party assistance, containing documentation of the offender's decision to decline.

115.52 (g): Any offender may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the offender filed the grievance in bad faith. In this instance, a disciplinary report alleging violation of K.A.R. 44-12-303 or 44-12-317, as appropriate, may be issued. According to the Pre-Audit Questionnaire, there were no offender grievances alleging sexual abuse that resulted in disciplinary action by an agency against the offender for having filed the grievance in bad faith.

## **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.*

115.53 (a-c): The facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers. The facility has an MOU in place with Sexual Assault/Domestic Violence Inc. to provide confidential advocacy services to offenders in need. The organizations provide advocacy services to accompany and support a victim through the forensic medical examination process and investigatory interviews. Advocates shall provide support, crisis intervention, information, and referrals upon request from HCF. The advocacy center can only release information when allowed through a written, time-limited consent from within the center. The contact information is provided to offenders upon intake into the facility. Copies of signed MOU's were available at the Onsite Audit Phase. Offenders interviewed were knowledgeable in victim advocacy resources; however, none of the offenders interviewed expressed having ever reached out to them.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No



- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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, he facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. This standard is not applicable. During interviews with the Warden, PREA Coordinator, and PREA Compliance Manager the auditor was informed that youthful offenders are housed at the Kansas Juvenile Correctional Complex. For verification purposes the Central Office also provided an age analysis to the auditor with the age of each offender being housed at the facility.

## Standard 115.62: 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.

115.62 (a): Agency policy requires staff to take immediate action once an allegation of sexual abuse or sexual harassment is reported. Policy outlines staff responsibility if they learn an offender is at immediate substantial risk of sexual abuse. The review process using the Administrative Segregation Report is utilized to ensure the least restrictive housing is appropriately implemented. During staff interviews with the Warden and random staff it was clear that they would take immediate action if they learned that an offender was at substantial risk of imminent sexual abuse. During the past 12 months, HCF determined 16 offenders were subject to substantial risk of imminent sexual behavior.

## 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.*

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

The audit team was provided with documentation of the three allegations of sexual abuse the facility received from another institution. Communication continued by both parties until the completion of the investigation.

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

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

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

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

## 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.64 (a-b): According to IMPP10-103D, HCF utilizes the Coordinated Response (Attachment A) as a written institutional plan to establish reports of sexual abuse and sexual harassment. Upon learning of an allegation that an offender has been sexually abused, HCF staff must: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request the alleged victim and abuser not take any actions that could destroy physical evidence. The response ensures that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. Any offender who alleges that he has been the victim of sexual abuse is offered immediate protection from the assailant. KDOC staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse. Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) are separated, the PCM, EAI, and the Duty Officer and/or warden/ superintendent shall be notified, and the Coordinated Response (see Attachment A) is initiated. Attachment A is a five page document that describes the in-depth protocol that is followed once an allegation of sexual abuse or sexual harassment is made.

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

In the past 1 months, 21 allegations that an offender was sexually abused were made at HCF. One allegation was made where staff were notified within a time period that still allowed for the collection of physical evidence.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.65 (a): HCF utilizes the Coordinated Response (Attachment A) as a written institutional plan to establish reports of sexual abuse and sexual harassment. The PREA Checklist (see IMPP 10-139D) is completed for each report, which is ordinarily initiated by the Shift Supervisor. For administrative reports, or reports otherwise not reported through the Shift Supervisor, the PREA Checklist shall be completed by the PCM. The attachment describes the protocol and coordinated actions taken by staff first responders, medical and behavioral health practitioners, investigations and facility leadership. The PREA Checklist has been developed to ensure appropriate notifications are made in a timely and consistent manner.

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

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

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

115.66 (b): This subsection is not applicable.

## 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.*

115.67 (a-b): According to IMPP 10-103D, HCF is mandated to monitor retaliation against offenders or staff who report sexual abuse or sexual harassment or who cooperate with investigations. Retaliation is strictly prohibited. All staff shall report any allegations of retaliation to EAI or the facility PREA Compliance Manager either verbally or in writing. Offenders are encouraged to report retaliation as well. The facility employs multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

115.67 (c-d): For at least 120 days following a report of sexual abuse, the facility monitors the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. Items staff monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This also

includes periodic status checks, for offenders. Monitoring continues beyond 120 days if the initial monitoring indicates a continuing need. HCF has designated the PREA Compliance Manager to monitor retaliation at the facility.

115.67 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

115.67 (f): The obligation to monitor shall terminate only if the allegation is determined to be unfounded.

The audit team was provided with retaliation documentation at the Onsite Audit Phase. HCF conducts retaliation checks at 30/60/90/120 day intervals. The findings are then monitored by the PREA Compliance Manager at the facility. The facility has not had any incident of retaliation in the past 12 months.

The Warden reported staff monitor offenders and/or staff for retaliation for 120 days. He reported staff are monitoring offenders specifically for housing changes or transfers, removal of alleged staff or offender abusers from contact with victims, and emotional support services, and programming participation.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.68 (a): According to IMPP 10-139, offenders at a high risk for sexual victimization are placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made the offender may be housed for less than 24 hours in segregation while the assessment is completed. Offenders placed in involuntary segregation do not ordinarily remain for

more than 30 days. Reviewing practices and interviewing HCF offenders in segregation, the policy is being followed. The facility utilized the Administrative Segregation Report post incident that evaluates the needs of the offenders placed in involuntary segregation.

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

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (I)

- 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.*

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

HCF investigators were interviewed during the on-site portion of the audit. EAI investigators have attended investigation training and seek input from the DA's Office regarding whether an investigation is administrative or criminal. When interviewing the investigators, they were able to adequately give examples of the burden of proof and preponderance for administrative cases. They understood that a standard no higher than preponderance of evidence is used when determining allegations of sexual abuse or sexual harassment are substantiated.

115.71 (d): When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. During interviews with the investigative staff it was confirmed that they will consult with prosecutors before conducting compelled interviews.

115.71 (e): The credibility to the alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as offender or staff. The facility does not require an

offender who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation. During interviews with investigative staff, it was evident that only the facts of that case are taken into consideration when referencing the credibility of the offender. Also, staff was knowledgeable that when an offender alleges an incident of sexual abuse they do not have to submit to a polygraph examination.

115.71 (f): Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. It is to be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings. Through staff interviews it was reported that investigative staff assess if policy was followed, did they provide a safe and secure environment, and are any changes needing to be made. This is then discussed with the Warden and PCM.

115.71 (g): Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The investigative staff report that they follow the procedures in the EAI Investigations Protocol Manual for documenting the report. All supporting documentation becomes part of the full investigation for any further review or referral.

115.71 (h): Investigative staff reported substantiated cases that appear criminal are automatically referred for prosecution.

115.71 (i): During the interview, a review of (07) PREA Investigation reports from 2017 and asked questions from the "PREA Compliance Audit Instrument - Interview Guide for Specialized Staff". Of these (07) reports, (2) was "Unsubstantiated", (3) were "Substantiated" and (2) was "Unfounded". There were various incidents ranging from I/M on I/M Harassment to Staff Sexual Misconduct and / or Harassment. The investigators showed that they were thorough in their research and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable. They are familiar with Miranda and Garrity Warnings and explained the difference in both when questioned.

115.71 (j): The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. The investigative staff reported they continue with the case and make arrangements with local authorities if a staff member departs.

115.71 (k-l): This subsection is not applicable.

## **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.*

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

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No



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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.73 (e): The facility's investigations department completed 53 criminal and/or administrative investigations of alleged offender sexual abuse in the past 12 months. A random sample of investigations were reviewed and notifications were made following the completion of the report. The facility did not have any investigations of alleged offender sexual abuse in the facility that were completed by an outside agency in the past 12 months. One investigation is pending on if the outside agency will investigate an allegation. Sample Notification of Investigations Forms were presented to the audit team with the pre-audit materials.

During one offender interview it was reported that the investigation was handled appropriately. He was kept informed throughout the whole process. At no time did he feel retaliated against or given consequences for his report.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

##### 115.76 (a)

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

##### 115.76 (b)

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

##### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

- 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.*

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

In the past 12 months, no staff from the facility have been terminated for violating agency sexual abuse or sexual harassment policies. In the past 12 months, no staff from the facility have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. At the time of the on-site audit portion one case was pending referral for prosecution of a former contractor.

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

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

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.77 (a-b): HCF policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. At the initiation of the allegation the contractor/volunteer is denied entry into the facility. HCF then takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews conducted with the Warden and HR Director it was noted, in the past 12 months no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of offenders at HCF. There is one allegation pending on referral to law enforcement at the time of the on-site audit portion.

### Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

## Auditor Overall Compliance Determination

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

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

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

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

115.78 (a-b): According to 10-103D, all incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. In keeping with the Department's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. Disciplinary sanctions will occur and will be based upon circumstances of the incident, offender's disciplinary history and similar sanctions imposed on similar incidents. In the past 12 months, no incidents of administrative findings of offender-on-offender sexual abuse that have occurred at the facility.

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

115.78 (d): According to 10-103D, if the screening for victimization and abusiveness indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institution or in the community, the facility shall offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening. The facility shall attempt to conduct a behavioral health evaluation of all known offender-on-offender abusers within 60 days of discovery of such abuse history. Through interviews with mental health staff this was confirmed.

115.78 (e): According to policy, the facility may discipline an offender for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. Also, a report made in good faith based upon a reasonable belief that the alleged abuse occurred does not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation. This was confirmed through interviews with investigative staff.

115.78 (g): HCF prohibits all sexual activity between offenders and may discipline offenders for such activity. This practice was confirmed through investigative staff interviews.

## **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.*

115.81 (a-d): According to IMPP 10-139, HCF mandates that if Sexual Victimization and Abusiveness Assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the offender follow-up with a medical or mental health practitioner within 14 days of the screening. All notifications to necessary facility staff shall be made by the staff member completing the screening, as necessary to ensure that the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-ups can be provided.

According to IMPP 10-139, HCF mandates that if Sexual Victimization and Abusiveness Assessment indicates that an offender has experienced prior sexual victimization, whether in an institution or in the community, the facility offers the offender follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral is documented on the Sexual Victimization and Abusiveness Assessment. If the Sexual Victimization and Abusiveness Assessment indicates that an offender has previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the offender follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral is documented on the Sexual Victimization and Abusiveness Assessment. All notifications to necessary facility staff shall be made by the staff member completing the screening, as necessary to ensure that the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-ups can be provided.

During the corrective action period, HCF began logging on a spreadsheet the date the SVAA form was completed, date of 72-hour follow-up, the 30-day follow-up, if a mental health referral was needed, date referral submitted, and the date the mental health contact was completed. HCF staff provided the spreadsheet to this auditor for verification of the services being provided and compliance with the standard.

115.81 (e): According to IMPP 10-139, informed consent shall be obtained from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed through interviews with mental health staff.

## 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.*

115.82 (a-d): Agency policy 10-103 D supports all areas of this standard. The policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment of services. Interviews with medical and mental health staff, as well as random staff indicates that staff is aware of the components of this standard and that the facility follows the standard. Through interviews with medical and mental health staff it was evident the staff is aware of requirements of 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.*

115.83 (a-c,f,g,h): According to 10-103D, HCF supports all components of this standard. Medical and behavioral health practitioners are required to report sexual abuse and must inform offenders of their duty to report at the instigation of services. Access to medical and behavioral health care are provided immediately, upon report or discovery, to victims of sexual abuse. When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. Medical and behavioral health care staff shall contribute to a coordinated response to all allegations of sexual abuse by relaying, to the PCM and/or security/administrative staff, information pertinent to the well-being of the offender(s) or for investigative purposes. Victims of sexual abuse while incarcerated shall be offered: Prophylaxis for sexually transmitted infections. Victims of sexual abuse shall be provided the brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM. The facility has an MOU with a community center to provide victims of sexual abuse victim advocacy services. This organization will provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. The facility shall attempt to conduct a behavioral health evaluation of all known offender-on-offender abusers within 60 days of discovery of such abuse history.

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

115.83 (d-e): This subsection is not applicable since it is an all-male facility.

## 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.*

115.86 (a-b): According to 12-118, HCF completes a sexual abuse incident review form upon the conclusion of any investigation that has been determined to be substantiated or unsubstantiated, within 30 days of the conclusion of the investigation. The agency has developed a sexual abuse incident review form which ensures all components required by the standard are reviewed. A review of randomly selected investigation files indicated the incident reviews are being conducted at the conclusion of substantiated or unsubstantiated sexual abuse investigations as required by the standard. The forms are completed on an electronic database and easy to reference.

115.86(c-d): The review team consists of upper-level management, with input from line staff supervisors, investigators, medical and mental health. During interviews with the PREA Compliance Manager and Mental Health Staff it was understood that both disciplines participate in the Sexual Assault Incident Review Team meetings. They understood the reasoning behind the team meeting. They consider whether the allegation or investigation indicates a need to change policy or practice to prevent, detect; or respond to sexual abuse, consider whether the or allegation was motivated by race, ethnicity, gender identity, or gang affiliation; examine the area of the facility where the incident occurred to observe any possible physical barriers; assess adequacy of staffing levels; possible deployment of video monitoring; and to prepare a report of the findings.

115.86 (e): The facility implements the recommendations for improvement, or its reason for not doing so. On the agency-wide standardized Sexual Assault Incident Review Form there is a section at the bottom of the form for recommendations for improvement.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

According to IMPP 10-13D, the EAI unit at the facility is responsible for entering every PREA-related investigation into the EAI Case Log and to follow investigative procedures outlined in the EAI Investigations Protocol Manual. The KDOC PREA Coordinator shall, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The facility also provided documentation of aggregated data, indicating that the data is maintained, reviewed, and collected from all incident based documents. The agency is in compliance with this standard.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.86 (a-d): The annual report was provided by the PREA Coordinator. Included in the report is the agency's progress in identifying and addressing problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility with regard to PREA protocols and compliance. The PREA Coordinator reported the report includes a comparison of the current year's data and corrective actions with those from prior years. She also reported the agency report must be approved by the agency head and is made readily available to the public on the agency's website. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material enclosed. During the interview with the PREA Coordinator she confirmed this procedure for the annual report. She reported that to her knowledge nothing has ever been redacted because they stay away from using an offender or employee specific information.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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



### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

HCF was extremely accommodating and provided access to any area of the facility that the audit team requested. All supplemental documentation that was requested by the audit team was provided by the PCM or the PREA Coordinator prior to leaving the Onsite Audit Phase. The audit team was able to interview staff and offenders informally throughout the site review and confidentially for the random and specialized interviews. This auditor received five letters from offenders and all offenders were interviewed by the lead auditor at the onsite audit portion. The letters came in sealed envelopes and was sent confidentially.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

*Kristen Thomas*

05/01/18

**Auditor Signature**

**Date**

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

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