

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: December 1, 2021 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 20, 2022

Auditor Information

Name: Ray Reno

Email: rayreno1@gmail.com

Company Name: 360 Correctional Counseling LLC

Mailing Address: P.O. Box 31

City, State, Zip: McPherson, KS. 67460

Telephone: 620-285-1405

Date of Facility Visit: October 21-22, 2021

Agency Information

Name of Agency: Kansas Department of Corrections

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Address: 714 SW Jackson

City, State, Zip: Topeka, KS. 66603

Mailing Address: 714 SW Jackson

City, State, Zip: Topeka, KS. 66603

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Jeff Zmuda

Email: jeff.zmuda@ks.gov

Telephone: 785-746-7457

Agency-Wide PREA Coordinator

Name: Allison Basinger

Email: allison.basinger@ks.gov

Telephone: 785-291-3074

PREA Coordinator Reports to:

Joel Hrabe, Deputy Secretary of Corrections

Number of Compliance Managers who report to the PREA Coordinator:

9

Facility Information

Name of Facility: Kansas Juvenile Correctional Complex

Physical Address: 1430 NW 25th Street

City, State, Zip: Topeka, KS. 66618

Mailing Address: 1430 NW 25th Street

City, State, Zip: Topeka, KS. 66618

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Facility Administrator/Superintendent/Director

Name: Megan Milner, Superintendent

Email: megan.milner@ks.gov

Telephone: 785-746-7196

Facility PREA Compliance Manager

Name: Jenny White

Email: jenny.white@ks.gov

Telephone: 785-249-3057

Facility Health Service Administrator N/A

Name: Soliel Wall

Email: swall@teamcenturion.com

Telephone: 785-746-7260

Facility Characteristics

Designated Facility Capacity:

270

Current Population of Facility:	138
Average daily population for the past 12 months:	134
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	13-22.5
Average length of stay or time under supervision	12.3 months
Facility security levels/resident custody levels	Maximum Custody
Number of residents admitted to facility during the past 12 months	131
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	131
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	131
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	199
Number of staff hired by the facility during the past 12 months who may have contact with residents:	49
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	79
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	20
<p>Number of single resident cells, rooms, or other enclosures:</p>	290
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	15
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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 auditor submitted a cost proposal and audit contract to the Kansas Juvenile Correctional Complex in December of 2020. In March of 2021, the audit contract was signed by the facility Superintendent and returned to the auditor. A date for the onsite visit to the facility was set for October 21-22, 2021. As agreed, the auditor received a thumb drive containing the Pre-Audit Questionnaire and supporting documentation in August of 2021.

On October 19, 2021, the auditor emailed an audit itinerary document to the PREA Compliance Manager (PCM). On the morning of October 21, 2021, the auditor arrived at the facility and met with the PCM, the Superintendent, and several other members of the facility's command/leadership staff to explain the audit process and to answer questions. At the conclusion of the meeting, the auditor was given a complete and thorough tour of all areas of the facility escorted by the statewide PREA Coordinator (PC) and the PCM. Along the way, the auditor conducted 26 informal interviews with staff and offenders about the purpose of the audit and general PREA knowledge. All employees, contract staff, and offenders were very knowledgeable about PREA. All offenders knew what the PREA acronym meant and could convey at least one way to make an allegation of sex abuse or sexual harassment. Once done with the facility tour, the auditor was given an office in the administrative area in which to conduct staff interviews. Random and targeted, formal, and informal staff interviews were completed over the approximately 22 hours spent in the facility.

Some interviews were conducted over the telephone during the report writing process when clarification was needed. Interviews completed in the facility were conducted using a COVID protocol whereby the auditor and interviewee kept six feet apart while both wore face masks.

Corrective action was completed and final report was issued May 20, 2022 with all standards being met.

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.

There are 20 separate living units in the facility, all single cells, each with a toilet and water basin. Each living unit has one shower which the officer must unlock for offenders to enter and exit. Each living unit has two cameras set in opposing view. Each unit has PREA reporting information posted and each unit has one telephone for offender use. At the time of the onsite visit, five living units were not being utilized.

The Segregation unit has 15 cells, each with a camera, toilet, water basin, and shower with a shower curtain.

All areas of the facility were very clean, and areas overhead and natural lighting was adequate. The auditor did make note that there were several areas of the facility where windows were covered, either with a reflective film or in some cases staff had placed posters and other paper in the window blocking security staff from easily seeing into the room or creating a blind spot. The auditor provided a list of the areas of concern to the Superintendent during the audit exit interview.

Staff interviewed included:

- The PREA Compliance Manager
- Statewide PREA Coordinator
- Shift Supervisor, Captain/Lieutenant
- EAI Special Agent Supervisor
- Human Resource Director
- Chief of Security
- 10 Randomly Selected Officers From All Three Shifts
- Food Service Director and Food Service Officer
- Corrections Officers from day and evening shift
- Corrections Counselor II
- Intake Officers
- Program Officer
- Discharge Planner
- Segregation Officer
- Central Control Officers
- HAS, DON, and Nursing Staff
- Centurion Staff Psychiatrist
- Teachers from Lawrence Gardner High School
- Training Coordinator
- Disciplinary Coordinator
- Director of LifeHouse Child Advocacy Center
- Staff from Rape Abuse and Incest National Network hotline (RAINN)
- KJCC Superintendent

Offenders who were interviewed included:

- At least one offender from each occupied living unit
- Fifteen randomly-selected offenders
- One offender who was not proficient in speaking English
- There were no offenders at the time who had reported sex abuse occurring in the facility
- Two LGBTQI offenders
- There were no offenders in isolation during the onsite visit
- Three offenders who disclosed prior victimization at the time of risk screening

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.331, 115.332

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 115.367, 115.389

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (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

115.311 (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

115.311 (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*)

The Kansas Department of Corrections (KDOC) maintains a set of policies referred to as Internal Management Policy and Procedures (IMPP), which are pertinent for all KDOC facilities. The Kansas

Juvenile Correctional Complex (KJCC) also maintains an additional set of operating guidelines called, General Orders, which are pertinent to just that facility. IMPP 10-103D titled, Coordinated Response to Sexual Abuse and Harassment reads in part, as follows:

It is the policy of the Kansas Department of Corrections to provide a safe and secure environment for all offenders. Offenders have the right to be free from all sexual abuse and sexual harassment and the KDOC has a “zero tolerance” for such actions.

The policy goes on to outline the agencies approach to preventing, detecting, and responding sex abuse and sexual harassment in facilities. The IMPP outlines staff PREA training, offender education, reporting sex abuse, and response to sex abuse. In addition, KJCC general order 4120, titled Prevention and Response to Sexual Abuse and Harassment reads in part, as follows:

In accordance with IMPP 10-103D, the Kansas Juvenile Correctional Complex (KJCC) shall provide all offenders a safe and secure environment for all offenders that is free of forced and/or coerced sexual interactions or sexual harassment.

The KDOC operates eight adult correctional facilities and one juvenile facility. To that end, the agency has designated a statewide PREA Coordinator (PC) who reports directly to the Deputy Secretary of Facilities Management. This position oversees and provides guidance toward the PREA compliance efforts in each of the KDOC facilities.

KJCC has established a position as a PREA Compliance Manager (PCM) who reports directly to the Deputy Superintendent. During the interview with the PCM, it was learned that although she had only been in this position for a short period of time, she had previous experience as the PREA manager in a community residential facility. Further, it was learned that she also has other duties at the facility including serving as the policy and compliance officer. It was established during her interview that she feels she has sufficient time to fulfill her PREA duties, and her placement within the facility hierarchy gives her ample authority to independently make changes to PREA processes, if necessary.

Documentation Reviewed:

KJCC General Order 4120 Prevention and Response to Sexual Abuse and Harassment
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC Organizational Chart
KJCC Organizational Chart
Staff interviews
Interviews with random Offenders
Interview with PCM
Interview with statewide PC

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies

or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.) Yes No NA

115.312 (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 residents.) 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*)

KJCC does not contract with any other facility/agency to house their youth. This standard is not applicable.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure

juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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: Prevailing staffing patterns? 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

115.313 (e)

- Has the facility 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? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility 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? (N/A for non-secure facilities) 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*)

The facility does have a written document titled, [2021-2022 Operational Staffing Plan](#). The document provided to the auditor shows it was revised on March 25th, 2021. The staffing plan was originally developed based on housing at a capacity of 270 youth and took into account the eleven factors required by this standard. [IMPP 12-137, SECURITY AND CONTROL: Staffing Analysis, Operational Staffing and Roster Management](#) reads in part, as follows:

A. The operational staffing plans of each facility shall ensure that each facility operated by the KDOC is developing, documenting and making best efforts to have and follow a staffing plan that provides for adequate levels of staffing, and when applicable video monitoring, to protect incarcerated offenders against sexual abuse.

B. Any time the facility is not compliant with the operational staffing plan, the deviation(s) shall be justified and documented using the process required and described in Section IV.A.2. above.

C. Once a year, the warden or superintendent shall cause a staffing analysis to occur, reviewing staffing levels, video monitoring or other technological needs, and resources the facility has available to commit to ensure adherence to its operational staffing plan, taking into consideration:

- 1. Generally accepted detention and correctional practices;*
 - 2. Any judicial findings of inadequacy;*
 - 3. Any findings of inadequacy from Federal Investigative agencies;*
 - 4. Any findings of inadequacy from internal or external oversight bodies;*
 - 5. All components of the facility's physical plan (including blind spots or areas where staff or incarcerated offenders may be isolated.*
 - 6. The composition of the incarcerated offenders population;*
 - 7. The number and placement of supervisory staff;*
 - 8. Facility programs occurring on a particular shift;*
 - 9. Any applicable state or local law, regulation or standard;*
- Page 5 of 6, IMPP 12-137D*
Effective 07-01-14
- 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
 - 11. Any other relevant factors, including what documented instances of deviation from the operational staffing plan, with regard to staffing.*

The plan allows for a predetermined number of staff to fill every post for each shift with a built-in relief factor. This number is considered as fully staffed, or the operational number of staff. Included in the staffing plan are options allowing the shift supervisor to close or collapse certain officer posts which permits some flexibility in meeting what has been termed as the minimum staffing number. The minimum staffing number is what has been determined to be the fewest number of staff required to safely operate the facility while meeting the staff/youth ratio required by this standard. Documentation was provided to show that, despite the facility's best efforts, there were a number of shifts where the minimum staffing was not met. During interviews with shift supervisors, it was learned that when minimum staffing cannot be met, either due to preapproved leave, sick call-in, officer vacancies, or for other reason, the supervisor will document the reason for the staff shortage and what steps were taken

to fill the positions on their shift. Shift supervisors said that they can ask staff who are already working on shift to stay over onto the next shift, call in staff who were off duty to come in for overtime hours, close and/or collapse posts, or use other uniformed security staff who are not assigned to a shift to try and fill the empty slots. Staff shortages due to COVID-19 have made it challenging to hire and retain qualified applicants throughout the KDOC and specifically the KJCC. The facility Human Resource Manager provided the following statement regarding staffing.

“There was a question regarding our inability to meet the PREA standards concerning our staffing numbers. It is true that we are below the recommended numbers, but this is not by design or lack of effort. Our facility is designed and our desired practices all would fall in line with the standards as written. Our shortcoming is not in policy or effort but instead with the job market at this time. COVID-19 has had a toll on the workforce across the country and without question has proven to be a continued challenge. KDOC as a whole has demonstrated its willingness to increase officer salary, expand marketing efforts and budgets in response to the growing need for more officers. In the last 12 months KJCC has invested in local commercials both on-air and televised, we have had billboards and currently using on-line services (Indeed; ZipRecruiter) as well as a new referral rewards program. Last week Kansas Governor, Laura Kelly announced raises for all 24/7 facility staff. A large part of the announcement was a healthy raise for officers starting on day one of their careers, so we are hoping for a surge of applications and some improvement with our shortages.”

The facility has been operating at a reduced number of youth; however, there are 21 housing units, six of which are not currently being used for housing. There are no housing units with more than 15 beds. On the occasion where the staff/youth ratio is not met, it is usually only for a short period. All of the housing units are single cell, and all showers are single showers. Each living unit has excellent security camera coverage. At the time of the onsite visit, there were 130 boys and nine girls housed in the facility, and there were nine corrections officer vacancies.

General Order 4120, Prevention and Response to Sexual Abuse and Harassment reads in part as follows:

Shift supervisors, operation supervisors and KJCC executive staff members shall make unannounced rounds to identify and deter staff and/or offender sexual abuse and sexual harassment. (28 CFR § 115.3134[e])

1. Rounds shall be conducted in each area where offenders have access.

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2. Rounds shall be documented in the post log using red ink and shall occur on each shift.

3. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Supervisors and line staff who were interviewed reported that supervisors and facility leadership staff regularly make unannounced rounds in the facility. Officers who were interviewed said it has not been a practice to alert other officers when rounds are being made. Officers are required by Post Orders to document in their post log when staff rounds are made. The auditor reviewed several logs from each shift and was able to see when rounds were documented.

Even though there are short periods where the staff/youth ratio was not met on the overnight shift, the facility administrators have made a gallant effort to keep the number of times to an absolute minimum.

Documentation Reviewed:

IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management
KJCC 2021-2022 Operational Staffing Plan
2020 Staffing Review dated 8-6-2020
Daily Shift assignment roster
Pre-audit Questionnaire
Staffing Deviation Log
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KJCC GO 4120 Prevention and Response to Sexual Abuse and Harassment
KJCC Post Order Shift Supervisor
Random and Targeted Staff Interviews
Random Offender interviews
Facility Surveillance Camera Placement
Tour of living units and grounds

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents 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 a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.315 (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 residents 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*)

The facility prohibits all cross gender searches by policy. IMPP 12-103, Offender and Facility Searches reads in part, as follows:

Pat-down searches of female offenders and all juvenile offenders shall be conducted by a trained staff member of the same gender only, except in exigent circumstances.

Both staff and youth who were interviewed reported that cross gender searches are just never done. None of those interviewed could remember a cross gender search of any kind ever being done in the facility. Strip searches are always completed by two same sex officers and are done where the offender is inside a small room with the officer standing in the doorway in front of one of the security cameras. All strip searches are documented.

Residents who were interviewed reported that staff are annoyingly good about making an announcement when entering living units where opposite gender kids are housed. Additionally, there are signs posted on the outer doors of the living units reminding staff of the opposite gender to make an announcement when entering the unit.

IMPP 12-103 reads in part, as follows:

Staff shall be aware of offenders' state of undress. The presence of staff of the opposite gender shall be announced prior to entering a housing unit and the announcement will be documented in the chronological log by the person making the announcement. (28 C.F.R. §§ 115.15 and 115.315)

1. In addition, the presence of staff of the opposite gender shall also announce their presence before entering restroom/shower areas where an offender would normally be undressed.

a. An offender shall be able to shower and perform bodily functions without nonmedical staff of the opposite gender viewing them, except in exigent circumstances (as defined above, per national PREA standards) or when such viewing is incidental to routine security checks.

2. If circumstances arise to where a cross-gender announcement could compromise the safety, security, and good order of the facility, then the Staff may declare the circumstances to be exigent and enter without an announcement to the restroom/shower area. All exigent circumstances shall be documented by the shift supervisor and the PREA Compliance manager must be notified.

a. Exigent circumstances are defined by any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

3. To notify hearing impaired offenders of cross-gender staff in the housing units, all housing units should display a sign indicating when a cross-gender staff member is present

Each youth has toilet facilities in their individual cell. Those who were interviewed reported that they let the unit officer know they would like to go into their cell to use the toilet. The officer will allow them into their cell and close the cell behind them. Each cell door has a small window in it with a hinged panel on the outside of the door which is used to cover the window from the outside. When the kids ask to go in to use the toilet, the officer will close the panel over the window in the cell door which allows total privacy. There are no cameras in the cells for general population kids. However, there are cameras in some cells used for segregation or suicide precautions. These cameras are recorded and can be viewed live from the central control center, which may be manned by either a male or female officer. The auditor went into the control center to check the camera view into the cells and found that the areas around the toilet can be seen, but the picture has been digitally pixilated around the toilet areas. This action prevents the viewer from actually seeing the individual using the toilet, but still allows the viewer to see that the individual is present. The youth who were interviewed reported that there is hardly any opportunity to be seen by security staff while they are in a state of undress, or showering, or using the toilet. All showers are single person showers, and the officer must unlock the shower door to let the youth in and out. The shower door has the same window and closeable panel as is in the cell doors.

All staff who were interviewed reported that a strip search would never be conducted as a means of determining a youth's gender. If there was a question regarding the gender status of a youth, it would be addressed during intake as part of the larger medical screening process completed by medical staff. The auditor was able to view training records and training outlines which showed that security staff have been trained on how to conduct cross gender pat down searches and searches of transgender and intersex youth in accordance with this standard.

Documentation Reviewed:

- IMPP 12-103 Offender and Facility Searches
- IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
- IMPP 10-143D Transgender and Intersex Offender Placement
- Search Training Videos
- Search Training PowerPoint slides
- Search log
- Random Staff and Offender interviews

Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (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 residents 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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident'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*)

At the time of the onsite visit, there were no offenders who could not speak English; however, one offender was interviewed where English was not his first language. Further, there were no offenders who were deaf or hard of hearing, blind, or who suffered from intellectual or psychiatric issues sufficient to encumber their ability to understand the PREA materials provided. Staff who were interviewed could not recall having an offender meeting these conditions at anytime during the period currently under review. The facility/agency have several state contracts with organizations which can provide translation services including document translation, if requested. Most of the staff who were interviewed were aware there are such services available, and several mentioned that the facility maintains a list of staff who can speak Spanish. PREA information is prominently posted throughout the facility in both English and Spanish, directed to both boys and girls. Additionally, if there is an offender who is deaf, the facility has contracted with a provider who is certified as a sign language interpreter. There is also a telephone with a typing device that can be used when dealing with a deaf or hard of hearing youth. The PREA orientation video is shown on a television with closed captions for any offender who may be deaf or hard of hearing. A blind or deaf offender would also have a staff member individually assigned for the purpose of providing PREA education and information on how to make a PREA allegation of sex abuse or sexual harassment. A staff person would also be able to help an offender with filing a PREA related grievance, if requested.

IMPP 10-103D, Coordinated Response to Sexual Abuse and Harassment reads in part, as follows:

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

Staff who were interviewed said that they have been instructed to not use an offender as an interpreter.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Translation vendor list
PREA signage English/Spanish
Offender rule book English/Spanish
List of staff translators
Intake staff interviews
Random Offender interviews
Email from Superintendent

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, 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

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.317 (g)

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

115.317 (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

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*)

All staff, contractors, and volunteers who will have juvenile contact are required to complete an application and go through a criminal history background check and fingerprint check. Candidates are also checked against a state and national child abuse registry as part of the background check. Additionally, every employee is required by policy to self-report any previous sexual misconduct related to sex abuse or sexual harassment either in the facility or in the community. One of the pre-employment forms applicants must complete is Attachment C of IMPP 12-126D. The form asks if the applicant has ever been investigated for sex abuse or sexual harassment of an offender; if the applicant has ever resigned from a job during an ongoing investigation for sex abuse or sexual harassment; or if they have ever been charged, referred for prosecution, or prosecuted for sex abuse or harassment of an offender. The auditor found documentation which showed this form is being utilized as part of the application process for hiring.

IMPP 02-126D, HUMAN RESOURCES: Recruitment and Selection Process reads in part, as follows:

In compliance with the U.S. Department of Justice, National Standards to Prevent, Detect, and Respond to Prison Rape, 42 U.S.C. § 15601, et seq., and 28 C.F.R. §§ 115.17, 115.76, 115.317, and 115.376, the KDOC shall not hire or promote anyone into a position who may have contact with offenders that:

- 1. Has engaged in sexual abuse of offenders in an institutional setting;*
- 2. Has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion; or*
- 3. Has been civilly or administratively adjudicated to have engaged in such activity*

All incidents of sexual harassment perpetrated by an applicant against offenders shall be considered in making hiring and promotional decisions.

Prior institutional employers of each candidate including new hires and promotional candidates, and contract employee candidates, shall be contacted for information on substantiated allegations of sexual abuse of an offender or any resignation during a pending investigation of an allegation of sexual abuse of an offender using the Request for Information from Prior Institutional Employer Letter (Attachment G). Prior institutional employers shall include confinement facility, jail, juvenile facility, secure juvenile facility, lock up, and prison.

G. A fingerprint check shall be completed on all new hires either in the Automated Palm and Fingerprint Identification System (APFIS) or through submission of fingerprints to the Kansas Bureau of Investigations (KBI) to complete the check

All candidates shall be asked to provide specific and detailed information about prior employers and references for use in an employment reference check. If additional information is necessary beyond that included in an application, resume, or Kansas Department of Corrections Security and Employment Information form, the appropriate Human Resources Manager or designee shall request and obtain additional employment information from the candidate.

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

Candidates for any position shall be disqualified from further consideration for employment, and if hired, there shall be grounds for termination of employment, if:

The candidate refuses to execute or provides any false response to a question on the Kansas Department of Corrections Security and Employment Information form or makes any material false statement to any question during the application, screening, or interview process while seeking employment or promotion

The candidate

- a. has engaged in sexual abuse of offenders in a correctional setting;*
- b. Has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force or coercion; or,*
- c. has been civilly or administratively adjudicated to have engaged in such activity.*

IMPP 126A, Recruitment and Selection Process, reads in part, as follows:

JUVENILE: A Kansas Child Abuse and Neglect Central Registry check shall be completed on all new hires and promotional candidates including contract employee candidates who may have contact with offenders.

1. Candidates for safety-sensitive positions shall be disqualified for further consideration for employment if any one (1) or more of the following statements apply:

- 1. The candidate has ever been convicted or completed diversion of a felony, as an adult, whether or not expunged or pardoned;*
- 2. The candidate has ever been convicted as an adult by a court of law or court-martial, of a crime punishable by imprisonment for a term exceeding one (1) year regardless of whether or not that sentence was imposed or executed;*
- 3. The candidate has been convicted as an adult of Driving Under the Influence or a comparable law regarding driving while intoxicated in the past 24 months as an adult or juvenile;*
- 4. The candidate has been convicted, adjudicated or completed a diversion agreement, probation or other court supervision for a misdemeanor involving unlawful possession of a controlled substance or unlawful possession of drug paraphernalia in the past 60 months;*
- 5. The candidate currently has any criminal charges, indictments, or outstanding warrants pending against him/her;*
- 6. The candidate does not currently have a valid driver's license or the candidate's driver's license has been revoked in the past under circumstances which at the discretion of the appointing authority indicate unfitness for duty in a safety-sensitive position;*
- 7. Is currently under a final court order that prohibits the candidate from stalking, harassing, threatening, or having contact with any person;*
- 8. JUVENILE: Is listed in the child abuse and neglect registry maintained by the Department for Children and Families (DCF) and;*
 - a. The person has failed to successfully complete a corrective action plan which had been deemed appropriate and approved by DCF; or*
 - b. The record has not been expunged pursuant to rules and regulations adopted by the Secretary of DCF.*

The auditor reviewed personnel records of several randomly-selected staff as well as some targeted personnel records and saw documentation showing the facility HR department had made its best effort to contact previous institutional employers using a form titled, *Prior Institutional Employer Letter*, when the applicant had previous correctional experience. The auditor also viewed records in the Escapes,

Apprehensions, and Investigation (EAI) office showing that each employee who has juvenile contact was checked through the National Crime Information Center (NCIC), the Interstate Identification Index (III), and the State and National Child abuse Registry prior to being hired. The EAI Special Agent Supervisor showed documentation which showed that applicants are checked again annually in their birth month, and also prior to any promotion. All applicants are asked directly to report any previous sexual misconduct either in the community or in the facility. This is done both pre-hire and pre-promotion.

The HR manager reported that the facility will provide all the information allowed by IMPP 02-126D, regarding allegations of sex abuse or sexual harassment involving a former employee if they receive a request from another correctional agency. Additionally, because KJCC is a small facility, the Superintendent is very familiar with the employees and therefore is knowledgeable about each person's facility work and disciplinary history. Because the Superintendent is the final authority in all hiring and promotional decisions, that knowledge ensures that all previous allegations of sex abuse or sexual harassment are considered prior to making staff promotions.

Documentation Reviewed:

- IMPP 02-126D Recruitment and Selection Process
- Previous institutional employment letter and log
- Background checklist
- Department for Children and Family registry check form
- Employment Application form
- KDOC Security and Information form
- IMPP 02-119 Personnel Records
- Personnel Files
- EAI Files
- NCIC-III clearance
- Promotion records
- Interview with Human Resource staff
- Interview EAI investigator
- Interview with PCM

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (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 residents 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

115.318 (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 residents 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*)

According to an unsigned memo provided to the auditor dated July 19, 2021, there have been no substantial upgrades to the facilities electronic surveillance and recording system since the last PREA audit completed in 2018. However, it is the auditor's understanding that there have been some additional surveillance cameras added and some analog cameras were replaced with digital cameras.

There is a policy which is to be followed should major renovation or expansion occur. IMPP 01-123D, [Authorization for Construction, Renovation or Demolition of Physical Structures](#) reads in part, as follows:

New construction, renovation, or expansion of a facility shall comply with recognized professional correctional standards and applicable to federal and state statutes, rules and regulations. This shall include the Prison Rape Elimination Act (PREA) standards and consideration of the effect of such changes to protect offenders from sexual abuse.

KJCC is currently utilizing 551 cameras.

- 118 of these cameras are analog cameras
- 433 of these are IP (digital) cameras

These cameras are used to observe and surveil the living units, health services area, school, entries and exits, hallways, outdoor courtyards, perimeter, programs areas, and the industries area including the laundry facility.

There are future plans to add more IP cameras to the system in different areas around the facility to add or enhance coverage. Surveillance footage is stored using a rotating 30-day loop of footage on a combination of four servers. Real-time and recorded footage can be accessed by Sergeant-level and above officers, EAI, and camera/system administrators from most computer stations with proper credentials. Only camera/system administrators can make changes to the system.

Documentation Reviewed:

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (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

115.321 (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

115.321 (c)

- Does the agency offer all residents who experience 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

115.321 (d)

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

115.321 (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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

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

The KDOC, as a Kansas law enforcement organization, has trained investigators who are authorized to conduct criminal and administrative investigations for crimes committed inside a correctional facility. This specialized group of investigators make up the Escapes, Apprehensions, and Investigations (EAI) unit of the KDOC. KJCC investigators follow a uniform evidence protocol as contained in the EAI Investigations Protocol Manual, second edition, which was developed to reflect the standards outlined in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

During the current period of time being reviewed, there have been no sex abuse cases investigated which would require the victim to undergo a forensic medical examination to collect evidence. However, the facility does have policy in place for how this would be handled. According to the Health Services Administrator (HAS), if a forensic examination would be required, the victim would be transported to the emergency room of the Stormont-Vail Healthcare Hospital in Topeka. Any sexual assault examination would be completed there by qualified medical staff. Also, the facility has entered into a Memorandum of Understanding with LifeHouse Child Advocacy Center. This organization will upon request provide a victim advocate for a juvenile victim of sex abuse. According to the director of LifeHouse, an advocate would be available to stay with a victim and provide emotional support during any investigative interview and during any forensic medical examination, if requested. LifeHouse can also provide referral services and follow up services in the community if required.

KSA 65-448 Qualified persons at medical care facilities to examine victims of sexual offenses, when; remedy for refusal; costs, reads in part, as follows:

(a) Upon the request of any law enforcement officer and with the written consent of the reported victim, or upon the request of the victim, any physician, a licensed physician assistant, who has been specially trained in performing sexual assault evidence collection, or a registered professional nurse, who has been specially trained in performing sexual assault evidence collection, on call or on duty at a medical care facility of this state, as defined by K.S.A. 65-425(h), and amendments thereto, shall examine persons who may be victims of sexual offenses cognizable as violations of K.S.A. 2020 Supp. 21-5503, 21-5504, 21-5506 or 21-5604, and amendments thereto, using Kansas bureau of investigation sexual assault evidence collection kits or similar kits approved by the Kansas bureau of investigation, for the purposes of gathering evidence of any such crime.

IMPP 10-103D reads in part, as follows:

Medical and Behavioral Health Care

- 1. 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.*
- 2. Access to medical and behavioral health care shall be provided immediately, upon report or discovery, to victims of sexual abuse.*
- 3. 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.

4. 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.

5. Victims of sexual abuse while incarcerated shall be offered:

- a. Emergency contraception and pregnancy tests (when vaginal penetration has occurred) when deemed medically necessary, for female offenders*
- b. Prophylaxis for sexually transmitted infections*

Documentation Reviewed:

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

IMPP 22-103 Investigation Procedures

EAI Investigations Protocol Manual, second edition

KSA 65-448 Qualified persons at medical care facilities to examine victims of sexual offenses, when; remedy for refusal; costs

Memorandum of Understanding with LifeHouse Child Advocacy Center

Interview with Director LifeHouse Child Advocacy Center

Juvenile Sexual Abuse Victim and Emotional Support Services Posting

Interview with YWCA Director

Letter of Agreement between Centurion of Kansas and Stormont-Vail Healthcare

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (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

115.322 (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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (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*)

Every allegation of sex abuse or sexual harassment reported in the facility is taken seriously and investigated thoroughly. The facility EAI department is staffed by trained, professional full time investigators with law enforcement credentials. EAI investigators are considered law enforcement agents by the state of Kansas and the department of corrections is recognized as a law enforcement agency, which gives agents the legal authority to conduct administrative investigations and criminal investigations of crimes committed inside the correctional center. IMPP 22-103, Investigation Procedures, reads in part, as follows:

All allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. In addition to an agent, the facility's PREA Compliance Manager and Mental Health personnel shall be notified of the allegation.

Shift supervisors who were interviewed reported that all allegations are immediately reported to the PCM and EAI, and an investigation will begin immediately.

According to the EAI Special Agent Supervisor and the PCM, every allegation of sex abuse or sexual harassment is taken very seriously, and an investigation will be started immediately when information is received.

The agency has issued a directive ensuring that all allegations of sex abuse or sexual harassment will be thoroughly investigated. This information can be found on their public website at: <https://www.doc.ks.gov/facilities/prea>

Documentation Reviewed:

IMPP 22-103 Investigation Procedures
EAI Investigations Protocol Manual, second edition
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
PREA Investigation files
Training Certificates
Interview with Superintendent
Interview with PCM
Interviews with EAI staff
Interviews with shift supervisors and other staff
KDOC public website

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the right of residents 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 residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

- Have all current employees who may have contact with residents 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

115.331 (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*)

All employees who will have offender contact complete PREA training before they are allowed to supervise the offenders. Each employee attends very comprehensive PREA classroom training and must pass a test to complete course credit. The training materials reviewed by the auditor were outstanding in their completeness. The training outline contains all required information to conform to this standard. The notes for delivery of materials to the students make clear that the training not only provides the required information, but also is intended to spark conversation about sexual safety in the facility. The information listed below is copied directly from the lesson plan. Because the facility provides comprehensive PREA training annually, it exceeds the standard requirements!

PERFORMANCE OBJECTIVES:

After completing this training, you will have a basic understanding of the following by your participation in

group discussions and classroom exercises:

- (1) The department's zero-tolerance policy for sexual abuse and sexual harassment;*
- (2) How to fulfill your responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
- (3) Offenders right to be free from sexual abuse and sexual harassment;*
- (4) The rights of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- (5) The dynamics of sexual abuse and sexual harassment in facilities;*
- (6) The common reactions of sexual abuse and sexual harassment victims;*
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between offenders;*
- (8) How to avoid inappropriate relationships with offenders;*
- (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;*
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;*
- (11) Relevant laws regarding the applicable age of consent for juveniles.*

IMPP 10-104J reads in part, as follows:

Training

A. All employees that have direct contact with offenders shall receive training during orientation or Basic Training and annual refresher training thereafter.

1. Training shall include, but not limited to:

- a. KDOC's zero-tolerance policy for abuse and/or neglect;*
- b. How to fulfill their responsibilities under agency abuse and/or neglect detection, reporting and response policies and procedures;*
- c. Offenders' rights to be free from abuse and/or neglect;*

- d. The right of offenders and employees to be free from retaliation for reporting abuse and/or neglect;*
 - e. The dynamics of abuse and/or neglect in correctional facilities;*
 - f. The common reactions of offender victims of abuse and/or neglect;*
 - g. How to detect and respond to signs of threatened and actual abuse and/or neglect;*
 - h. How to communicate effectively and professionally with offenders including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and*
- Page 5 of 6, IMPP 10-140J*
Effective 07-01-14
- i. How to comply with relevant laws related to mandatory reporting of abuse and/or neglect.*

2. Training shall be tailored to:

- a. The unique needs and attributes of offenders in the correctional facilities; and*
 - b. The gender of offenders in the correctional facility.*
- 3. All current employees who have not received abuse and neglect training shall be required to receive training as soon as possible.*
- a. Employees shall receive refresher training annually to ensure that all employees know the department's current abuse and neglect policies and procedures.*
- 4. All abuse and neglect training shall be documented through the employee's signature or electronic verification that he/she understands the training received.*
- B. All contract staff and volunteers that have direct contact with offenders shall receive training during orientation and annual refresher training thereafter.*
- 1. Training shall include, but not be limited to:*
 - a. Their responsibilities under KDOC's abuse and neglect detection and response policies and procedures;*
 - b. KDOC's zero-tolerance policy for abuse and neglect; and*
 - c. How to report incidents of abuse and/or neglect.*
 - 2. All abuse and neglect training shall be documented through the contract staff and volunteer's signature or electronic verification that he/she understands the training received.*

KJCC houses both male and female offenders so the training that is delivered to staff is tailored to apply to all youth. Additionally, employee PREA refresher training is provided annually as a two hour online class. At the conclusion of the training, each student signs an acknowledgement form to indicate they understand the material.

Correctional staff who were interviewed were very knowledgeable about PREA. During a tour of the facility, the auditor informally interviewed several non-uniformed employees. Every person was able to give a definition of what PREA is and knew the first steps to be taken should they become aware of a sex abuse situation in the facility.

Documentation Reviewed

Basic Training schedule
Basic Training rosters
Employee Training Records
IMPP 10-140J Reporting Abuse and/or Neglect of an Offender

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
PREA Training Lesson Plan
Employee Training Records
IMPP 03-104D Minimum Departmental Training Standards
Signed PREA Training Acknowledgement Forms
Interviews with random and targeted staff
Interview with PCM and Staff Development

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.332 (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*)

Due to the restrictions imposed by COVID-19, there were no volunteers allowed into the facility during the period being reviewed. For that reason, the auditor did not collect a list of volunteers and did not interview any volunteers. However, the materials used to conduct volunteer/temporary contractor training were reviewed along with the training files of volunteers who were allowed contact with offenders prior to the COVID restrictions. Volunteers are provided with an outstanding overview of what PREA is, and what their responsibilities are as far as prevention, detection and responding to sex abuse and sexual harassment. The training makes clear that the facility has zero tolerance toward all

forms sex abuse and sexual harassment, what actions they are to take if they become aware of sex abuse or sexual harassment in the facility, and how to report it. Volunteers are required to complete PREA training annually. For that reason, the facility exceeds this standard!

IMPP 13-101D, Volunteering, reads in part, as follows:

Security clearance of volunteer applicants for assignments which would include direct, unsupervised contact with offenders (ACO 2-1G-05) shall include, at a minimum, the following:

- 1. Interstate criminal records check through FBI and NCIC; and shall be conducted every calendar year on all active KDOC volunteers;*
- a. JUVENILE: Volunteer/mentor applicants shall be required to pass the DCF Child Abuse Registry check.*
- 2. Criminal records check shall be maintained by facility investigative personnel at the official volunteer station;*
- 3. Federal and state name and fingerprint check for criminal history record information;*
- 4. Local records check in current or former area of employment and/or residence*

KDOC Mission and Vision

- Code of ethics*
- Role of the facility, Parole office*
- Overview of volunteer programming and duties*
- Acquaintance to the specific location of volunteering*
- Safety/security procedures for volunteer working within said location*
- Specific General Orders and procedures that govern the work being done by volunteers and community*
- Needs, attitudes and lifestyles of the offender population*
- Risk Reduction philosophy/programming*
- Risk/Needs classification and program placement*
- Volunteer Rules of Conduct & Undue familiarity, sexual misconduct and volunteer vulnerability elements*
- Inmate Sexual Assault Prevention/PREA*
- Anti-social behaviors and strategies to redirect and motivate*
- Cognitive culture philosophies and pro-social modeling techniques*
- Purposeful communication techniques*
- IMPP 12-121: Searches of volunteers*
- IMPP acknowledgement in volunteer/community policies*

Sexual assault prevention/PREA;

- a. When volunteers have completed PREA training, they shall review, sign and date the Mentor/Volunteer Acknowledgment Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program at Attachment E*

Documentation Reviewed:

IMPP 13-101D Volunteering
PREA Training lesson plan for Volunteers
PREA training PowerPoint
Volunteer Training Records
Interviews with random staff
Interview with PCM

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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*)

All offenders are given information about PREA as part of the intake process. Most of the offenders who were interviewed reported they received PREA information within two hours of arrival in the facility. The orientation information includes being given: information about what PREA is; the facility's zero tolerance toward sex abuse and sexual harassment; and the handout called *Safety Counts!* This handout contains specific information regarding PREA definitions and instructions on how to report sexual misconduct. Once the intake officer goes over the information with the offender, the offender signs an acknowledgement form as documentation. Once the first part is completed, the offender will attend a second, more comprehensive PREA education class, where they will watch the PREA video titled *Safeguarding Your Sexual Safety, A PREA Orientation Video*. This video goes into detail about the offenders' right to be free from sex abuse and sexual harassment, and to be free from being retaliated against if they should make a PREA allegation. During this class, the offender will also receive more detailed information about the different ways a report can be made and how to file a grievance regarding sex abuse, if needed. Once the comprehensive education has been delivered, the acknowledgement form is again signed by both the person giving the education and the offender.

IMPP 10-140J reads in part, as follows:

Offender Orientation, Facility Transfer, and Education

A. During orientation, each offender shall be provided information on abuse and neglect both orally and in writing and in a manner that is clearly understood by the offender.

1. Information provided during the orientation process shall include, but not be limited to:
 - a. KDOC's zero tolerance policy toward abuse and/or neglect;
 - b. How offenders can protect themselves from becoming victims and/or avoid risk situations related to abuse and/or neglect while housed at a correctional facility;
 - c. Available for offenders who have a history of abuse and/or neglect or who are victims of abuse and/or neglect;
 - d. How to safely report incidents of abuse and/or neglect including the options to report the incident to a designated staff member other than an immediate point-of-contact line staff member or reporting confidentially through the use of the Kansas Protection Report Center at 1-800-922-5330.
 - e. How to obtain medical assistance, counseling services, and/or treatment if victimized;
 - f. Protection against retaliation; and
 - g. The risk and potential disciplinary actions, including criminal prosecution, for engaging in any type of abuse and/or neglect, or making false allegations while placed at a correctional facility.

PREA information can be provided in almost any language utilizing one of the state contracted interpretation services. There are provisions as previously discussed for providing PREA information to an offender who is blind or deaf.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 10-140J Reporting Abuse and/or Neglect of an Offender
Offender Rule Book-English
Offender Rule Book-Spanish
End the Silence posters, male, female, English, Spanish
Video titled, Safeguarding Your Sexual Safety, A PREA Orientation Video (English and Spanish)
Handout- Safety Counts! Guide to Preventing and Reporting Sexual Misconduct (English and Spanish)
PREA Education Sign-off sheet
Interview of random Juveniles
Interviews with officers who perform intake and orientation duties.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, 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 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(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 115.321(a).) Yes No NA

115.334 (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 115.321(a).) Yes No NA

115.334 (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*)

All allegations of sex abuse or sexual harassment reported in the facility are investigated by EAI officers employed by KDOC. KJCC employs two full time professional investigators, both certified law enforcement officers for the state of Kansas. In addition to the training all law enforcement officers receive, the KJCC investigators have completed specialized training specific to investigation of sex abuse and sexual harassment in juvenile facilities. This training was a two day classroom session provided by the PREA Resource Center (PRC). Furthermore, both officers completed specialized training for investigators through the National Institute of Corrections (NIC). The training, titled, *PREA: Investigating Sexual Abuse in a Confinement Setting*, included the use of Garrity and Miranda warnings, interview techniques for juveniles, and evidence collection procedures. Both investigators

also completed the NIC course titled, *Respectful Communication with LGBTQI Youth*. The auditor collected documentation showing the officers successfully completed all course work.

Documentation Reviewed:

EAI Investigations Protocol Manual
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Specialized Training Certificates
Employee Training Records
Interview with the PCM
Interview with EAI Special Agent Supervisor

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Medical and mental health services for KJCC are provided through a contract with Centurion Medical Services. Each contract employee goes through the same PREA orientation class as facility employees (See 115.331 Employee Training). Additional PREA training developed by KDOC specifically for medical and mental health professionals is also required for all Centurion staff who may have juvenile contact. In addition to the PREA training required by KDOC, medical and mental health staff must also complete the initial and ongoing PREA training required by Centurion.

The KDOC Specialized PREA Training for Medical & Mental Health Professionals covers information on how to detect and assess signs of sex abuse and sexual harassment, preservation of evidence, and how to and to whom sex abuse is to be reported in the facility.

IMPP 10-103D reads in part, as follows:

Medical and behavioral health staff and shall include the following:

- a. How to detect and assess signs of sexual abuse and sexual harassment and preserve physical evidence of sexual abuse.*
- b. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.*
- c. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.*
- d. The facility shall maintain documentation that medical and behavioral health*

practitioners have received the training.

e. Medical and behavioral health care practitioners shall also receive the training mandated for staff members under 28 C.F.R. §§ 115.31, 115.331, 115.32, or 115.332, depending upon the practitioner's status at the agency.

Documentation Reviewed:

Centurion policy Y-B-05 Federal Sexual Abuse Regulations
KDOC Training Records
Centurion Policy Y-C-09 Orientation for Health Staff
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
KDOC Specialized PREA Training for Medical & Mental Health Professionals
Centurion PREA training certificates
Interview with random medical and mental health staff
Interview with KJCC Health Services Administrator (HSA)

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or

identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 resident's detriment by staff or other residents? 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*)

All youth admitted to the facility will receive a risk assessment by classification staff for use in making work, program, and housing assignments. This assessment is almost always completed on the same day as their arrival, but always within 72 hours. The auditor reviewed several offender files and found all assessments were completed within the timeframe required by this standard. The risk factors are scored utilizing an objective set of requirements as outlined in the Juvenile Services Screening for Victimization and Abusiveness scoring guide. Each risk assessment will receive a classification of Known Aggressor (KA), Aggressor Potential (AP), Unrestricted (UN), Victim Incarcerated (VI), or Victim Potential ((VP). Almost all offenders who were interviewed were able to recall being asked specific questions regarding their own perception of their safety during the intake process.

The risk assessment (Screening for Victimization and Abusiveness form) takes into account the following:

Aggressive/Predatory Factors:

1. Does the offender have any history of institutional or residential **SEXUAL** predatory behavior?
2. Does the offender have any history of non-sexual predatory behavior?
3. Does the offender have three or more disciplinary convictions for KAR 123-12-301, 306, 323, or 324?
4. Has the offender been categorized as a Violent I, Violent II, Serious I, or Serious II pursuant to KSA 38-2369?
5. Has the offender ever been charged with a sex offense?
6. Has the offender been the aggressor against another offender beyond that typically observed in a physical altercation or heightened verbal contact?
7. Is the offender affiliated with a Security Threat Group (STG) member or has the offender been the defendant in an abuse protective order?
8. Does the inmate have a history of institutional or residential sexual activity?

Offender's Aggressive Score:

Other relevant factors:

Vulnerability Factors:

1. Has the offender been the victim of forced or coerced **SEXUAL** acts in an institutional or residential setting?
2. Is the offender ≤ 15 years of age?
3. Is the offender small in stature (refer to growth chart)?
4. Does the offender have a medical or behavioral health (level 3 or above) or maturational condition that make them vulnerable in an institutional setting? If "yes," please mark one

Mental illness Mental disabilities Intellectual disabilities Developmental disabilities Physical disabilities Medical/MH practitioner: _____

5. Does the offender identify as LGBTI? If "yes," please mark one

Lesbian Gay Bisexual Transgender Intersex

6. Does the offender see themselves as vulnerable (regarding aggressive actions or sexual victimization)?

7. Does this the offender have a history of domestic or parental abuse victimization?

8. Is the offender's criminal history exclusively non-violent?

Documentation Reviewed:

Offender institutional files

Randomly selected Initial Risk Assessments

Targeted Risk Assessments

30 Day Risk Assessments

IMPP 10-139D Screening for Sexual Victimization and Abusiveness (Staff Read Only)

Juvenile Services Screening for Victimization and Abusiveness scoring guide

Interviews with randomly selected offenders

Interviews with targeted offenders

Interview of intake officers

Interview with HAS

Interview with PCM

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents

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 residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

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

115.342 (f)

- Are each transgender or intersex resident'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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) 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*)

After each offender is given an assessment for risk of sexual victimization and been seen by the medical and mental health provider, the classification counselor will review the gathered documentation and make housing assignments for each new admission. A risk assessment determination of Known Aggressor (KA), Aggressor Potential (AP), Unrestricted (UN), Victim Incarcerated (VI), or Victim Potential (VP) will be assigned to each offender. The counselor knows to not put an offender who has scored as a KA or AP in a housing unit with an offender who has been assessed as being a VI or VP. The offender's designation is used to ensure that victims of sexual abuse are not housed with an offender who is known to perpetrate sex abuse. All housing units in the facility are single occupant cells; there are no open dorms or double bunk cells. All offenders are directly supervised at all times while they are attending school and while they are participating in other programs. According to one of the Corrections Counselors (CCII) who was interviewed, even though the offenders are directly supervised, the counselors making program assignments will try to avoid placing those offenders who have been the victim of sex abuse in the same programs with offenders who are known to be perpetrators of sex offenses.

The male sex offenders are all housed together on one unit.

At the time of the onsite visit, there were no offenders identified as transgender or intersex. The auditor interviewed several staff involved in the intake/classification process and learned that if such an offender were to be admitted to the facility, housing assignments would be determined on an individual basis. A treatment team style approach is in place where input from medical/mental health staff, correctional counselors, and the offender is considered before making assignment to a living unit. Medical staff will complete a Transgender Evaluation form, attachment A of IMPP 10-143D. This form is then used to assist in making the most appropriate housing assignment. It was emphasized that offender safety is the overriding factor when making those decisions. Because all showers are single, every offender showers alone.

According to classification staff who were interviewed, all transgender/intersex offenders would have their risk assessment reviewed at 180 day intervals or more often if prompted by an event or allegation of sex abuse or sexual harassment, using attachment B, of IMPP 10-143D.

Offenders are never placed into segregation or restrictive housing solely based on their gender expression.

Documentation Reviewed:

IMPP 10-139D Screening for Sexual Victimization and Abusiveness
KJCC Housing Key
GO 4120 Prevention and Response to Sexual Abuse and Harassment
IMPP 10-143D Transgender and Intersex Offender Placement
IMPP 10-143D attachment A and B
Interview with classification staff
Interviews with randomly selected offenders
Interviews with targeted offenders

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?
 Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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*)

Offenders who were interviewed were all able to describe several ways to report allegations of sex abuse or sexual harassment or retaliation. The most common response was that they would tell staff, followed by calling the PREA hotline. The PREA hotline can be accessed using any offender telephone by dialing the pound sign followed by the number 50. Offenders are given this information during their PREA orientation and again when they receive the comprehensive PREA education. The hotline phone number is shown on the End the Silence (Zero Tolerance) posters which are posted throughout the facility in both English and Spanish. Other ways to report that were mentioned were: tell a family member; write a staff form-9; file a grievance; and call the 800 number for Kansas Department for Children and Family (KDCF). The KDCF is an outside state agency that is not affiliated with the KDOC.

Staff who were interviewed were also able to list several ways the offenders can make a report, and staff were aware that they could make a report privately by calling the 800 KDCF number or calling the phone number for the National Child Abuse Hotline.

Offenders who were interviewed were very knowledgeable about PREA and were aware that they can make an allegation of sex abuse or sexual harassment anonymously or for another offender. During the auditor's tour of the facility, the auditor asked approximately 20 offenders if they could name at least one way they could make an allegation of sex abuse or sexual harassment; all 20 were able to name at least one way to report.

The KDCO does not house any juvenile offenders solely for civil immigration purposes.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
End The Silence Posters Male/Female English/Spanish
KDOC Website
Interview with random Juvenile Offenders
Interviews with random staff

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

- Does the agency permit residents 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 a resident 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

115.352 (c)

- Does the agency ensure that: A resident 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

115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident 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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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*)

The KDOC does employ a formal written grievance procedure. Per IMPP 11-122J, Documentation of Juvenile Offender Grievance Procedures, offenders are not required to attempt any form of informal resolution prior to using the grievance procedure when filing a grievance related to sex abuse, and there is no restriction requiring the grievance to be submitted to any staff member who is the subject of the complaint.

According to the PCM, there were no grievances filed during this period of review which alleged sex abuse. If one had been submitted, the grievance would not be routed to a staff member who is named in the report for response. Further, no offender will be disciplined for filing a grievance alleging sex abuse, unless it is proven that the allegation was made in bad faith, knowing the allegation was untrue at the time the allegation was made.

Most offenders who were interviewed were aware they could file a grievance to report sex abuse and sexual harassment, and they also knew they could use the grievance procedure to make a report for another offender if necessary.

There are no time limits imposed for filing a grievance related to an allegation of sex abuse.

KAR 123-15-107 further states:

Section 123-15-107 - Special procedures for sexual abuse grievances; sexual harassment grievances and grievances alleging retaliation for filing same; reports of sexual abuse or sexual harassment submitted by third parties

(a) Definitions. For the purpose of this regulation, each of the following terms shall have the meaning specified in this subsection:

(1) "Sexual abuse" means either of the following:

(A) "Sexual abuse of an offender by another offender," which means any of the following acts if the victim does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse:

(i) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(ii) contact between the mouth and the penis, vulva, or anus;

(iii) penetration of the anal or genital opening of another person, however slight, by a hand, finger, or object; or

(iv) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation; or

(B) "sexual abuse of an offender by a staff member, contractor, or volunteer," which means any of the following acts, with or without the consent of the offender:

(i) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(ii) contact between the mouth and the penis, vulva, or anus;

(iii) contact between the mouth and any body part if the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(iv) penetration of the anal or genital opening, however slight, by a hand, finger, or object, that is unrelated to official duties or if the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(v) any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or if the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(vi) any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the acts described in paragraphs (a)(1)(B)(i)-(v);

(vii) any display by a staff member, contractor, or volunteer of that individual's uncovered genitalia, buttocks, or breast in the presence of an offender; or

(viii) voyeurism by a staff member, contractor, or volunteer.

(2) "Voyeurism by a staff member, contractor, or volunteer" means an invasion of privacy of an offender by staff for reasons unrelated to official duties, including peering at an offender who is using a toilet in the offender's cell to perform bodily functions; requiring an offender to expose the offender's buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

(3) "Sexual harassment" means either of the following:

(A) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender directed to another; or

(B) repeated verbal comments or gestures of a sexual nature to an offender by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

(b) Submission of grievances concerning sexual abuse.

(1) Each offender submitting a grievance concerning sexual abuse alleged to have already occurred shall state that offender's intentions by marking "sexual abuse grievance" where indicated on the grievance form.

(2) Offenders shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse of an offender by a staff member, contractor, or volunteer or a grievance in which it is alleged that sexual abuse of an offender by another offender or sexual abuse of an offender by a staff member, contractor, or volunteer was the result of staff neglect or violation of responsibilities.

(3) Any offender may submit a grievance to security staff, a program team member, or administrative personnel in person or by utilizing the offender internal mail system.

(4) 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.

(c) Superintendent's response.

(1) Upon receipt of each grievance report form alleging sexual abuse, a serial number shall be assigned by the superintendent or designee, and the date of receipt shall be indicated on the form by the superintendent or designee.

(2) Each grievance alleging sexual abuse shall be returned to the offender, with an answer, within 10 working days from the date of receipt.

(3) Each answer shall contain findings of fact, conclusions drawn, the reasons for those conclusions, and the action taken by the superintendent. Each answer shall inform the offender that the offender may appeal by submitting the appropriate form to the secretary of corrections (secretary).

(4) In all cases, the original and one copy of the grievance report shall be returned by the superintendent 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 superintendent.

(5) A second copy shall be retained by the superintendent.

(6) Each facility shall maintain a file for grievance reports alleging sexual abuse, with each grievance report indexed by offender name and coded as a sexual abuse complaint. Grievance report forms shall not be placed in the offender's institution file.

(7) If no response is received from the superintendent in the time allowed, any grievance may be sent by an offender to the secretary with an explanation of the reason for the delay, if known, with a notation that no response from the superintendent was received.

(d) Appeal to the secretary.

(1) If the superintendent'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.

(2) The offender shall send the appeal directly and promptly by U.S. mail to the department of corrections' central office in Topeka.

(3) If an appeal of the superintendent'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.

(4) If a grievance report form is submitted to the secretary without prior action by the superintendent, the form may be returned to the superintendent for further action, at the option of the secretary.

(5) 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.

(6) Computation of the 90-day time period shall not include time taken by offenders in preparing and submitting any administrative appeal.

(7) 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 offender may consider the absence of a response to be a denial at that level and may proceed to the next level of appeal.

(8) An appropriate official may be designated by the secretary to prepare the answer.

(2) If a third party files such a request on behalf of an offender, the alleged victim shall agree to have the request filed on behalf of the alleged victim. The alleged victim shall personally pursue any subsequent steps in the administrative remedy process.

(3) If the offender declines to have the request processed on that individual's behalf, the facility shall document the offender's decision.

(i) Grievances in bad faith. 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. 123-12-303 or 123-12-317, as appropriate, may be issued.

The KJCC employs a process for filing an emergency grievance if an offender ever feels that he/she is at substantial risk of imminent sex abuse. However, there have been no substantiated cases where an offender has submitted an emergency grievance during the current period of review. In regard to filing an emergency grievance, KAR 123-15-107 states:

(e) Imminent sexual abuse.

(1) Each offender submitting a grievance concerning imminent sexual abuse shall state that offender's intentions by marking "emergency sexual abuse grievance" where indicated on the grievance form.

(2) Each grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse shall be treated as an emergency grievance under K.A.R. 123-15-106.

(3) After receiving an emergency grievance alleging imminent sexual abuse, the superintendent or designee shall provide an initial response within 48 hours and shall issue a final decision within five calendar days. The initial response and final decision shall document the determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(f) Submission of grievances concerning sexual harassment or concerning retaliation for submission of a report or grievance concerning sexual abuse or sexual harassment.

(1) Each offender shall be required to use the informal grievance process specified in K.A.R. 123-15-101 and 123-15-102 for grievances concerning sexual harassment or concerning retaliation for submission of a report or grievance concerning sexual abuse or sexual harassment. These grievances shall otherwise be treated and processed according to the ordinary grievance procedure specified in K.A.R. 123-15-101 and 123-15-102.

(2) Any offender who alleges sexual harassment or retaliation 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.

(3) Each facility shall maintain a file for grievance reports alleging sexual harassment or retaliation for submission of a report or grievance alleging sexual abuse or sexual harassment, with each grievance report indexed by offender name and coded accordingly. No grievance report form shall be placed in the offender's institution file.

(g) Time limits.

(1) There shall be no time limit for submission of a grievance regarding an allegation of sexual abuse.

(2) The time limits for any grievance or portion thereof that does not allege an incident of sexual abuse or imminent sexual abuse shall be the limits specified in K.A.R. 123-15-101b.

(h) Third-party submissions.

(1) Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist any offender in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file these requests on behalf of any offender.

Documentation Reviewed:

IMPP 11-122J, Documentation of Juvenile Offender Grievance Procedures
Kansas Administrative Regulation (KAR) 123-15-107 Offender Grievance Procedure
Interviews with random offenders
Interviews with random staff
Interview with EAI
Interview with PCM
Interview with Superintendent
Juvenile Offender Rule Book

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, 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

115.353 (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 residents 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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? 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*)

During PREA orientation all offenders are provided with information on how to contact outside emotional support services, if needed, due to being a victim of sex abuse. Each offender is given a pamphlet which contain the address and phone number to contact the KDCF and the LifeHouse Child Advocacy Center. If requested by a victim of sex abuse which occurred in the facility, offenders can be provided with a victim advocate. All offenders are told by staff, and by confidential notice, what topics are reported to administrative staff or law enforcement prior to confidential services being provided.

All the offenders who were interviewed reported that they were aware of these services. In addition, offenders who had an attorney reported that they are aware they can have a confidential attorney visit. Due to Covid-19, all visitation is currently non-contact via video visitation. Additionally, offenders are aware that they can correspond confidentially with their attorney via the U.S. Mail. Offenders know that mail from their attorney will be opened by staff in their presence but will not be read by staff. Parents and/or legal guardians are authorized to have visitation as arranged through facility staff and as determined by their security level.

IMPP 10-103 reads in part, as follows:

Victim Services

- 1. 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.*
- 2. The KDOC shall attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. If this is not possible, efforts shall be made to provide victim advocacy services through a community-based organization or by a qualified staff member. The facility shall document its efforts in doing so. (28 C.F.R. §§ 115.21 and 115.321)*
- 3. The KDOC shall attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. (28 C.F.R. §§ 115.53 and 115.353)*

The following memo, in English and Spanish, is posted in the living unit areas where offenders can view:

Juvenile Sexual Abuse Victim and Emotional Support Services
LifeHouse Child Advocacy Center
303 S Kansas Ave., #2
Topeka, KS 66603
(785) 232-5433
Hours: 8:00am – 5:00pm
RAINN (Rape Abuse & Incest National Network)
1-800-656-HOPE (4673) will connect you with a trained staff member from a sexual assault service provider in your area.

Victima de Abuso Sexual Juvenil y Servicios de Apoyo Emocional
LifeHouse Centro de Defensa Infantil
303 S Kansas Ave., #2
Topeka, KS 66603
(785) 232-5433
Horas: 8:00am – 5:00pm
RAINN (Programa Nacional de Sistema y Abuso Sexual)
1-800-656-HOPE (4673) lo conectará con un miembro del personal capacitado de un proveedor de servicios de agresión en su área

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
MOU between KJCC and LifeHouse Child Advocacy Center dated 10/20/21
Confidential Notice English/Spanish
Posted Memo Juvenile Sexual Abuse Victim and Emotional Support Services
Interviews with random offenders
Interview with PCM
Interview with Correctional Counselor

Standard 115.354: Third-party reporting

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

115.354 (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 a resident? 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*)

Information has been posted inside the facility and is provided to all offenders on how to make an allegation of sex abuse or sexual harassment on behalf of another offender. Furthermore, the agency has made available a means to report sex abuse or sexual harassment for a third party on its public website at <https://www.doc.ks.gov/facilities/prea/reporting>

Documentation Reviewed:

KDOC public website
 IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
 Interviews with random offenders
 MOU between KJCC and LifeHouse Child Advocacy Center dated 10/20/21
 Confidential Notice English/Spanish
 Posted Memo Juvenile Sexual Abuse Victim and Emotional Support Services
 Interviews with random offenders
 Interview with PCM
 Interview with Correctional Counselor

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (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 residents 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

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- 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*)

All staff who were interviewed, including the medical/mental health staff and other contract staff, reported that they have been trained to report immediately anytime they are aware of any kind of sex abuse or sexual harassment, even if it's only a rumor or suspicion. Security staff reported that they are required to complete an incident report and also to follow the PREA report checklist. This checklist is part of the facility's coordinated response plan and is used as a guideline to ensure the required response steps are followed. If the victim of any type of sex abuse or sexual harassment is aged 17 or younger, the agency is required to report it to the Attorney General's office and complete a form titled *Suspected Child Abuse and Neglect in State Institutions*. According to the staff who were interviewed, whenever they receive an allegation of sex abuse or sexual harassment was termed to be substantiated, they are required to notify the parents/guardian of the investigation and if necessary, the courts or the victim's attorney. Staff were aware they are not to discuss the facts of any case with others unless there is a legitimate need to do so.

Offenders who were interviewed were aware that all staff are required to report allegations of sex abuse or sexual harassment to State authorities, and will make sure each allegation is investigated per policy.

IMPP 10-140J reads in part, as follows:

Reporting Procedures

A. All employees, contract staff, volunteers, and offenders shall be responsible for being alert to signs of potential situations in which abuse and/or neglect might occur and report any abusive and/or negligent behavior.

B. Anyone who witnesses, suspects, or has knowledge that an offender is being abused and/or neglected shall immediately notify any staff member, and confidentially report through the use of the Kansas Protection Report Center at 1-800-922-5330.

1. If the offender is 17 years of age or younger and the victim of abuse and/or neglect, employees, contract staff, and volunteers shall immediately complete the Suspected Child Abuse & Neglect in State Institutions (SISI) form in accordance with Juvenile Justice Authority (JJA) IMPP 12-120.

2. If the offender is 18 years of age or older, a report shall immediately be made to the Kansas Protection Report Center at 1-800-922-5330 in accordance with JJA IMPP 12-120.

C. Any employee, contract staff, or volunteer having reason to suspect an offender was the victim of abuse and/or neglect in his/her home or while in the community shall make a report to the superintendent/designee, who shall refer the necessary information to the appropriate local community officials.

Actions Following Reports of Abuse and/or Neglect

A. Any employee, contract staff, or volunteer who suspects, witnesses, or receives an allegation of abuse and/or neglect shall:

- 1. Immediately call the shift manager for assistance.*
 - a. The first responding officer arriving on the scene shall secure the area to include, but not be limited to ensuring that no one enters, removes any items, and/or puts any items in the area being secured; securing the victim's clothing; and not*

allowing the victim to shower, etc.

(1) The officer securing the area shall remain on the scene until relieved by his/her shift manager.

b. Until official notice is received from an agency investigator, the area shall remain secured.

B. Upon receiving a report that an offender has been the victim of abuse and/or neglect, the superintendent/designee shall immediately act to protect the welfare of the offender victim and others who may be at risk.

Documentation Reviewed:

Suspected Child Abuse and Neglect in State Institutions form
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 10-140J Reporting Abuse and/or Neglect of an Offender
GO 4120 Prevention and Response to Sex Abuse and Harassment
Interviews with random staff
Interviews with random offenders
Interviews with shift supervisors
Interviews with medical/mental health staff and Health Service Administrator (HSA)
Interview with schoolteachers and program providers
Interview with PCM
Interview with EAI Investigator
Interview with Superintendent

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? 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*)

Staff who were interviewed reported that if they were to learn that any offender was in imminent danger of being sexually abused, they would take immediate actions to keep the offender safe. Actions that could be taken would be things such as moving one or more offenders to separate living units, notifying supervisors, EAI, and the PCM and Superintendent. Security staff reported that they would keep the offender with them until arrangements were made to relocate to another unit. Because there are 20

different living units in the facility, there are many options for keeping individuals separated. Restrictions can also be put in place to keep the offender separate from certain staff, if needed.

Documents Reviewed:

- IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
- IMPP 10-140J Reporting Abuse and/or Neglect of an Offender
- GO 4120 Prevention and Response to Sex Abuse and Harassment
- Interviews with random staff
- Interviews with random offenders
- Interviews with shift supervisors
- Interview with PCM
- Interview with EAI Investigator
- Interview with Superintendent

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident 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
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (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*)

There are provisions in place that are clearly outlined by policy in the event it is alleged that an offender was abused while housed at another facility. IMPP 10-103 outlines the actions to be taken; however, there were no such allegations made or reported during the period currently under review. It was reported during interview with the Superintendent and the PCM that such a report would be investigated if they were to hear from another facility that an offender had made an allegation of sex abuse or sexual harassment that had occurred while they were housed at KJCC. IMPP 10-103D reads in part, as follows:

When a report is received that an offender has been the victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another office:

- 1. As soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that has received the allegation shall notify the head of the office/facility where the alleged abuse occurred.*
- 2. The head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to this policy. (28 C.F.R. §§ 115.63 and 115.363)*
 - a. No offender who alleges sexual abuse shall be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.*
- 3. All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted.*
 - a. In keeping with the Department's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution.*
 - b. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an offender is termination.*

Documents Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 10-140J Reporting Abuse and/or Neglect of an Offender
GO 4120 Prevention and Response to Sex Abuse and Harassment
Interview with PCM
Interview with EAI Investigator
Interview with Superintendent

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.364 (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*)

Interviews included uniformed and non-uniformed staff who are considered first responders. All who were interviewed had a very good understanding of what their responsibilities are should they be the first to respond to an allegation of sex abuse. Every person interviewed said that the first thing they would do is separate the perpetrator from the victim and keep everyone safe. Many of the security officers carried a laminated card that contained a list of First Responder Duties. Duties that were mentioned during the interviews included:

- Protecting any potential crime scene
- Notifying the Shift Supervisor
- Notifying the medical/mental health department
- Notifying EAI, PCM and the Superintendent
- Asking the victim to not use the bathroom, brush their teeth, eat, drink, take a shower or change clothes

EAI staff would work with medical staff to determine if there may be any forensic evidence to be collected through a forensic examination which would be completed by the local hospital. EAI would

photograph and collect other physical evidence left at the scene. The information below is copied from IMPP 10-103, attachment A, Coordinated Response.

Coordinated Response

Prison Rape Elimination Act (PREA) mandates that agencies develop a written institutional plan to coordinate actions taken in response to an allegation of offender sexual abuse and harassment. The following protocol coordinates 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. All offender sexual abuse or sexual harassment allegations shall be forwarded to the Shift Supervisor immediately.

DISCOVERY

First Responder:

- 1. Call for immediate assistance and notify Shift Supervisor.*
 - 2. Keep victim(s) and alleged perpetrator(s) separate.*
 - 3. Secure scene.*
 - 4. Complete written reports/narrative/incident report prior to departing shift and submit to Shift Supervisor.*
 - 5. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.*
- Administrative Discovery (Kansas Protection Report Center Hotline, Form 9, #50 or direct communications to a staff member/volunteer, etc.).*

- 1. Notify the Shift Supervisor.*
- 2. If the information is received during normal business hours, the person receiving the report shall immediately notify EAI and the PREA Compliance Manager (PCM) by phone.*
- 3. EAI and PCM shall coordinate a response based on the information provided.*

COORDINATED RESPONSE

Shift Supervisor:

- 1. Ensure safety of those involved.*
- 2. Refer to medical and behavioral health for any immediate treatment needs. Ensure medical and behavioral health know this is a report of sexual abuse.*
- 3. Contact EAI and the PCM.*
- 4. Advise the Duty Officer/Warden/Superintendent of reported incident. All PREA allegations, including third party and anonymous, must be investigated. Anonymous allegations and allegations related to official duties, such as pat searches, will be handled as outlined in the "Exceptions" section of this protocol.*
- 5. Following communications with EAI/PCM make arrangements for a SAFE examination and community advocate, if warranted.*
- 6. Complete the PREA Checklist located at <https://prea.doc.ks.gov/PREA> before end of shift.*
- 7. Ensure completion of all reports prior to departing shift to include but not be limited to: narratives, Protective Custody placement, restrictive housing placement, etc.*
- 8. Ensure all staff understand that they shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.*

Medical Staff

- 1. Provide treatment for immediate injuries, but do not interfere with the collection of potential evidence.*
- 2. Notify Behavioral Health of the potential PREA related incident and provide information that allows for appropriate Behavioral Health response.*
- 3. In conjunction with EAI, and other staff as needed, shall ensure that all victims of sexual abuse have access to forensic medical examinations.*

4. Develop and provide evaluation and treatment of such victims, which shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Behavioral Health

1. Upon receiving notification that a PREA incident may have occurred, ensure potential victims of sexual abuse receive timely services to address both immediate and ongoing needs.

2. Develop and provide evaluation and treatment of such victims, which shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

SAFE Examination

1. When a SAFE/SANE examination is determined to be needed, and after stabilizing treatment has been provided, healthcare staff shall coordinate with the Shift Supervisor, EAI and the PCM, to contact the designated area hospital to discuss the patient's clinical status and arrange for the examination to be conducted.

a. The hospital staff shall direct facility staff on the procedures to follow based on the hospital guidelines.

b. Advise hospital staff if the offender is the victim or perpetrator and if either will be in handcuffs or belly chains/leg irons.

2. Ensure the alleged victim or perpetrator do not defecate, urinate, wash their hands, brush teeth, gargle, rinse mouth, eat or drink, change menstrual pads or tampons, shower, or change clothing prior to the examination.

3. Arrangements shall be made to either:

a. Have the hospital contact the area Rape Crisis Center and request an Advocate for the alleged victim or

b. Have the PCM contact the Rape Crisis Center to request the presence of an Advocate for the alleged victim.

4. Because clothing is often retained as part of the SAFE (collection of evidence process), a change of clothing should be available for the offender to change into following the examination.

5. A staff member (preferably a uniformed staff member) shall accompany each offender to the hospital for the examination.

a. The offender's custody level and comfort of the SAFE shall dictate if the staff member will be in the examination area, however staff shall not interfere with the process if they are present. Only staff of the same gender as the offender being examined shall be allowed to be present in the examination area.

6. EAI shall arrange with the hospital to obtain a copy of their report and for the submission of evidence to the KBI for processing.

EAI Investigation

1. EAI investigators shall be responsible for investigating all reports of sexual abuse and sexual harassment including any involving sexual activity (regardless of any perception of consent) between offenders and/or staff and offender to determine if a PREA event has occurred.

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

3. In conjunction with Medical/Behavioral Health, and other staff as needed, the EAI investigators shall ensure that all victims of sexual abuse have access to forensic medical examinations.

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

5. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff.

6. If the investigation reveals that the sexual activity was not forced or coerced between offenders, the EAI investigator shall ensure both offenders are held accountable through the appropriate disciplinary process.

6. If an investigation reveals that a report of sexual abuse or sexual harassment was made in bad faith, the facility may hold offenders accountable through the appropriate disciplinary process.

7. In conjunction with the PCM, and other staff as needed, shall ensure the victim is placed in the least restrictive housing possible.

PREA Compliance Manager (PCM)

1. The PCM shall review and ensure completion of the PREA Checklist and be responsible for ensuring PREA standards are met and appropriate coordinated response has been provided.

2. The PCM shall act as a liaison between the offender victim and the community advocate or qualified staff member, if one is available, to support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

3. The PCM shall provide the victim a list of emotional support/rape crisis providers. In the event that neither a community advocate nor a qualified staff member is available, the offender may choose to correspond in writing or, if appropriate, make arrangements for telephonic communication.

4. When there is either a substantiated or unsubstantiated report of sexual abuse, the PCM shall be the chairperson of the Sexual Abuse Incident Review Board pursuant to IMPP 12-118.

5. In conjunction with EAI, and other staff as needed, shall ensure the victim is placed in the least restrictive housing possible.

6. As guided by General Order, shall ensure monitoring of the treatment and conduct of offenders and staff who have reported sexual abuse and shall act promptly to remedy any retaliation.

Documentation Reviewed:

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

IMPP 10-103 attachment A, Coordinated Response

Completed PREA response checklist

EAI investigation files

IMPP 10-140J Reporting Abuse and/or Neglect of an Offender

GO 4120 Prevention and Response to Sex Abuse and Harassment

Interviews with staff first responders

Interviews with shift supervisors

Interview with PCM

Interview with EAI Investigator

Interview with Superintendent

Interviews with medical/mental health staff

Interview with HSA

Standard 115.365: Coordinated response

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

115.365 (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*)

The facility has developed a written coordinated response plan. The plan incorporated the duties and expectations for:

- First responders
- Shift supervisors
- Medical staff
- Behavioral Health staff
- SAFE Examination
- EAI investigators
- PREA Compliance Manager
- Administrative staff

All staff are acutely aware of the PREA coordinated response plan, and those who were interviewed were well trained in their PREA response duties. The written PREA coordinated response plan is copied below.

Coordinated Response

Prison Rape Elimination Act (PREA) mandates that agencies develop a written institutional plan to coordinate actions taken in response to an allegation of offender sexual abuse and harassment. The following protocol coordinates 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. All offender sexual abuse or sexual harassment allegations shall be forwarded to the Shift Supervisor immediately.

DISCOVERY

First Responder:

- 1. Call for immediate assistance and notify Shift Supervisor.*
- 2. Keep victim(s) and alleged perpetrator(s) separate.*
- 3. Secure scene.*
- 4. Complete written reports/narrative/incident report prior to departing shift and submit to Shift Supervisor.*
- 5. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.*

Administrative Discovery (Kansas Protection Report Center Hotline, Form 9, #50 or direct communications to a staff member/volunteer, etc.).

- 1. Notify the Shift Supervisor.*

2. If the information is received during normal business hours, the person receiving the report shall immediately notify EAI and the PREA Compliance Manager (PCM) by phone.

3. EAI and PCM shall coordinate a response based on the information provided.

COORDINATED RESPONSE

Shift Supervisor:

1. Ensure safety of those involved.

2. Refer to medical and behavioral health for any immediate treatment needs. Ensure medical and behavioral health know this is a report of sexual abuse.

3. Contact EAI and the PCM.

4. Advise the Duty Officer/Warden/Superintendent of reported incident. All PREA allegations, including third party and anonymous, must be investigated. Anonymous allegations and allegations related to official duties, such as pat searches, will be handled as outlined in the "Exceptions" section of this protocol.

5. Following communications with EAI/PCM make arrangements for a SAFE examination and community advocate, if warranted.

6. Complete the PREA Checklist located at <https://prea.doc.ks.gov/PREA> before end of shift.

7. Ensure completion of all reports prior to departing shift to include but not be limited to: narratives, Protective Custody placement, restrictive housing placement, etc.

8. Ensure all staff understand that they shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Medical Staff

1. Provide treatment for immediate injuries, but do not interfere with the collection of potential evidence.

2. Notify Behavioral Health of the potential PREA related incident and provide information that allows for appropriate Behavioral Health response.

3. In conjunction with EAI, and other staff as needed, shall ensure that all victims of sexual abuse have access to forensic medical examinations.

4. Develop and provide evaluation and treatment of such victims, which shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Behavioral Health

1. Upon receiving notification that a PREA incident may have occurred, ensure potential victims of sexual abuse receive timely services to address both immediate and ongoing needs.

2. Develop and provide evaluation and treatment of such victims, which shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

SAFE Examination

1. When a SAFE/SANE examination is determined to be needed, and after stabilizing treatment has been provided, healthcare staff shall coordinate with the Shift Supervisor, EAI and the PCM, to contact the designated area hospital to discuss the patient's clinical status and arrange for the examination to be conducted.

a. The hospital staff shall direct facility staff on the procedures to follow based on the hospital guidelines.

b. Advise hospital staff if the offender is the victim or perpetrator and if either will be in handcuffs or belly chains/leg irons.

2. Ensure the alleged victim or perpetrator do not defecate, urinate, wash their hands, brush teeth, gargle, rinse mouth, eat or drink, change menstrual pads or tampons, shower, or change clothing prior to the examination.

3. Arrangements shall be made to either:

- a. Have the hospital contact the area Rape Crisis Center and request an Advocate for the alleged victim or
- b. Have the PCM contact the Rape Crisis Center to request the presence of an Advocate for the alleged victim.
4. Because clothing is often retained as part of the SAFE (collection of evidence process), a change of clothing should be available for the offender to change into following the examination.
5. A staff member (preferably a uniformed staff member) shall accompany each offender to the hospital for the examination.
 - a. The offender's custody level and comfort of the SAFE shall dictate if the staff member will be in the examination area, however staff shall not interfere with the process if they are present. Only staff of the same gender as the offender being examined shall be allowed to be present in the examination area.
6. EAI shall arrange with the hospital to obtain a copy of their report and for the submission of evidence to the KBI for processing.

EAI Investigation

1. EAI investigators shall be responsible for investigating all reports of sexual abuse and sexual harassment including any involving sexual activity (regardless of any perception of consent) between offenders and/or staff and offender to determine if a PREA event has occurred.
2. EAI investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
3. In conjunction with Medical/Behavioral Health, and other staff as needed, the EAI investigators shall ensure that all victims of sexual abuse have access to forensic medical examinations.
4. When the quality of evidence appears to support criminal prosecution, investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
5. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff.
6. If the investigation reveals that the sexual activity was not forced or coerced between offenders, the EAI investigator shall ensure both offenders are held accountable through the appropriate disciplinary process.
6. If an investigation reveals that a report of sexual abuse or sexual harassment was made in bad faith, the facility may hold offenders accountable through the appropriate disciplinary process.
7. In conjunction with the PCM, and other staff as needed, shall ensure the victim is placed in the least restrictive housing possible.

PREA Compliance Manager (PCM)

1. The PCM shall review and ensure completion of the PREA Checklist and be responsible for ensuring PREA standards are met and appropriate coordinated response has been provided.
2. The PCM shall act as a liaison between the offender victim and the community advocate or qualified staff member, if one is available, to support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
3. The PCM shall provide the victim a list of emotional support/rape crisis providers. In the event that neither a community advocate nor a qualified staff member is available, the offender may choose to correspond in writing or, if appropriate, make arrangements for telephonic communication.
4. When there is either a substantiated or unsubstantiated report of sexual abuse, the PCM shall be the chairperson of the Sexual Abuse Incident Review Board pursuant to IMPP 12-118.
5. In conjunction with EAI, and other staff as needed, shall ensure the victim is placed in the least restrictive housing possible.

6. As guided by General Order, shall ensure monitoring of the treatment and conduct of offenders and staff who have reported sexual abuse and shall act promptly to remedy any retaliation.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 10-103 attachment A, Coordinated Response
Completed PREA response checklist
EAI investigation files
IMPP 10-140J Reporting Abuse and/or Neglect of an Offender
GO 4120 Prevention and Response to Sex Abuse and Harassment
Interviews with staff first responders
Interviews with shift supervisors
Interview with PCM
Interview with EAI Investigator
Interview with Superintendent
Interviews with medical/mental health staff
Interview with HSA

Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

115.366 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (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*)

The facility has an agreement with both the Kansas Organization of State Employees and the Teamsters Local Union #696. Neither of these agreements contain provisions which would limit the facility's ability to remove a staff person alleged to have perpetrated sex abuse with an offender from having offender contact pending the outcome of an investigation.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (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 residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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: Resident 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: Resident 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

115.367 (d)

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

115.367 (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

115.367 (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*)

The facility does have a written policy to protect all staff and offenders who report sex abuse or sexual harassment or cooperate with sex abuse or sexual harassment investigations. According to the PCM, when an offender reports sex abuse or cooperates with a sex abuse investigation, such as being a witness, the PCM will send a *KJCC Youth Retaliation Monitoring Form* to the CCII responsible for each offender. It is the counselor's responsibility then to monitor the youth and staff for at least 90 days, and to periodically meet face to face with each offender. On the form, there is a place for the counselor to

make notes and to evaluate housing changes, disciplinary reports, program changes, and negative behavior reports from the living unit.

IMPP 10-103D reads in part, as follows:

Retaliation against offenders or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. (28 C.F.R. §§ 115.11 and 115.311)

- 1. All staff must report any allegations of retaliation to EAI or the facility PREA Compliance Manager either verbally or in writing. Offenders are encouraged to report retaliation as well.*
- 2. Each facility must employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.*
- 3. For at least 90 days following a report of sexual abuse, each facility must monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and must act promptly to remedy any such retaliation.*
 - a. Items to monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This must also include periodic status checks, for offenders.*
 - b. Monitoring must continue beyond 90 days if the initial monitoring indicates a continuing need. The facility must designate who is charged with this monitoring.*
- 4. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility must take appropriate measures to protect that individual against retaliation.*
- 5. The obligation to monitor must terminate only if the allegation is determined to be unfounded.*

While there are policies in place which include the instructions to meet the standard, no documentation could be produced to show that this procedure is being followed – even though there were cases reported where monitoring would be required. It was reported that the monitoring was completed, but due to staff turnover, documentation could not be located. For that reason, this standard is marked “Does Not Meet Standard” and will be placed in corrective action status.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Completed KJCC Youth Retaliation Monitoring Forms from 2018
GO 4120 Prevention and Response to Sexual Abuse and Harassment
KDOC Assessment/Retaliation Status Checklist
Interviews with shift supervisors
Interview with PCM
Interview with EAI Investigator
Interview with Superintendent
30/60/90 Day Monitoring forms (KJCC-PR-22-2)
Emails from PMC

Corrective Action Required:

- Provide the auditor with documentation to show that offenders or staff who report sex abuse or

sexual harassment are monitored against retaliation for at least 90 days in a manner which meets the elements of this standard.

Updated 051222:

Documentation was provided which proves that when required, monitoring of residents and staff is completed, including face to face interactions, for at least 90 days. Case log number KJCC-PR-22-2. This standard has been met.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? 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*)

There were no cases during the current period of review where the facility placed a victim alleged to have suffered sex abuse in the facility into involuntary segregation status for protection (protective custody). Staff who were interviewed reported that such a placement would be extremely rare for several reasons. Foremost is the belief that they would not want an offender who may have been sexually victimized to feel as though they were being punished by being placed into segregation. Additionally, due to the size of the facility and the number of housing units, there are several other options that would be considered. Further, according to the PCM, it would be more likely to move the perpetrator of the offense than the victim. If the victim must be moved, they would most likely be moved into another housing unit. Because some units share common space, staff would make sure that the move would not be to a sister unit where the involved offenders would share space or have any incidental contact. It was reported that, if on the rare occasion a segregation placement must be made, it would be for the shortest amount of time possible and only after all other options had been considered and rejected. Placement of an offender into segregation status must be approved by the shift supervisor on duty and is reviewed by the Superintendent during the next workday. Documentation is available to show that any offender placed into segregation status would meet the provisions of PREA standard 115.342.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
GO 3135 Operation of Segregation Units or Status w/attachments
Interview with PCM
Interview with segregation officer
Interview with shift supervisor
Interview with Superintendent

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (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 115.321(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 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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

115.371 (f)

- 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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- 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

115.371 (h)

- 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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- 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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 115.321(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*)

The KJCC, as part of the Kansas criminal justice system, employs two full time professional investigators, both of whom were certified as law enforcement officers by the State of Kansas. Both investigators have received specialized training as outlined in PREA standard 115.334. Both officers are assigned to the agency's EAI unit and have been trained to complete all aspects of both criminal and administrative investigations relating to sex abuse or sexual harassment occurring inside the correctional facility. Through interview with the EAI Special Agent Supervisor, it was determined that:

- All allegations of sex abuse and sexual harassment are taken seriously and investigated thoroughly, even if submitted anonymously.
- An investigation is not terminated just because the person who made an allegation recants the allegation or if he/she releases from custody.
- Determinations regarding the credibility of victims and witnesses are not made based on their status as offenders.
- When supported by evidence, criminal cases are referred to the Shawnee County Attorney for prosecution. None have been forwarded for prosecution in the past year.
- Victims reporting sex abuse or sexual harassment are never required to submit to a polygraph or other truth measuring device.

Files reviewed by the auditor and through interview the EAI Special Agent Supervisor showed that, for the period of time currently under review, there were a total of seven administrative PREA

investigations completed, and zero criminal investigations for sex abuse. All investigations were completed at the time of review and the outcomes are listed as follows:

- Seven Investigations, total.
- Four were determined to be Substantiated
- Two were determined to be Unfounded
- 1 was determined to be Unsubstantiated

The reports that were reviewed by the auditor indicated that a complete and thorough investigation was completed. Where appropriate, evidence was collected, including digital video surveillance, witness statements and notifications. The investigation file contained copies of the entire process, documenting how the facility follows the PREA policy and practice. Keeping all of the documents required to meet the PREA standards in one file, maintained by EAI is an outstanding practice. Whether the file is a paper or electronic digital file, keeping the records pertaining to PREA response, notifications, retaliation monitoring, medical/mental health checks, and other documents as required in one place where they can be reviewed by the PCM as a great practice.

IMPP 10-103D reads in part, as follows:

Special Agents and must include the following:

- a. Training in conducting such investigations in confinement settings.*
- b. 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.*
- c. The facilities must maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.*

IMPP 10-103D, Attachment A Coordinated Response reads in part, as follows:

- EAI investigators are responsible for investigating all reports of sexual abuse and sexual harassment including any involving sexual activity (regardless of any perception of consent) between offenders and/or staff and offender to determine if a PREA event has occurred.*
- 2. EAI investigators must gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; must interview alleged victims, suspected perpetrators, and witnesses; and must review prior complaints and reports of sexual abuse involving the suspected perpetrator.*
 - 3. In conjunction with Medical/Behavioral Health, and other staff as needed, the EAI investigators must ensure that all victims of sexual abuse have access to forensic medical examinations.*
 - 4. When the quality of evidence appears to support criminal prosecution, investigators must conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Substantiated allegations of conduct that appears to be criminal must be referred for prosecution.*
 - 5. The credibility of a victim, suspect, or witness must be assessed on an individual basis and must not be determined by the person's status as offender or staff.*
 - 6. If the investigation reveals that the sexual activity was not forced or coerced between offenders, the EAI investigator must ensure both offenders are held accountable through the appropriate disciplinary process.*

6. If an investigation reveals that a report of sexual abuse or sexual harassment was made in bad faith, the facility may hold offenders accountable through the appropriate disciplinary process.

7. In conjunction with the PCM, and other staff as needed, must ensure the victim is placed in the least restrictive housing possible.

Documentation Reviewed:

PREA investigation files

Pre-Audit Questionnaire

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

IMPP 22-103 Investigation Procedures (Staff Read Only)

EAI Investigations Protocol Manual, Second Edition

Interview with EAI investigator

Interview with PCM

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (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*)

The standard of proof used by the facility to determine whether allegations of sex abuse or sexual harassment are substantiated is, a preponderance of the evidence. In discussion with facility investigators and the PCM, this burden of proof was reiterated, and it is also contained in policy, and in the offender rule book.

Documentation Reviewed:

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

IMPP 22-103 Investigation Procedures (Staff Read Only)

Interview with EAI investigator

Interview with Disciplinary Hearing Officer

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

- Following a resident'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 resident's unit? Yes No
- Following a resident'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 a resident'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 a resident'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

115.373 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, 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 a resident’s allegation that he or she has been sexually abused by another resident, 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

115.373 (e)

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

115.373 (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*)

Once an investigation into an allegation of sex abuse has been completed, the offender making the complaint will be notified of the outcome of the investigation. According to the EAI Special Agent Supervisor, offenders are given the notice of the outcome in writing. The auditor was able to review several investigation files and observed the forms kept in the file. Each form contained the information required by this standard. There were no sex abuse investigations involving staff conducted during the period currently under review. However, according to EAI, if a staff member was the subject of the offender’s allegation, the offender would be notified if the officer was moved to a different post assignment, or was no longer employed at the facility, or was charged or convicted in court of a charge related to the allegation. IMPP 10-103D reads in part, as follows:

Reporting to Offenders

1. *Following an investigation of sexual abuse, EAI, or designated facility staff, shall inform the offender of the disposition of the investigation (substantiated, unsubstantiated, or unfounded).*
2. *Following the report of staff sexual abuse of an offender, the facility shall inform the offender (unless it is determined to be unfounded) when:*
 - a. *The staff member is no longer posted in the offender’s living unit;*
 - b. *The staff member is no longer employed at the facility; and/or*
 - c. *The staff member has been indicted on a charge related to sexual abuse within the facility.*
3. *Following the report of offender sexual abuse of another offender, the facility shall inform the offender when:*

- a. The alleged abuser is indicted on a charge related to sexual abuse within the facility;
- b. The alleged abuser is convicted on a charge related to sexual abuse within the facility.
- 4. 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).
- 5. The facility shall no longer have this obligation to report once the offender is released from the agency's custody.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
 IMPP 22-103 Investigation Procedures (Staff Read Only)
 Notification of Investigation Status, completed forms, IMPP 22-103 Attachment H
 Interview with EAI investigator
 Interviews with Offenders
 EAI Protocol Manual
 Interview with PC

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (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

115.376 (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*)

Staff who were interviewed were all aware of the rules regarding having any kind of relationship with an offender that is sexual in nature. The agency and facility require that every employee, contract employee, and volunteer go through both initial and annual training classes for PREA and Undue Familiarity. Both classes emphasize the prohibition of sexual activity of any kind with any offender. Further, the class outline documents that every person who completes these classes are told directly that the presumptive sanction for entering into a sexual relationship with an offender or engaging in any type of sex abuse with an offender is termination from employment and possibly being charged with a criminal offense. The information is also contained in several policies which employees are required to read and to sign an acknowledgement stating they have read and understand the information.

IMPP 10-103D reads in part, as follows:

Definition of Undue Familiarity:

Undue Familiarity: Conversation, contact, personal or business dealing between an employee and offender or offender's family which is unnecessary, not a part of the employee's duties, and related to a personal relationship or purpose rather than a legitimate correctional purpose. Undue familiarity includes horseplay, betting, trading, dealing, socializing, family contact unrelated to the employee's duties, sharing or giving food, delivering or intending to deliver contraband, personal conversation, exchanging correspondence, including social networking via the intranet/internet or in any other manner developing a relationship with an offender which is anything other than an employee/offender relationship.

All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted.

a. In keeping with the Department's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution.

b. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an offender is termination.

IMPP 02-118D reads in part, as follows:

Undue Familiarity

1. No employee or volunteer shall indulge in undue familiarity with any offender nor shall they permit undue familiarity on the part of any offender toward themselves.

No employee or volunteer shall establish a personal relationship with an offender or an offender's family or friends, including a friendship, a romantic relationship, a nurturing relationship, or a sexual relationship, unless the employee is related to the offender by blood or marriage and has reported the relationship to his or her immediate supervisor or appointing authority via "Notice of Offender Relationship", Attachment D.

IMPP 02-118D attachment A reads in part, as follows:

D. I acknowledge that I have read and understand IMPP 10-103D, Coordinated Response to Sexual Abuse and Harassment. I understand that a violation of IMPP 10-103D, including engaging in sexual abuse

or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal.

I also understand that termination shall be the presumptive disciplinary sanction for employees who engage in sexual abuse of an offender. I have had the opportunity to ask questions regarding any portion of the IMPP.

Documentation Reviewed:

IMPP 02-118D Employee and Volunteer Rules of Conduct and Undue Familiarity

Employee Code of Ethics IMPP 02-118D Attachment A

IMPP 02-120D Employee Disciplinary Procedures and Informal/Formal Actions

Juvenile Offender Rule Book

Kansas Statutes Annotated (KSA) 21-5512 Unlawful sexual relations.

Interviews with Staff

Interview with EAI

Interview with PCM

Interview with Superintendent

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.377 (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 residents? 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*)

All volunteers and contractors who may have contact with juvenile offenders go through PREA training prior to having contact. Part of this training includes information about what might happen should it be discovered that the volunteer or contractor was involved in undue familiarity or any type of sexual activity or sexual harassment involving an offender. According to the staff who were interviewed, there were no allegations of sex abuse or sexual harassment made during the current period of review involving a contractor or volunteer. It was noted by the auditor that due to COVID-19, the facility had temporarily suspended volunteers from entering the facility for the majority of the review period. Regardless, the facility has policy and practices in place to address such an incident, should it ever be discovered.

IMPP 13-101D, attachment E is an acknowledgement form that volunteers/contractors sign after they go through volunteer training which includes PREA training, before being allowed to have offender contact. See below:

Mentor/Volunteer Acknowledgement Regarding PREA Training and the KDOC's Sexual Assault Prevention and Intervention Program

It is the policy of the Kansas Department of Corrections to provide a safe and secure environment for all offenders. Forced and/or pressured sexual interactions are among the most serious threats to offender safety and facility order. Victims of forced and/or pressured sexual acts may suffer severe physical and psychological harm and could be infected with life-threatening disease. Consequently, each facility is implementing a Sexual Assault Prevention and Intervention Program that includes; prevention, prompt intervention and prosecution/discipline of assailants. All staff and offenders are responsible for being alert to signs of potential situations in which sexual assaults might occur. Before the offender enters the system they are evaluated. Every 120 days, unit team counselors review the offenders' status. All staff who have direct contact with offenders are trained to recognize the signs of sexual assault. Staff will also know the process of aiding offenders in the case of sexual assault. Sexual Abuse/Assault Prevention and Intervention is included in each facility's offenders' orientation program. Staff take seriously all statements from offenders that they have been victims of sexual assaults. Any offender who alleges that he or she has been sexually assaulted is offered immediate protection from the assailant. Staff will conduct an immediate investigation of the incident. Facts of this incident will be confidential. Staff and volunteers are strictly prohibited from engaging in any kind of sexual abuse of an offender. If an offender confides to a volunteer that he/she has been sexually assaulted, the volunteer must report this to a staff person on site prior to leaving the facility on the day of the report. Please be sure you have the offender's name and/or number.

I acknowledge that I have read and understood the above policy information, from IMPP 10-103D. I am aware of my obligations to adhere to this policy. I acknowledge my understanding that if I engage in sexual abuse of an offender, I will be prohibited from having contact with offenders, and could be reported to law enforcement unless my activity is clearly not criminal, and to any relevant licensing body. I also acknowledge that on this day I have received training on my responsibilities under this policy; on the zero tolerance of the KDOC for sexual assault or sexual harassment; and on the fact that I am required to report any incident of sexual assault told to me or of which I otherwise learn, and how I am to report. I acknowledge that I understand the training I received.

Documentation Reviewed:

IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
IMPP 01-106D Denial of Entry for Contract Personnel
IMPP 02-118D Employee and Volunteer Rules of Conduct and Undue Familiarity
IMPP 13-101D Volunteering
IMPP 13-103D attachment E
Training records
Interviews with random staff
Interview with PCM
Interview with EAI

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (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 offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

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

115.378 (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

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) 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*)

The facility does have a formal disciplinary process established by KAR 123-13-101 Disciplinary Procedure Established. This procedure is fully outlined in the Juvenile Offender Rule Book which is given to all offenders as part of their orientation materials. According to the Disciplinary Hearing Officer, there were zero disciplinary reports which would meet the definition of sex abuse written on an offender during this period of review. For that reason, no offenders were given a disciplinary sanction requiring isolation/segregation. The disciplinary officer seemed unclear about the requirements of this standard and was not able to provide information regarding how sanctions are formulated in sex abuse cases. This may be in part due to the fact that there are so few disciplinary reports written for infractions which meet the definition of sex abuse.

According to the PCM, offenders guilty of sex abuse are rarely given a disciplinary sanction of isolation/segregation. If it were to occur, program materials would still be available, and large muscle exercise would be provided daily.

Documentation Reviewed:

GO 4120 Prevention and Response to Sexual Abuse and Harassment
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Juvenile Offender Rule Book, KAR 123-12-314 Sexual Intercourse; Sodomy
Juvenile Offender Rule Book, KAR 123-12-315 Lewd Acts
Juvenile Offender Rule Book, KAR 123-13-001 Disciplinary Procedure
Interview with PCM
Interview with Offender Disciplinary Hearing Officer

Recommendations:

- Disciplinary hearing officers should receive additional training on how this standard interfaces with the hearing procedures
- Develop a means to document how the offender's mental health/disability is considered when sanctions are imposed
- Make clear that offenders can only be disciplined for sexual contact with a staff member if it is proven that the staff member was forced or did not consent to the activity
- Offenders can be disciplined for falsely reporting sex abuse only if the report was made in bad faith, knowing the allegation was untrue when making the allegation

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

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

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident 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*)

Every offender admitted to KJCC is given a Screening for Sexual Victimization and Abusiveness (SVA) risk assessment. The SVA form is then stored on the facility shared electronic database where it is accessible to the medical and mental health staff. Each offender, whether they disclose previous sexual victimization or not, is scheduled to be seen by medical/mental health staff at the seven day mark and again at the 14 day mark. According to the HSA, medical/mental health staff review the SVA at the time of the follow up meeting with the offender and provide an opportunity for the offender to talk about their previous abuse at that time. While the visit is not scheduled exclusively because the offender reported previous abuse, the result is the same because every offender is given the opportunity to talk with a medical/mental health staff person.

If the SVA indicates that an offender was the perpetrator of sex abuse, using the same process as above, the offender is scheduled to visit with a medical/mental health staff member at the seven day and 14 day mark. Furthermore, if an offender is the perpetrator in a substantiated or unsubstantiated sex abuse investigation, the CCII will generate a referral to the mental health department to schedule a follow up meeting for the offender. According to the HSA, if an offender perpetrates a sex offense while in the facility, that offender will be referred to the mental health department and be given a mental health evaluation.

The auditor determined through interviews with the CCII, HSA, and the PMC, that all offenders admitted to KJCC who reported either previous sex abuse victimization or perpetrating sex abuse are seen by a medical/mental health person and offered follow up services. Even though the referrals were not specifically generated due to the disclosures made/discovered during the SVA assessment, the offenders were nonetheless afforded an opportunity for related follow up services.

IMPP 10-139D reads in part, as follows:

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. (28 C.F.R. §§ 115.81 and 115.381) The offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner.

1. ADULT: The signed receipt shall be imaged in the offender's electronic record.

2. JUVENILE: The acknowledgment form shall be signed and kept in the offender's master file.

7. 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

Centurion policy Y-B-05, reads in part, as follows:

Juveniles screening positive, or "at risk" for victimization or perpetration will be referred to mental health staff for additional assessment and indicated follow-up. Additional assessment will be scheduled and occur no later than 14 days after referral.

Because all offenders are told during intake that all staff are statutorily required to report certain information, informed consent is gathered at the start of services and is not required again.

Documentation Reviewed:

IMPP 10-139D Screening for Sexual Victimization and Abusiveness (Staff Read Only)
Admission Log
SVA Log
Centurion Policy Y-B-05 Federal Sex Abuse Regulations
Interview with HAS
Interview with PCM

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident 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

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident 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

115.382 (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)*

According to the PCM and the HSA, if an offender were to be the victim of sex abuse occurring inside KJCC, the victim would receive immediate unimpeded access to emergency medical treatment and crisis intervention services, if appropriate. If medically indicated, the victim of a rape or sex abuse would be taken without unnecessary delay to the emergency room at Stormont-Vail in Topeka, where qualified medical personnel would provide treatment. Victims of rape or sex abuse would be offered emergency contraception and tested for sexually transmitted diseases, if requested by the victim. According to the HSA, all services an offender would receive due to being sexually abused in the facility would be provided at no cost to the offender. Treatment for the victim is not dependent on their level of cooperation in the PREA investigation.

Non-medical staff who were interviewed all reported if they were to discover that an offender had been sexually abused while in the facility, they would separate the victim from the perpetrator and keep the victim safe until medical staff arrived or instructed them further.

Documentation Reviewed:

Centurion Policy Y-B-06 Response to Sexual Abuse
Medical/Mental Health referral log
IMPP 10-139D Screening for Sexual Victimization and Abusiveness (Staff Read Only)
Admission Log
SVA Log
Centurion Policy Y-B-05 Federal Sex Abuse Regulations
Centurion Policy J-A-01a Co-Payment for Healthcare Services
Interview with HAS
Interview with PCM
Interview with EAI
Stormont-Vail MOU
KAR 44-5-115 Service Fees

Standard 115.383: 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

115.383 (a)

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

115.383 (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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? 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*)

According to staff who were interviewed, including the PCM, HSA, and Superintendent, if an offender is determined to be the victim of sex abuse occurring while housed at KJCC, the facility will provide a medical and mental health evaluation and treatment and follow up services as indicated at no cost to the offender. If the offender is scheduled to be released during the timeframe when services are required, the facility will make those services available to the offender in the community, again at no cost for the victim. The level of care that an offender would receive while housed at KJCC is likely far superior to what would be received in the community, due to the lack of availability of medical/mental health professionals and the cost to the offender. If the victim of sex abuse is female and if there was vaginal penetration involved in the offense, the victim would be offered all legal pregnancy services available in Kansas, as well as tests and treatment for sexually transmitted infections.

All known perpetrators of substantiated and unsubstantiated sex abuse cases occurring in the facility are referred to Centurion mental health staff for a mental health evaluation.

Documentation Reviewed:

- Centurion Policy Y-B-06 Response to Sexual Abuse
- Medical/Mental Health referral log
- IMPP 10-139D Screening for Sexual Victimization and Abusiveness (Staff Read Only)
- Admission Log
- SVA Log
- Centurion Policy Y-B-05 Federal Sex Abuse Regulations
- Centurion Policy J-A-01a Co-Payment for Healthcare Services
- Interview with HAS
- Interview with PCM
- Interview with EAI
- Stormont-Vail MOU
- KAR 44-5-115 Service Fees

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (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

115.386 (b)

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

115.386 (c)

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

115.386 (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 §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.386 (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*)

The facility has established a Sex Abuse Incident Review (SAIR) team to review each allegation of sex abuse within 30 days of the conclusion of the investigation. According to the PCM, the SAIR team would meet to review the sex abuse incident in detail unless the allegation was deemed to be unfounded. However, there were no substantiated or unsubstantiated sex abuse investigations completed during the period currently under review, and therefore the SAIR did not have any cases to review. According to IMPP 12-118D, the SAIR team consists of the PCM, an EAI officer, a lieutenant or higher supervisor, a medical/mental health staff, and any additional staff appointed by the Superintendent. According to attachment B of IMPP 12-118D, the review team is required to consider the following in each case:

- Consider whether proper notifications were made in the appropriate timeframes
- Document when the offender(s) is seen by medical and mental health, as well as the conclusion of the assessment by each
- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or response to sexual abuse
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification; status or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in that area during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
- Recommendations
- Facility plans for implementing recommended action, or facility reasons for not doing so

Documentation Reviewed:

IMPP 12-118D Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews, Sexual Incident Review (Staff Read Only)
IMPP 12-118D Attachment B, Sexual Abuse Incident Review Format
PREA Incident Log
GO 4120 Prevention and Response to Sexual Abuse and Harassment
Interview PCM
Interview with Superintendent
Interview with HAS
Interview with EAI Special Agent Supervisor

Standard 115.387: Data collection

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

115.387 (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

115.387 (b)

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

115.387 (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

115.387 (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

115.387 (e)

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

115.387 (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*)

The agency collects uniform data for every allegation of sex abuse from each of the nine state facilities operated by the KDOC, and also reviews the sex abuse data submitted by each of the county jails KDOC contracts with for confinement. Each facility completes and submits to the United States Department of Justice, the *Survey of Sexual Violence* form. This form contains information required for the agency's data collection efforts annually.

Annual data is collected at each of the KDOC facility's and is submitted to the KDOC Central Office, where it is reviewed, aggregated, categorized, and posted to the KDOC's public website at:

https://www.doc.ks.gov/facilities/prea/PREA_Annual

IMPP 10-103D reads in part, as follows:

The KDOC PREA Coordinator must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.

a. For every allegation of sexual abuse or sexual harassment, all documents and items to demonstrate a complete and proper Coordinated Response must be located entirely in the electronic EAI Case log. The agent must upload documents and case information. Documents and processes gathered or facilitated by the PCM, must be forwarded electronically to EAI for inclusion in the electronic case file. Documentation includes, but is not be limited to:

- (1) Investigative Summary and Report.*
- (2) Interviews, audio recordings, video recordings, photographs, list of evidence, and all other documents and items respective to the case.*
- (3) PREA Checklist.*
- (4) S.A.I.R., if appropriate.*
- (5) Documentation from Medical/Behavioral Health, investigators, SAFE/SANE (if applicable).*
- (6) Documentation of least restrictive housing. If the victim was involuntarily isolated, must ensure completion and retention of requirements set forth in IMPP 20-104. (28 C.F.R. §§ 115.68 and 115.368).*
- (7) Documentation of monitoring retaliation.*

Documentation Reviewed:

KANSAS DEPARTMENT OF CORRECTIONS 2020 ANNUAL PREA REPORT
Survey of Sexual Violence 2018/2019
2018 Annual PREA Report
2019 Annual PREA Report
2020 Annual PREA Report
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Interview with PCM
Interview with KJCC Superintendent

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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

115.388 (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

115.388 (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

115.388 (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*)

The annual report for facilities is created by the KDOC statewide PREA Coordinator and is reviewed and signed by the Secretary of Corrections. The KDOC does not contract with any private facilities for confinement of KDOC offenders. The information gathered from each facility is evaluated in concert with the PREA Coordinator, and each PCM and other administrative staff, in order to identify potential problem areas of each and to evaluate and improve the agency's PREA policies and PREA response. Additionally, the data collected is compared from year to year for the past four years, with the most recent data being from 2020. The reports posted on the public website do not contain any information that could be used to identify any sex abuse victims or perpetrators. The annual report is available for review on the KDOC public website at:

https://www.doc.ks.gov/facilities/prea/PREA_Annual

Documentation Reviewed:

KANSAS DEPARTMENT OF CORRECTIONS 2020 ANNUAL PREA REPORT
Survey of Sexual Violence 2018/2019
2018 Annual PREA Report
2019 Annual PREA Report
2020 Annual PREA Report
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Interview with PCM

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 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*)

The annual report for facilities is created by the KDOC statewide PREA Coordinator and is reviewed and signed by the Secretary of Corrections. The KDOC does not contract with any private facilities for confinement of KDOC offenders. The information gathered from each facility is evaluated in concert with the PREA Coordinator, and each PCM and other administrative staff, in order to identify potential problem areas of each and to evaluate and improve the agency's PREA policies and PREA response. Additionally, the data collected is compared from year to year for the past four years, with the most recent data being from 2020. The reports posted on the public website do not contain any information that could be used to identify any sex abuse victims or perpetrators. The annual report is available for review on the KDOC public website at:

https://www.doc.ks.gov/facilities/prea/PREA_Annual

Documentation was provided to show that all information related to allegations of sex abuse or sexual harassment is securely retained. However, there was no documentation to show that sex abuse data is kept for at least 10 years, therefore, this standard is marked as "Does Not Meet Standard" and will be placed on corrective action.

Documentation Reviewed:

KANSAS DEPARTMENT OF CORRECTIONS 2020 ANNUAL PREA REPORT
Survey of Sexual Violence 2018/2019
2018 Annual PREA Report
2019 Annual PREA Report
2020 Annual PREA Report
IMPP 05-106D Electronic Records Management and Preservation
IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment
Interview with PCM
Interview with KJCC Superintendent
K.A.R. 53-2-083 Investigation Reports
Emails from PMC

Corrective Action Required:

- Provide documentation to show sex abuse data is retained for at least 10 years, unless prohibited by law

Updated 051222:

Documentation was provided which proves that PREA data is securely stored for at least ten years. PREA data is stored in the office of the PMC, behind two locked doors, in a locked file cabinet. Additionally, PREA data is stored electronically to a PREA file on the facility's server, where access is tightly controlled and is not accessible to unauthorized staff. This standard has been met.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents 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*)

The auditor was provided with all required documentation and was permitted full access to all areas of the facility during the onsite visit. The auditor observed that copies of the Notice of Audit were still posted in several areas throughout the facility. The audit notice contained the auditor's name and mailing address and was posted six weeks prior to the onsite visit. The auditor did not receive any correspondence from staff or residents prior to the visit. Space was provided for the auditor to conduct staff and offender interviews in a private setting.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Ray Reno

May 20, 2022

Auditor Signature

Date

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

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