

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

Interim Final

Date of Report February 4, 2020

Auditor Information

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Company Name: Indiana Department of Correction	
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Telephone: 812-447-3929	Date of Facility Visit: June 4 2019 to June 6 2019

Agency Information

Name of Agency: Kansas Department of Correction		Governing Authority or Parent Agency (If Applicable): State of Kansas	
Physical Address: 714 SW Jackson, Suite 300		City, State, Zip: Topeka, KS 66603	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 785-231-1111 or 800-311-0860		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

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

Agency Chief Executive Officer

Name: Charles E. Simmons	Title: Secretary of Corrections
Email: Chuck.Simmons@ks.gov	Telephone: 785-296-3317

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Norton Correctional Facility			
Physical Address: 11130 Road E4, Norton, Kansas 67654			
Mailing Address (if different than above): PO Box 546, Norton, KS 67654-0546			
Telephone Number: 785-877-6604			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The Department of Corrections, as part of the criminal justice system, contributes to the public safety and supports victims of crime by exercising safe and effective containment and supervision of inmates, by managing offenders in the community and by actively encouraging and assisting offenders to become law-abiding citizens.			
Facility Website with PREA Information: http://www.doc.ks.gov/facilities/prea			

Warden/Superintendent

Name: Joel Hrabe	Title: Warden
Email: Joel.Hrabe@ks.gov	Telephone: 785-877-6654

Facility PREA Compliance Manager

Name: Luke Pfannenstiel	Title: Corrections Manager I - PCM
Email: Luke.Pfannenstiel@ks.gov	Telephone: 785-877-6653

Facility Health Service Administrator

Name: Angie Chisham	Title: Health Service Administrator
Email: Angie.Chisham@EHR.doc.ks.gov	Telephone: 785-877-6708

Facility Characteristics

Designated Facility Capacity: 975		Current Population of Facility: 971	
Number of inmates admitted to facility during the past 12 months			743
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			606
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			681
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			24
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 19-72	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			None
Average length of stay or time under supervision:			Click or tap here to enter text.
Facility security level/inmate custody levels:			Minimum, Low Medium, High Medium
Number of staff currently employed by the facility who may have contact with inmates:			249 KDOC, 52 Contract
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			57
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			18
Physical Plant			
Number of Buildings: NCF 47, NCFE 12		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		NCF 3, NCFE 1	
Number of Open Bay/Dorm Housing Units:		NCF 2, NCFE 1	
Number of Segregation Cells (Administrative and Disciplinary):		19	
Click or tap here to enter text.			
Medical			
Type of Medical Facility:		Level III Infirmary	
Forensic sexual assault medical exams are conducted at:		Hays Medical Center, Hays Kansas	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			41 Volunteers, 52 Contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

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

An audit of the Prison Rape Elimination Act Prison and Jail Standards was conducted at the Norton Correctional Facility (NCF) in Norton, Kansas as part of a PREA audit consortium between the Kansas Department of Corrections (KDOC), California Department of Corrections and Rehabilitation, and the Indiana Department of Correction (IDOC). This auditor asserts that there is no conflict of interest in conducting this audit as the IDOC does not receive audits from the KDOC. The audit of NCF began with the notice of audit being posted April 23, 2019 and the on-site audit occurring June 4 to June 6, 2019. Norton Correctional Facility is a Kansas state prison located at 11130 Road E4, Norton, Kansas.

The Prison Rape Elimination Act (PREA) audit was conducted by myself, a certified auditor (probationary), Bryan Pearson and Rhonda Brennan, both Mr. Pearson and Ms. Brennan are certified PREA auditors. This PREA audit was NCF's second PREA compliance audit, the first was conducted in July 2016.

There were no key barriers experienced during the PREA audit.

Pre-Onsite Audit Review

Website Review: During the pre-onsite audit phase the facility's website was reviewed for PREA information, such as PREA hotlines, how to report sexual assault or sexual harassment, any news articles, and any posted PREA policies from the agency. The website included a phone number and email address link to report sexual abuse or harassment. Additionally, there was a PREA resource link providing links to PREA Resource Center and Just Detention International. Two telephone numbers are provided on the website for 3rd party reporting. One telephone number is to the Kansas Department of Correction and the other is to Kansas Protection Report Center. The Kansas Protection Report Center is a Kansas state agency for reporting suspicion of juvenile and adult abuse, neglect, or exploitation.

The website also contains past KDOC annual PREA reports, the agency's Survey of Sexual Victimization for 2016 and 2017, and NCF's 2016 PREA compliance audit report.

Notice of Audit Posting: An email was sent on April 22, 2019 to NCF with the audit notice and posting instructions (locations, post on colored paper, assure access to all inmate populations i.e. LEP, those with disabilities etc., provide photographs with a time/date stamp as evidence of posting and locations). NCF notified the auditor on April 23, 2019 the audit notice postings were posted on April 23, 2019. Pictures of the postings were sent to the audit team on April 23, 2019 including time/date information. Two audit notices were provided by NCF to the audit team, one in English and the other in Spanish, the

two most common languages spoken within the NCF population. In addition to informing the inmates and staff the dates of the upcoming site review, my contact information with address was provided so staff or inmates could write to me confidentially before, during and after the audit. No confidential correspondence from inmates or staff was received.

Pre-Audit Questionnaire (PAQ): Documentation for the audit was shared using a secured, cloud-based platform called Syncplicity. The Pre-Audit Questionnaire was uploaded to Syncplicity by the PREA Compliance Coordinator on April 30, 2019. The Pre-Audit Questionnaire identifies the minimum information and supporting documents that the facility should submit to the auditor before the onsite audit begins.

After reviewing the PAQ there was no need identified for an Issue Log. An Issue Log is a request for additional information based upon a review of the PAQ.

Just Detention International (JDI) was contacted asking for any known reports of sexual abuse or sexual harassment. JDI responded saying they have not received any such reports for the Norton Correctional Facility.

On-Site Review

The Audit team arrived at NCF on Tuesday June 4, 2019 at 8:00am to begin the onsite review Norton Correctional Facility. A meeting was held with the KDOC PREA Coordinator, Warden, Deputy Warden, PCC, PCM and other managerial staff for greetings and to discuss the logistics of the onsite audit. The Warden was informed that because the lead auditor is on probationary status the interim report would be received at the facility within 60 days instead of the normal 30 days. The audit team was provided a conference room outside of the secured perimeter for a work space that served functionally as the work area throughout the three days during the on-site review.

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

- Disabled Offenders and LEP Offenders
- Gay and Bisexual Offenders
- Transgender and Intersex Offenders
- Offenders in segregated housing due to risk of sexual victimization or reported sexual abuse
- Offenders that reported prior sexual victimization during screening
- Offenders that reported sexual abuse

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

Two auditors conducted a thorough review of all offender housing units, program areas, service areas, segregation units, visiting room, and recreation areas inside of NCF and the outside minimum security

housing unit, warehouse and workshops. The auditor determined there was 18 separate housing units. The auditor defined a housing unit by the physical barriers of the buildings with the housing units. For instances one building had a central control post with separate entry ways to each of the four housing units. Another building had three separate floor levels. During the site review of the facility, informal and impromptu questions were asked of staff and inmates. Questions such as how do safe do you feel here, tell me about PREA and how the facility handles any sexual assault or sexual harassment allegations, how would you report an allegation. The audit also identified potential blind spots, identified camera coverage, inspected shower/latrines areas, and the strip search room. B Pod is a multi-level building renovated from when NCF was a state hospital to inmate housing units. Inside the inmate rooms were closets that the auditor identified as potential blind spots. Additionally, there is a staircase which the offenders use to gain access to the upper levels. Though there are no video camera coverage in the staircase, the auditor viewed facility staff monitoring the stairs. The monitor observed cameras placed throughout the buildings and outside the buildings. Shower curtains with clear tops and bottoms but a solid middle was used to provide the inmate with the ability to shower without their genital area being viewed but also allowed security staff to adequately monitor the showers.

Video monitors were reviewed to ensure security coverage and to see if inmates could change clothes, use the toilet and shower without being viewed on the monitors. Computer logs on housing units were reviewed to verify unannounced rounds were being conducted and opposite gender announcements were being made when a member of the opposite gender entered a housing unit. The auditors also looked for proper postings of PREA information in housing units; and windows in offices where offenders meet with staff. Posters informing how to report sexual abuse or sexual harassment to the KDOC hotline was viewed throughout the housing units, work areas, recreation areas, and visitation area. The auditor randomly selected phones in different housing unit to call the hotline. Within 15 minutes the auditor received a return call informing the message was received. All housing units at NCF were inspected even though some units had the same floor plan. Photos were taken and notes written with the photos in OneNote on iPads to document the tours. The programs division provides oversight for risk reduction, reentry and case management initiatives at NCF. The division ensures effective programming is offered to provide rehabilitative treatment to assist inmates for return to society. These programs include academic and vocational education, cognitive skills, self-help groups and mental health services. Programs to enhance work ethics, relapse prevention and goal setting are also available. Within the program division, unit teams manage the inmate population assigned to each housing unit. A unit team manager is responsible for the day-to-day operation of the housing unit. Uniformed staff and corrections counselors are also part of each unit team. The unit team's purpose is to decentralize programs and operations to provide more individual attention to the inmate population and to respond to the needs of individual inmates. An individualized treatment program is developed, implemented and maintained for each inmate by unit team staff. The unit teams provide services to inmates in the form of work assignments, progress reviews, attitudinal and adjustment counseling, release counseling and other matters. For unit teams, release planning for all inmates is vital to an inmate's successful transition into society. An inmate employment assessment and job assignment program is utilized to ensure inmates are assigned jobs commensurate with their technical skills. Inmates are also assigned to work crews to obtain on-the-job training which allows them to develop work skills and assist them with reintegration into society. The records office is responsible for providing clerical support for the unit teams and for updating records of inmates received, processed and transferred into and from NCF.

NCF currently has Vocational Education programs including Building Maintenance, Carpentry, and Medium Vocations [manufacturing skills], available. Staff from Colby Community College and through Greenbush offer Academic Education classes to inmates that include reading, writing, science, and math. Learned skills are applied to testing for their GED.

Inmates also gain employment skills and a strong work ethic through participation in community service work, and NCF's prison-based and non-prison based private industries programs including Wilkens at Stockton, KS.

NCF also offers inmate programs which include physical and Behavioral Health services, and inmate self-help programs such as Alcoholics and Narcotics Anonymous.

Regional Alcohol and Drug Assessment Center (RADAC) is also a program offered at NCF for minimum and medium custody offenders. RADAC is a Substance Abuse Program. This 39 session Cognitive Behavioral Interventions for Substance Abuse is a curriculum designed for individuals who are moderate to high need in the area of substance abuse. The class is taught by RADAC Staff. This class relies on a cognitive-behavioral approach to teach participants strategies for avoiding substance abuse. There are six modules that consist of Motivational Engagement, Cognitive Restructuring, Emotional Regulation, Social Skills, Program Solving, and Relapse Prevention.

NCF's Behavioral Health Department provides individual and group therapy for inmates including therapy groups covering such areas as anger management, dialectical behavior therapy, Fundamental Lessons in Psychology, lifestyle change, relationships, and a parenting group.

In addition, NCF partners with a community organization through the Second Chance Homeless Pet Society to provide basic dog obedience training and grooming for dogs that are placed up for adoption upon completion of the program.

Interviews

Informal interviews with staff and inmates were conducted by the audit team throughout the on-site review. A list of inmates and staff were given to NCF for the formal interviews. Interview participants were made aware that their participation was voluntary and no personal identifying information would be included in the report. No obstacles were encountered in conducting the interviews.

Staff Interviews

Random Staff: As much as possible the audit team attempted to randomize the staff selected for random interviews by selecting from the available staff present during the on-site review. A total of twelve correctional officers were selected for the random staff interviews. NCF's correctional staff work eight hours on three shifts. The three shifts are 12am-8am, 8am-4pm, and 4pm to 12am. Four correctional officers were chosen from 8am-4pm and 4pm-12am shifts. Three correctional officers were selected from 12am-8am shift. One 8am-4pm staff was selected at NCFE. Additionally, four non-security staff were selected based on their job responsibilities. Interviews were conducted private. At the beginning of the interview the staff was informed that their participation was voluntary and upon gaining the staff's permission to begin the Random Staff protocol was used to conduct the interviews. A total of 16 random staff were interviewed.

Specialized Staff: Specialized staff were interviewed by different members of the audit team as when feasible. Attempts were made to randomize the staff from different shifts and locations from inside the facility. The breakdown of the specialized staff interviews is as follows:

Agency Head

Intermediate or Higher-Level Staff (x2)

Medical and Mental Health Staff (x2)

Administrative (Human Resource) Staff

Investigative Staff (x2)

Volunteers and Contractors Who Have Contact with Inmates

Staff Who Perform Screening for Risk of Victimization and Abusiveness (x2)

Staff Who Supervise Inmates in Segregation

Designated Staff Member Charged with Monitoring Retaliation

Intake Staff (x2)

Warden

PREA Compliance Manager

PREA Coordinator

Contract Administrator

First Responders

Inmate Disciplinary Officer

Grievance Coordinator

SANE Staff

Total specialized staff interviews = 23

Besides the specialized staff mentioned above the auditor spoke with other staff in order to gain a better understanding of the facility's operation. Those staff included the facility chaplain, the training officer, and classification staff.

Inmate Interviews

Based upon the inmate population of 852 at NCF and 128 at NCFE on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted inmate interviews are required. The auditor chose to target a minimum of 18 random inmates based on the number of housing units within the facility (18). The PREA coordinator and other staff facilitated interviews of all inmates in private settings in the booking area. A total of 17 targeted inmate interviews were conducted.

Random Inmate: The perspectives of inmates are essential to understanding the practices, procedures, and culture of a confinement facility. The objectives of inmate interviews are to understand the facility's practices from the inmate's perspective and determine the extent to which inmates are knowledgeable about the facility's obligations to keep them safe from sexual abuse and sexual harassment. As required under Standard 115.401(k), auditors must interview a representative sample of inmates, and must use information collected during these interviews to inform compliance determinations during the post-onsite audit phase.

The audit team selected inmates from each housing unit randomly from an inmate roster provided by NCF. The auditor used a random number generator to randomize the selection of inmates. The current population count for each housing unit was inputted into the random number generator to obtain a random number. Then starting at with the first inmate on the housing roster provided by NCF the auditor counted down to the generated number. That inmate was selected for the random inmate interviews. Each inmate was informed at the beginning of the interview that their participation was voluntary and if the inmate would be willing to participate. Upon gaining the approval of the inmate to answer questions the auditor used the Random Inmate Protocol to conduct the interview. Interviews were conducted in the counselor office on the unit.

Targeted Inmate: Inmates for targeted interviews were selected as random and from different housing units as much as possible. At the time of the audit, the audit team was told there were no youthful inmates and inmates segregated for risk of sexual victimization. The auditor confirmed there were no youthful inmates during the on-site review and through random staff and inmate interviews. In total there were 17 targeted interviews conducted, to include the following:

Reported Sexual Abuse

Inmates Who Disclosed Prior Sexual Victimization During Risk Screening (x4)

LGBTI (Bi-sexual)

LGBTI (Transgender)

LBGTI (Gay) (x3)

Physical Disability (LEP) (x3)

Cognitive Disability (x4)

Document Review: During the on-site review the audit team was able to review training records, personnel files, and investigative files. In addition the audit team was provided inmate alpha roster, a complete staffing roster for all shifts, a list of inmates with disabilities and inmates that are LEP, a list of inmates identified as LGBTI, a list containing inmates that reported sexual abuse or sexual victimization during intake, a list of specialized staff, grievances made in the past 12 months, and any reports of sexual abuse or sexual harassment in the past 12 months.

A request of training records was made to NCF, the selected records were for the same staff random interviews were conducted on. NCF provided 16 records which was reviewed by the audit team.

The audit team used the same randomly selected staff selected for the random staff interviews for the personnel file review and requested those files. NCF provide 16 files which was reviewed by the audit team.

NCF conducts administrative and criminal investigations involving sexual abuse or sexual harassment. NCF recorded 20 investigations for allegations of sexual abuse or sexual harassment had been completed in the past 12 months. The audit team randomly selected 15 of the 20 investigative files for reviews.

Exit Meeting: The audit team regularly had discussions with the KDOC PREA Coordinator about areas of concern with standards compliance during the onsite audit. The goal of the discussions was to ensure there was no missing information that would support meeting the standard. At the end of the onsite audit, the audit team had a meeting with the Warden, Deputy Wardens, PREA Coordinator, PREA Compliance Manager and other facility staff to discuss the findings of the onsite audit and the areas of concern with standards compliance. Possible corrective actions were discussed at that time. This auditor informed the facility staff a more accurate determination of compliance and the need for corrective action would be made after the audit team reviewed all documents. The warden was informed an interim report would be sent within the next 45 days.

Post On-Site Issue Log

Additional information was needed from NCF to ensure a complete and thorough audit was completed. Communication with NCF's PREA Coordinator and PREA Compliance Manager was ongoing.

Facility Characteristics

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

The Norton Correctional Facility (NCF) is a state operated facility in the Kansas Department of Corrections (KDOC). The Kansas Department of Corrections is responsible for the Adult Correctional, Juvenile Correctional, and Parole system in the state of Kansas. The Department operates nine adult facilities which are classified primarily by security levels from minimum to maximum levels. Norton Correctional Facility is a refurbished State Hospital that originally was built in 1914 as a tuberculosis sanatorium. In 1960s it became the Norton State Hospital and Valley Hope Alcohol Treatment Center until 1987. In 1987 the state hospital was renovated to serve as a state prison for minimum custody inmates. Later, in 1997, the Kansas Department of Corrections added medium custody inmates.

Located right off of Highway 238 NCF is designed to house 975 minimum, low and high medium inmates. In the past 12 months prior to this audit NCF had an average daily population of 976 inmates. NCF serves inmates from the ages of 19 years old to 72 years old and does not house inmates under the age of 18 for any reason. There are two employees trained to conduct administrative and criminal investigations at NCF. Both investigators work for KDOC's Enforcement, Apprehension, and Investigation Department and are assigned to NCF. Inmates classified minimum assist many local,

county and state entities. As with other state prison facilities in Kansas, NCF is under the management of the Secretary of Corrections. Education, health services and food services are provided through contracts with private vendors. Volunteers visit at scheduled times for mentoring, and religious programming. There are nurses available 24 hours per day. Forensic medical examinations are conducted at Hayes Medical Center in Hayes, Kansas.

NCF is comprised of 47 total buildings. There are buildings outside the perimeter fence and include maintenance, storage area, a minimum-security housing unit, and a visitation building for inmates housed in minimum-security. The facility entrance takes place through the secured sally port. The front administration building is not contained in the perimeter fence. Inside the main yard there are four units, a large food services area/cafeteria, a school building, vocational training building and a recreation building. These buildings in the main yard sit in an oval shaped circle around the main yard with multiple sidewalks adjoining them.

The primary prison control center is located in the secured sally port and contains the electronics and monitors with primary observation and control of the prison's cameras, personal alarm devices and access to and from the secured area of the prison. Supervision is indirect, with inmates able to move on the yard to the cafeteria, infirmary and educational/vocational buildings during specified windows of time.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 1

115.31 Employee training.

Number of Standards Met: 44

Prevention Planning

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

115.12 Contracting with other entities for the confinement of inmates.

115.13 Supervision and monitoring.

115.14 Youthful inmates.

115.15 Limits to cross-gender viewing and searches.

115.16 Inmates with disabilities and inmates who are limited English proficient.

115.17 Hiring and promotion decisions.

115.18 Upgrades to facilities and technologies.

Responsive Planning

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

Training and Education

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

Screening for Risk of Sexual Victimization and Abusiveness

- 115.41 Screening for risk of victimization and abusiveness.
- 115.42 Use of screening information.
- 115.43 Protective custody.

Reporting

- 115.51 Inmate reporting.
- 115.52 Exhaustion of administrative remedies.
- 115.53 Inmate access to outside confidential support services.
- 115.54 Third-party reporting.

Official Response Following an Inmate Report

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

Investigations

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

Discipline

- 115.76 Disciplinary sanctions for staff.
- 115.77 Corrective action for contractors and volunteers.
- 115.78 Disciplinary sanctions for inmates.

Medical and Mental Care

- 115.81 Medical and mental health screenings; history of sexual abuse.
- 115.82 Access to emergency medical and mental health services.
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

Data Collection and Review

- 115.86 Sexual abuse incident reviews.
- 115.87 Data collection.
- 115.88 Data review for corrective action.
- 115.89 Data storage, publication, and destruction.

Auditing and Corrective Action

- 115.401 Frequency and scope of audits
- 115.403 Audit contents and findings.

Number of Standards Not Met:

0

Summary of Corrective Action (if any)

Prevention Planning

115.12 Contracting with other entities for the confinement of inmates.

1. The agency shall provide for agency contract monitoring in any new contract or contract renewal to ensure that the contractor is complying with the PREA standards.

115.16 Inmates with disabilities and inmates who are limited English proficient.

1. The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreter, who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.

115.17 Hiring and promotion decisions.

1. The agency shall not hire or enlist the services of any contractor who may have contact with inmates who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. All contract staff should be asked to answer questions prior to working with offenders.
2. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Training and Education

115.35 Specialized training: Medical and mental health care.

1. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The documentation must include training in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Screening for Risk of Sexual Victimization and Abusiveness

115.41 Screening for risk of victimization and abusiveness.

1. The facility must be able to demonstrate that the staff performing the risk assessments are aware that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

2. The facility must be able to demonstrate that the staff performing the risk assessments are aware Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

115.42 Use of screening information.

1. The facility must show placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate.

Reporting

115.51 Inmate reporting.

1. The agency shall provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
2. The agency must also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

115.53 Inmate access to outside confidential support services.

1. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.
2. The facility shall inform inmates, prior to giving them access, to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Official Response Following an Inmate Report

115.67 Agency protection against retaliation.

1. The facility must demonstrate for at least 90 days following a report of sexual abuse, the agency is monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
2. The facility must demonstrate that in the case of inmates, such monitoring shall also include periodic status checks.

3. The facility must demonstrate if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

115.71 Criminal and administrative agency investigations.

1. The facility must be able to demonstrate that Investigators 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.
2. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
3. The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Discipline

115.76 Disciplinary sanctions for staff.

1. The agency/facility must demonstrate that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies.

115.78 Disciplinary sanctions for inmates.

1. The facility must demonstrate that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories

Data Collection and Review

115.86 Sexual abuse incident reviews.

1. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
2. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation.

115.89 Data storage, publication, and destruction.

1. The agency shall make all aggregated sexual abuse data from 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.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. KDOC Organizational Chart (*Effective Date 090118*)
3. NCF General Order 08-106, Safety and Emergency, Offender Sexual Abuse Prevention and Intervention (*Effective Date 020709*)

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Findings (By Provision):

115.11 (a). KDOC's Internal Management Policy and Procedure (IMPP) 10-103D Coordinated Response to Sexual Abuse and Harassment and NCF's General Order 09-130 Sexual Abuse Prevention provided in the Pre-Audit Questionnaire (PAQ) were reviewed. Both policies provide the agency and facility policy of zero tolerance for all forms of sexual abuse and sexual harassment. These policies also outline the plan for preventing, detecting and responding to reports of sexual abuse and sexual harassment by offenders. During interviews with 14 random staff and 16 random offenders most all knew there was a zero tolerance of sexual abuse and sexual harassment as a policy. All were asked to define zero tolerance and described it as no sexual contact or sexual harassment of any kind is allowed, regardless of consent.

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

115.11 (c). The NCF organizational chart were provided for review in the PAQ. They show a PREA Compliance Manager that reports directly to the Deputy Warden. The PCM was interviewed and he indicated he has the time and authority to coordinate and implement the facility's compliance with the PREA standards. A list of PCM's for all KDOC facilities was provided as proof each facility has a designated PCM.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Contract – Cloud County Jail, Cloud County, Kansas (*Effective Date 030215*)
2. Contract – Jackson County Jail, Jackson County, Kansas (*Effective Date 031715*)
3. Memo re: 115.12 Contracting with other entities for the confinement of inmates
4. Contract Addendum – Cloud County Jail, Cloud County, Kansas (*Effective Date 080719*)
5. Contract Addendum – Jackson County Jail, Jackson County, Kansas (*Effective Date 080719*)

Interviews:

1. Agency Contract Administrator

115.12 (a). In the PAQ, NCF provided two current contracts in which the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, in the Cloud County Jail, Jackson County Jail and Washington County Jail. Both contracts required the contractor to agree to comply with the requirements of the Prison Rape Elimination Act.

115.12 (b). Neither the Cloud County nor Jackson County contract provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards. However, the Agency Contract Administrator stated in her interview that she ensures all contracts for confinement require compliance with PREA and she monitors for compliance by visiting the Cloud County Jail and Jackson County Jail to review their PREA policy and procedures, documentation of PREA allegations, and PREA training.

During the correction action phase the PREA Coordinator provided contract addenda for Cloud County and Jackson County Jails stating that Kansas Department of Correction will be conducting announced and unannounced visits to ensure the jails are in compliance with PREA standards.

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

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

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

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. KDOC's Internal Management Policy and Procedure 12-137D, Staffing Analysis, Operational Staffing and Roster Management (*Effective Date 070114*)
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
3. NCF General Order 08-106, Safety and Emergency, Offender Sexual Abuse Prevention and Intervention (*Effective Date 020709*)

4. NCF's Post Order, Shift Supervisor/Assistant Shift Supervisor (*Effective Date 033119*)
5. Memo re: 115.13b Supervision and Monitoring
6. 2019 Staffing Analysis
7. Unit Logs

Interviews:

1. Warden
2. PREA Coordinator
3. PREA Compliance Manager
4. Intermediate or Higher-Level Facility Staff

115.13 (a). Policy IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management was provided for review in the PAQ. IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management (p.4) provides a description of the required content of a staffing plan; 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; 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. NCF reported an average daily population of 976 from May 2018 to April 2019. The PREA Coordinated reported that when the staffing plan was created it was based on a population of 960 inmates.

Interviews were conducted with the Warden and PCM and both answered that when assessing adequate staffing levels and the need for video monitoring and how the facility staffing plan is constructed that the facility considers generally accepted detention and correctional practices, any judicial, federal investigative agencies, or internal or external oversight bodies findings of inadequacy; components of the facility's physical plant; inmate population composition; number and placement of supervisory staff; institution programs; any applicable state or local laws, regulations, or standards; substantiated or unsubstantiated incidents of sexual abuse; and other relevant factors. Additionally, the Warden stated that if adequate staffing levels were to get low the facility has identified post that could be "collapsed" to ensure inmates are protected against sexual abuse. The Warden further explained that video monitoring is used only to supplement staffing levels and not to replace staff. The Warden meets with the Chief of Security every day to go over compliance of the staffing plan.

The 2019 Staffing Plan was provided in the PAQ and reviewed. The plan was signed by the Warden and no discrepancies were found.

115.13 (b). A memorandum from the Warden was provided stating there were no deviations from the staffing plan in the last 12 months as of March 1, 2019. During my interview with the Warden he explained deviations from the staffing plan are very rare and is usually due to weather incidents. He further explained that if there is a deviation from the staffing plan, he is made aware of the deviation.

115.13 (c). Policy IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management was provided for review in the PAQ. IMPP 12-137D Staffing Analysis, Operational Staffing and Roster Management (p.5) requires that the staffing plan be forwarded to the PREA Coordinator and Staff Audit Coordinator for review no later than January 1 of each year, who shall consult with the facility, and Deputy Secretary of Facilities Management or Deputy Secretary of Juvenile Services and Secretary as needed in follow up to the review of the completed form. The PREA Coordinator stated in her interview that she is consulted as needed regarding any assessments of, or adjustments to, the staffing plan for this facility. However, in a follow-up email the PREA Coordinator that she has difficulty in gaining compliance by the facility and is often left out when the facility staffing plan is created.

115.13 (d). During the tour of the NCF post logs were reviewed for documentation of unannounced rounds by intermediate or higher-level staff. Additional logs were requested by the auditor and provided for two random dates in April. Unannounced rounds by intermediate or higher-level staff at least once per shift were recorded on all post logs and in the logs presented for April. An informal interview with correctional officers on the housing units revealed that supervisors will “pop in” unannounced. An interview with intermediate or higher-level staff revealed that unannounced rounds are being made and the intermediate or higher-level staff does not follow a routine either in time of the unannounced round or in the rotation of the areas he makes those unannounced rounds. He said he does this in order to prevent the staff from alerting other staff.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Memo re: 115.14 Youthful Offenders
3. Under 18 Reports

NCF stated in their PAQ that the facility does not have any youthful inmates.

Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*pg. 5*) was provided for review in the PAQ. This policy requires youthful offenders to be housed in the KDOC Juvenile Correctional Complex and then be transported to the El Dorado Correctional Facility Reception Diagnostic Unit when they turn 18 or as soon thereafter. Several Under 18 Reports for EDCF were provided that show no offenders under 18 during December 2017, June 2018, October 2018, and February 2019. A memo was provided also stating that NCF does not house youthful inmates.

During the facility onsite review the auditor did not see any youthful inmates and informal interviews conducted with correctional staff also revealed that youthful inmates are not housed at NCF.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 12-103: Offender and Facility Searches (*Effective Date 053014*)
3. Orientation Training Logs
4. Lesson Plan: Offender Pat Searches

Interviews:

1. Random Sample of Staff
2. Transgender Inmate

115.15 (a). NCF reported on the PAQ zero cross gender strip or cross gender body cavity searches were conducted in the past 12 months. Internal Management Policy and Procedure 12-103: Offender and Facility Searches (p.4) provided in the PAQ states a strip search shall be performed by, and only in the presence of, employees of the same gender as the offender being searched, except in exigent circumstances. Absent exigent circumstances, any staff person witnessing the search, whether in person or via remote view camera observation, shall also be of the same gender as the offender being searched. The policy further states strip searches shall be conducted in a private place which prevents the search from being observed by those not assisting in the search, unless the offender signs a privacy waiver, or an emergency requires that the search be conducted immediately and there is no opportunity to move to a private area or behind a privacy screen.

Sixteen random staff was selected for staff random interviews and asked if they had conducted a cross-gender strip or visual search. None of the staff replied that they had. Medical staff do not conduct strip searches of offenders. If medical staff need to inspect the groin area, or breast area for transgender offenders, there is a second nurse in the room as a witness for HIPPA related concerns. This is documented on the medical report but no log is maintained.

115.15 (b). This substandard is non-applicable to NCF since they do not house female inmates.

115.15 (c). Internal Management Policy and Procedure 12-103: Offender and Facility Searches (p.3) provided in the PAQ requires documentation of any cross-gender strip search or cross-gender visual body cavity search if such searches cannot be avoided.

A request was made for medical logs of cross gender strip searches and cross-gender visual body cavity searches however medical does not keep a log. In an interview with medical they stated there was no searches conducted in medical but if any such searches were conducted the searches would be documented on the medical report.

115.15 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.4) provided in the PAQ states that staff shall be aware of offenders' state of undress. 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. The policy further states 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. During the facility tours, views into areas where offenders shower and use toilets were checked for possible cross gender viewing that would not be incidental during a security check and there were no concerns identified. The auditor noted that whenever entering a unit with a female staff member an announcement was made to the inmate population of a female entering the unit. During the tour of the facility offender showers were observed having a solid shower curtain or a door that blocked viewing the genitals and buttocks of offenders while undressing or showering. Interviews with inmates and staff indicated that cross-gender viewing of inmate's breast, buttocks, or genitalia does not occur, other than incidental viewing during routine cell checks.

115.15 (e). In random staff interviews 14 of the interviewed staff said they knew of the facility policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; two staff were not aware of the policy but knew only a medical exam could be conducted to learn that information if needed. During the interview with a transgender female she was asked if she had any reason to believe that she was strip-searched for the sole purpose of determining her genital status. She replied "Absolutely not stripped searched for the sole purpose..."

115.15 (f). NCF recorded on the PAQ that every security staff has received training on conducting cross-gender searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. NCF also included Lesson Plan: Offender Pat Searches (p.9) states "... communicate effectively and interact professionally with all offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders while maintaining safety and supporting the mission of the KDOC."

Interviews with random staff indicated staff have been trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Some security staff also stated the best practice when conducting searches on transgender was to ask the transgender what their preference would be. A review of training documentation indicated that 100% of staff had received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs within the past 12 months.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 10-138D: Assistance for Offenders and/or Victims with Limited English Proficiency (*Effective Date 02/01/16*)
3. PREA Inmate Education Brochure (English and Spanish versions)
4. Sexual Assault Brochure (English and Spanish versions)
5. Photographs of inmate bulletin boards

Interviews:

1. Random Sample of Staff
2. Inmates with disabilities or who are limited English proficient.

115.16 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires the facility to 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.

During the interview with the Agency Head said the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient 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. He stated PREA materials, posters, inform on reporting are provided in Spanish and a translation service is utilized for other languages. He further states that Unit Team Managers and Mental Health staff are used for inmates with other special needs.

Three interviews with inmates that were targeted as disabled or limited English proficient was conducted. When asked if the facility provided information about sexual abuse and sexual harassment that they were able to understand two of the inmates answered no and the facility did not provide someone to help them read, write, speak, or to explain things if they needed help.

NCF currently is unable to provide written materials or other formats ensure effective communication with inmates for inmates that are blind or have a low vision disability. The PC stated if a need arose assistance from the School for the Blind would be used to translate information in Braille or the staff would read the written materials to the inmate. NCF does not have any inmates which are blind or have a low vision disability.

115.16 (b). IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency (p.3) states that KDOC staff may use either KDOC bilingual staff or an outside interpreter service. The current contract is with The Big Word. The Big Word access codes for NCF were provided and tested by the auditor to verify NCF has a working account. Offenders identified by NCF staff as LEP were interviewed and an NCF bilingual staff was provided as an interpreter.

Two interviews with inmates that were targeted as limited English proficient was conducted. When asked if the facility provided information about sexual abuse and sexual harassment that they were able to understand two of the inmates answered no and the facility did not provide someone to help them read, write, speak, or to explain things if they needed help. The facility uses Big Words and staff interpreters but the inmates are unaware that these services are available to them when needed.

During the corrective action phase Norton Correctional Facility provided photographs of unit bulletin boards that are utilized to provide information to the inmate population. The photograph contained a posting informing the inmates of interpretation/translation services. The information was in English and Spanish.

115.16 (c). A review of Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment and IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency provided in the PAQ did not indicate the agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. However, the facility recorded zero number of instances where inmate interpreters, inmate readers, or other types of inmate assistants used.

Out of the 18 random staff interviewed 16 stated inmate interpreters were utilized at the facility for minor issues on the unit. Two interviews with inmates that were targeted as limited English proficient was conducted and both stated they are not provided an interpreter by the facility.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 02-119D: Personnel Records (*Effective Date 063015*)
2. Internal Management Policy and Procedure 02-126D: Recruitment and Selection Process (*Effective Date 052715*)
3. Internal Management Policy and Procedure 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity (*Effective Date 070115*)
4. Employee files
5. Letter from Ellsworth Correctional Facility
6. Letter to Nebraska Department of Correction
7. Mandatory Pre-Service PREA Questionnaire

Interviews:

1. Administrative (Human Resource) Staff

Findings (By Provision):

115.17 (a). A review of KDOC's Internal Management Policy and Procedure 02-119D (p.9) submitted in the PAQ states 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. However, the policy does not address the enlisting the services of any contractor who may have contact with inmates.

A total of 18 NCF staff employee files were reviewed. The reviewed files were selected from the same random staff selected for random staff interviews. Past employees that had been hired or promoted since July 2018 did not have documentation that asked if they 1) had engaged in sexual abuse of offenders in an institutional setting; 2) had been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion; or 3) had been civilly or administratively adjudicated to have engaged in such activity. However, since then new hires and new promotions have documentation recording the questions and answers. Of the 18 files reviewed 3 were new hires, 13 were current employees, and 2 were new promotions after their 2016 PREA audit submitted in August 2016.

115.17 (b). A review of KDOC's Internal Management Policy and Procedure 02-119D (p.9) submitted in the PAQ states all incidents of sexual harassment perpetrated by an applicant against offenders shall be considered in making hiring and promotional decisions. According to an interview conducted the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Additionally, it was stated the Warden makes the final decision for hiring and promoting NCF staff or contractors at NCF. A review of the 16 staff employee files mentioned in 115.17 (a) did not show any staff was hired or promoted that had an incident of sexual harassment perpetrated by an applicant against offenders.

Again, the policy does not address consider any incidents of sexual harassment when enlisting the services of any contractor who may have contact with inmates.

As part of the corrective action Norton provided questionnaires for new contract employees hired and staff promoted that ask questions they have engaged in sexual abuse in a prison, jail, lockup community confinement facility, juvenile facility, or other institution. The questionnaire ask if they have been convicted of engaging or attempting to engage in sexual activities 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. The questionnaire also ask if they have been civilly or administratively adjudicated to have engaged in the activities described above. Also, the questionnaire ask if they have ever had a substantiated finding of sexual harassment of an offender, resident or student in a prison, jail, lockup, community facility, juvenile facility, or other institution. Each employee or contractor signs the document affirming that the answers they have provided are accurate and truthful.

115.17 (c). A review of KDOC's Internal Management Policy and Procedure 02-119D Recruitment and Selection Process (p.9) submitted in the PAQ states a criminal history record information check shall be completed on each candidate offered employment with the Department of Corrections including new hires and promotional candidates and on all current employees at least annually. Minimally, criminal history checks shall include a name search in the National Crime Information Center (NCIC) information systems including Interstate Identification Index (III) and wants/warrants searches as well as a state driver's license check. 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. IMPP 02-126D Recruitment and Selection Process also requires criminal background checks to be completed on all new hires and employment checks with prior institutional employers. All applicants are asked if they previously worked for an institutional employer. If the applicant indicates they have then HR staff send a form letter inquiring about prior substantiated investigations for sexual abuse or sexual harassment or resignations during such investigations. The auditor reviewed a letter sent to the Nebraska Department of Correction (NDOC) requesting if a potential candidate that had been employed at NDOC was ever investigated and received a sustained adjudication or criminal referral for sexual abuse or sexual harassment of an inmate or if the employee resigned during an ongoing investigation for sexual abuse or sexual harassment of an inmate.

According to an interview conducted the facility does perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, and who are considered for promotions. This is also done for any contractor who may have contact with inmates as well.

Twenty staff records were reviewed for criminal background checks and prior institution employment checks. Criminal background checks were found completed on new hires prior to employment.

115.17 (d). KDOC's Internal Management Policy and Procedure 02-119D Recruitment and Selection Process does not have any requirements to conduct a criminal background records check before enlisting the services of any contractor who may have contact with inmates. According to an interview conducted the facility does perform criminal record background checks or consider pertinent civil or administrative adjudications for any contractor who may have contact with inmates as well.

Five contract staff records were selected at random from a contract staff list and reviewed for criminal background checks. All had criminal background checks prior to beginning work or that were less than 5 years old.

115.17 (e). KDOC's Internal Management Policy and Procedure 02-119D Recruitment and Selection Process (p.9) requires an annual criminal background records check be completed on all current employees. However, the policy does not require a criminal background records check for contractors who may have contact with inmates. The policy also states the National Crime Information Center (NCIC), the Interstate Identification Index, wants/warrants searches, and state driver's license check will be conducted for all new hires and promotional candidates. Additionally, fingerprint checks in the Automated Palm and Fingerprint Identification System (APFIS) or the Kansas Bureau of Investigations (KBI) will be done for all new hires. In an interview the auditor was told that all new employees and promotions receive a criminal background check through NCIC and KBI.

115.17 (f). IMPP 02-126D Recruitment and Selection Process (p.12) states all "candidates shall be asked to provide specific and detailed information...for use in an employment reference check". A review of the 16 randomly selected employee files showed that all new hires and employees promoted had not been asked about previous misconduct described in paragraph (a). However, this was a deficiency that NCF had recognized prior to this audit and had already implemented corrective action. New employees and promotions after July 2018 had documentation recording that questions regarding misconduct described in paragraph (a) is now being asked.

In an interview with Human Resource I was told that any time there is contact with law enforcement the employee has a duty to report that contact. In IMPP 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity (p.11), provided after the audit at the request of the auditor, requires an employee or volunteer to promptly report to his or her supervisor or an Enforcement Apprehensions and Investigations Officer any felony or misdemeanor arrest.

115.17 (g). IMPP 02-126D Recruitment and Selection Process (p.11) states if the candidate refuses to reply or provide false information to any question during the application, screening, or interview process there shall be disqualified for consideration of employment, and if hired, there shall be grounds for termination of employment.

115.17 (h). IMPP 02-126D Recruitment and Selection Process (p.11) requires 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. Internal Management Policy and Procedure 02-119D: Personnel Records (p.5) states the upon receiving a request for information concerning a current or former employee related to prospective employment that only the name of the employee, name of employing State agency, title and job description, pay rates, length of employment, employee evaluations, and whether the employee was voluntarily or involuntarily release may be disclosed by the human resource manager. Neither policy allows for providing 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.

In an interview with Human Resource staff it was stated that whenever an institute request information for a former employee regarding sexual abuse or sexual harassment that information is provided. The auditor reviewed a letter from Ellsworth Correctional facility regarding a potential candidate. The letter requested information from NCF if the potential candidate was ever investigated and received a sustained adjudication or criminal referral for sexual abuse or sexual harassment of an inmate or if the employee resigned during an ongoing investigation for sexual abuse or sexual harassment of an inmate

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 01-123D: Authorization for Construction,

Renovation or Demolition of Physical Structures (Effective Date 110614)

2. Memo re: 115.18 Upgrades to facilities and technologies

Interviews:

1. Agency Head
2. Warden

Findings (By Provision):

115.18 (a). NCF recorded on their PAQ that since the last PREA audit they have not acquired any new facilities or made any substantial expansions or modifications of the existing facility. A memo was also provided that stated the same. IMPP 01-123D Authorization for Construction, Renovation or Demolition of Physical Structures (p.2) requires 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. The agency head stated during an interview that when designing, acquiring, or planning substantial modifications to facilities the Capital Improvement Management considers the PREA standards and the PREA Coordinator is consulted. The auditor did not notice any renovation or expansions in progress at the time of the audit.

115.18 (b). NCF did record that the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. The PCM stated that he is consulted when new cameras are installed and he looks at blind spots and places where PREA incidents have happened. In an interview with the Warden that he gathers information from disciplinary reports, where PREA incidents occurred, blind spots, and gets staff input when making a decision where to enhance the video monitoring system. During the on-site review the auditor noticed there were camera placements in strategic locations to reduce the number of blind spots inside and outside buildings.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 22-103D: Investigation Procedures (*Effective Date 040114*)
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
3. Memorandum of Understanding between Options Domestic & Sexual Violence Services, Inc. and Norton Correctional Facility
4. Enforcement, Apprehension & Investigations, Investigations Protocol Manual

Interviews:

1. Random Staff
2. SAFE/SANE Staff
3. PREA Compliance Manager
4. Inmates Who Reported a Sexual Abuse

Findings (By Provision):

115.21 (a). IMPP 22-130D Investigation Procedures (*p.3*) provided in the PAQ by NCF states all allegations of sexual abuse and sexual harassment shall have an agent assigned to investigate and immediately investigated. It further states, the investigation shall follow a uniform evidence protocol. The investigation unit known as Enforcement, Apprehension and Investigation (EAI), is under the jurisdiction of the EAI Director, who reports to the Secretary of Corrections. This unit conducts investigation into allegations of criminal activity involving offenders, visitors and staff. The unit also conducts administrative investigations of departmental violations by inmates and staff. EAI's Investigations Protocol Manual describes the protocol for a systematic approach to the crime scene. The manual covers crime scene preservation and security, collection of evidence, preservation of evidence as well as many other rules for guiding an investigation.

Random staff were selected for interviews, correctional officers from each of the three shifts were selected for a total of 12 correctional officers and four non-correctional staff were selected. All the staff interviewed understood the agency's protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. The staff interviewed also knew that EAI conducted sexual abuse investigations.

115.21 (b). NCF does not house any youthful inmates, inmates under the age of 18. Therefore, this substandard is non-applicable to NCF.

115.21 (c). IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.11*) requires victims and perpetrators of sexual abuse to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner, at no cost to the offender. NCF uses the SANE located at the Hays Medical Center in Hays, Kansas. NCF recorded on their PAQ zero forensic exams were conducted in the past 12 months by either a SANE/SAFE or qualified medical practitioner.

Interview with a SANE staff at Hays Medical Center was conducted via the phone while on at the facility. The SANE staff confirmed they are responsible for conducting all forensic examinations for NCF. The SANE staff also stated there is a SANE on call but if for some reason the SANE could not be contacted NCF would be directed to the SANE in Salina, Kansas.

An interview was conducted with an inmate who reported sexual abuse, in his interview he said he was offered an examination but refused. NCF reported 20 investigation related to sexual abuse and sexual harassment was conducted in the past 12 months, the auditor reviewed 15 of these investigations. None of the investigation showed an inmate being seen by a SANE.

115.21 (d). IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.11*) was reviewed and requires victims of sexual abuse to be provided a brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM. Additionally, 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. KDOC will also attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. NCF provided a Memorandum of Understanding (MOU) between Options Domestic & Sexual Violence Services, Inc. (OPTIONS) and Norton Correctional Facility to provide sexual assault services, as requested, to victims of sexual abuse in NCF. The MOU states OPTIONS will provide a 24-hour helpline and crisis intervention, medical advocacy for forensic exams and follow-up exams, court advocacy related to sexual abuse, law enforcement advocacy related to sexual abuse and support groups related to sexual abuse.

In an interview conducted with the PCM he stated there was a MOU with OPTIONS to provide victim advocacy services when requested by the victim. An interview was conducted with an inmate who reported sexual abuse, in his interview he said he was offered advocacy services but refused them.

115.21 (e). IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.11*) was reviewed and states 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. NCF has entered into a MOU with OPTIONS who has agreed to support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. OPTIONS require that NCF understand and agrees to comply with their confidentiality requirements set forth by the federal Violence Against Women Act, Victims of Crime Act, and the Family Violence Prevention and Services Act, which mandates for nondisclosure of confidential or private information to survivors.

The PCM was asked how NCF ensures that OPTIONS, who provides victim advocacy services for victims at NCF, offers confidentiality to victims that utilize their services. He stated it is part of the MOU agreement.

115.21 (f). The EAI at NCF is responsible for conducting all administrative and criminal investigations. Therefore, this substandard is non-applicable to NCF.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 22-103D: Investigation Procedures (*Effective Date 040114*)

2. Documentation of completed investigations involving sexual abuse or sexual harassment allegations

Interviews:

1. Agency Head
2. Investigative Staff

Findings (By Provision):

115.22 (a). NCF provided IMPP 22-103 Investigation Procedures (*p.3*) in their PAQ and was reviewed. The policy requires all allegations of sexual abuse, sexual harassment and non-consensual sexual acts to be assigned for investigation immediately and shall follow a uniform evidence protocol. NCF recorded on their PAQ that during the past 12 months 20 allegations of sexual abuse and sexual harassment were received. Each of the 20 allegations resulted in an administrative investigation with one referred for a criminal investigation. Additionally, NCF recorded that all 20 investigations received were completed.

The agency head for KDOC stated in his interview that all allegations of sexual abuse or sexual harassment are referred to the EAI investigator at the facility. Once the investigation is completed the Warden will receive the final investigation report. If the investigation is a criminal investigation it will be referred to the local county attorney. He also stated all investigations are monitored at Central Office.

NCF reported 20 investigation related to sexual abuse and sexual harassment was conducted in the past 12 months, the auditor reviewed 15 of these investigations. The investigation files indicated an investigation was completed for any allegation of sexual abuse or sexual harassment. Even when some of the allegations were made anonymously.

115.22 (b). IMPP 22-103 Investigation Procedures (*p.1*) outlines that EAI staff are specifically designated and trained officers whose one of many duties is to conduct criminal investigations involving employees, visitors and offenders when the offense originates within the jurisdiction of the department. NCF's investigative staff answered in an interview that allegations of sexual abuse or sexual harassment are referred to EAI who has the authority to conduct criminal investigations. The agency's website states "All PREA allegations are reviewed and assigned for investigations. Enforcement, Apprehensions & Investigations (EAI) staff members throughout the agency have received specialized training to conduct administrative and criminal investigations regarding allegations of sexual abuse and harassment in confinements."

115.22 (c). Since NCF's investigators are trained and have the authority to conduct criminal investigations this substandard is non-applicable to NCF.

Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 03-104D: Minimum Departmental Training Standards (*Effective Date 081214*)
3. Kansas Department of Correction PREA Basic Lesson Plan
4. Training Records

Interviews:

1. Random Staff

Findings (By Provision):

115.31 (a). NCF’s Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.5*) requires all KDOC employees to receive the brochure “Undue Familiarity and Sexual Misconduct” and receive training in (1) Its zero-tolerance policy for sexual abuse

and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (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; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. NCF also included their KDOC Employee Basic Training for PREA. The lesson plan addressed all of the 10 topics required in this standard as mentioned above.

Random staff were selected for interview, correctional officers were selected from each of NCF's three shifts for a total of 12 and four non-correctional officers were selected. All 16 staff demonstrated knowledge of the ten required training topics in the standard.

Training files of the random staff selected for interviews were requested and provided by NCF. The auditor reviewed the training files and found that each had completed the training during the last 12 months

115.31 (b). The agency's Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.5) requires training to be tailored to the gender of the offenders at the facility and if staff are reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa the staff will receive additional training. NCF only houses male inmates over the age of 18 and the auditor during the review of the employee files did not find any employees that transferred from a female or juvenile facility.

115.31 (c). Internal Management Policy and Procedure 03-104D: Minimum Departmental Training Standards, Attachment D (p.1) indicates all staff will receive annual training on Offender Sexual Assault Prevention/PREA. NCF recorded on their PAQ that 269 staff employed by the facility, who may have contact with inmates, were trained in PREA requirements. At the time of the audit a staff alpha roster was provided by NCF to the audit team listing 243 staff employees. 16 random staff were selected to review attendance to the PREA training, correctional officers were selected from each of NCF's three shifts for a total of 12 and four non-correctional officers were selected. The class completion records showed that all 16 had completed the PREA training within the past 12 months.

115.31 (d). The agency's Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.5) requires the facility to document, through staff signature or electronic verification that they understand the training they have received. The classroom training is documented by signature on the PREA Training Acknowledgement form that states they received and understand the training. The training records for the 16 random selected staff were reviewed and found to have a signed PREA Training Acknowledgement form for each staff.

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 13-101D: Volunteering (*Effective Date 102214*)
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
3. Kansas Department of Correction Orientation and Basic Volunteer Training Lesson Plan

4. Kansas Department of Correction Volunteer Training PowerPoint presentation
5. Volunteer Annual Training Records

Interviews:

1. Volunteers or Contractor who have Contact with Inmates

Findings (By Provision):

115.32 (a). IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.5*) was reviewed and requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They are also to be notified of the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Additionally, IMPP 13-101D: Volunteering (*p.6*) requires volunteers to be provided volunteer basic training which includes sexual assault prevention/PREA. NCF provided the volunteer basic training lesson plan and PowerPoint for review. The basic training covered detection, responding and reporting sexual abuse and sexual harassment. NCF recorded 93 volunteers, who have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response. A religious services volunteer was interviewed and stated he had received training on detection, responding and reporting sexual abuse and sexual harassment. Six volunteer training files were reviewed and the auditor found that each had completed the facility's volunteer training, which includes PREA training, within the last 12 months.

113.32 (b). IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.5*) was reviewed and requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. A religious services volunteer was interviewed and stated he had received training and understood the agency zero tolerance policy. He also stated that he would report to the chaplain or an officer any allegations of sexual abuse or sexual harassment. Six volunteer training files were reviewed and the auditor found that each had completed the facility's volunteer training, which includes PREA training and the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, within the last 12 months.

115.32 (c). IMPP 13-101D: Volunteering, Attachment E requires all volunteers to sign an acknowledgement form indicating they have received and understand the PREA training. IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment (*p.13*) states this policy and procedures are intended for staff and contractors. Additionally, this policy (*p.5*) requires verification that contractors understood the PREA training they received. Documentation of volunteers and staff verifying they had received and understood the training was presented for review. Based upon this analysis, the auditor finds the facility is compliant with this provision and no corrective action or recommended action are required.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Kansas Department of Correction Offender PREA Orientation (English and Spanish)
3. Kansas Department of Correction PREA Inmate Education Brochure (English and Spanish)
4. Kansas Department of Correction Offender's Guide to Sexual Assault Prevention Brochure (English and Spanish)
5. Norton Correctional Facility Orientation Acknowledgement Checklist

Interviews:

1. Intake Staff
2. Random Inmate
3. Targeted Inmate

Findings (By Provision):

115.33 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) states "During the intake process, offenders shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." NCF reported on their PAQ

that 743 inmates admitted during the past 12 months were given this information at intake. NCF also provided documentation listing each inmate that received the facility's orientation training upon intake. The documentation indicated 100% of offenders received the training.

Two intake staff were interviewed and stated inmates are provided with information about the zero-tolerance policy and how to report incidents of suspicions of sexual abuse or sexual harassment. In order to ensure the inmates have been educated on the agency's policy of zero-tolerance for sexual abuse and sexual harassment the intake staff require the inmates to sign an orientation acknowledgement document. There was a total of 35 inmates (18 random inmates and 17 targeted inmates) asked if upon arrival if they had received information about the facility's rules against sexual abuse and harassment. One stated he had not, five did not remember or paid attention to the orientation, and the remaining 29 inmates said they had.

Prior to the on-site review five NCF Orientation Acknowledgement Checklist were uploaded with the PAQ for review. The checklist included an acknowledgement that the inmate viewed and received documentation regarding PREA. A request was made by the auditor to NCF to provide April 2019 intake list and the signed orientation checklist for each inmate on the intake list. In April 2019 NCF received 62 inmates, the auditor reviewed seven inmate files at random by selecting the first inmate on the list and every 10th inmate afterwards. The auditor found signed acknowledgement for each of the seven inmates selected.

115.33 (b). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) requires that within 30 days of intake, the facility shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. NCF reported on their PAQ that 606 inmates received this information.

Two intake staff were interviewed and asked how does the agency ensure that inmates are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. They replied the inmates watch two videos about PREA, are verbally told this information and given brochures. They also said the inmates are made aware of these rights within 24 hours. There was a total of 35 inmates (18 random inmates and 17 targeted inmates) asked if when they came to NCF were they told about their right not to be sexually abused or sexually harassed, not be punished for reporting sexual abuse or sexual harassment and how to report sexual abuse and sexual harassment. One stated he was not informed of these rights or how to report. Another inmate said he was informed of his rights to be free from sexual abuse and sexual harassment but not informed how to report or his right not to be punished for reporting. One inmate stated he had not been told about his rights to be free from sexual abuse and sexual harassment but was told how to report and his right to be free from punishment for reporting. There were five inmates that reported they didn't remember or paid attention to the orientation. The remaining inmates interviewed said they were told of their right not to be sexually abused or sexually harassed, not be punished for reporting sexual abuse or sexual harassment and how to report sexual abuse and sexual harassment.

The auditor reviewed two brochures provided with the PAQ, Kansas Department of Correction PREA Inmate Education Brochure and Kansas Department of Correction Offender's Guide to Sexual Assault Prevention Brochure. Both brochures have information about the inmates right to be free from sexual abuse and sexual harassment and how to report such incidents. However, neither brochure told the

inmate they had the right to be free from punishment when reporting sexual abuse or sexual harassment. In April 2019 NCF received 62 inmates, the auditor reviewed seven inmate files at random by selecting the first inmate on the list and every 10th inmate afterwards. The auditor found signed acknowledgement for each of the seven inmates selected.

115.33 (c). NCF reported in their PAQ that current inmates who have not received such education within the 30 days received the information within one week. The auditor clarified with the PREA Coordinator that all inmates are to receive this education upon intake or within one week of intake. This was confirmed with during the interviews with the intake staff. Both intake staff stated inmates receive this education within 24 hours of arrival at NCF.

115.33 (d). NCF recorded on their PAQ that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, visually impaired, limited in their reading skills or otherwise disabled. Additionally, Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires NCF to provide offender education in formats accessible to all offenders. PREA brochures in Spanish were uploaded with the PAQ.

NCF offers a translation service for inmates that are LEP through Big Word. During the onsite review the auditor contacted Big Word using the log in information provided by NCF to confirm access to the translation service. The service worked very well and was easy to use. NCF currently is unable to provide written materials or other formats ensure effective communication with inmates for inmates that are blind or have a low vision disability. The PREA Coordinator stated if a need arose assistance from the School for the Blind would be used to translate information in Braille or the staff would read the written materials to the inmate. NCF does not have any inmates which are blind or have a low vision disability. The PREA Compliance Manager provided documentation for a Video Relay Service (VRS) that would enable the facility to communicate with someone that is hearing impaired. The VRS is a free subscriber-based service that is available 24 hours a day that enables deaf individuals to communicate through a qualified Sign Language interpreter.

115.33 (e). Prior to the onsite review five NCF Orientation Acknowledgement Checklist were uploaded with the PAQ for review. The checklist included an acknowledgement that the inmate viewed and received documentation regarding PREA. A request was made by the auditor to NCF to provide April 2019 intake list and the signed orientation checklist for each inmate on the intake list. In April 2019 NCF received 62 inmates, the auditor reviewed seven inmate files at random by selecting the first inmate on the list and every 10th inmate afterwards. The auditor found signed acknowledgement for each of the seven inmates selected.

115.33 (f). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires the facility to ensure that key information is continuously and readily available or visible to offenders through posters, handbooks, or other written formats. During the tour the auditor saw posters on every housing unit and throughout the facility were inmates have access in English and Spanish on how to report sexual abuse and sexual harassment. Additional posters regarding sexual abuse and sexual harassment were posted throughout the facility, in locations such as housing units, dining facility, work areas, visitation and program areas.

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

Recommended Action:

1. The facility should be able to provide a list by name of each inmate that receives the comprehensive education to in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
2. The facility should add to the Kansas Department of Correction PREA Inmate Education Brochure and Kansas Department of Correction Offender’s Guide to Sexual Assault Prevention Brochure information informing the inmate their right to be free from punishment when reporting sexual abuse or sexual harassment.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Enforcement, Apprehension & Investigations, Investigations Protocol Manual
3. Kansas Department of Correction Specialized Investigator Training
4. Norton Correctional Facility Investigator Training Certificates
5. Norton Correctional Facility Orientation Acknowledgement Checklist

Interviews:

1. Investigative Staff

Findings (By Provision):

115.34 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) was reviewed and requires specialized training to be provided to Special Agents in conducting sexual abuse investigations in confinement settings. One of the NCF abuse investigations had completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting course and both investigators had completed Prison Rape and Sex Assaults Investigations Inside Correctional Facilities by Training Force USA. Certificates were provided for completion of the courses.

Additionally, one of the investigators had attended KDOC Specialized Investigator training for PREA. A sign-in sheet was provided to show attendance for the two-day training event.

Interviews were conducted with both investigators and they were asked if they had received training specific to conducting sexual abuse investigations in a confinement setting. Both acknowledged they had completed a course.

115.34 (b). The course curriculum for the NIC PREA: Investigating Sexual Abuse in a Confinement Setting and Prison Rape and Sex Assaults Investigations Inside Correctional Facilities by Training Force USA was reviewed and found to cover techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the evidence standards for substantiation and referral for prosecution. Both investigators said in their interviews the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.34 (c). NCF employs two investigators and documentation was provided and reviewed to show the investigators had completed the required specialized training in conducting sexual abuse investigations. Certificates were presented for both investigator for completing NIC's online course PREA: Your Role Responding to Sexual Abuse, Prison Rape and Sex Assaults Investigations Inside Correctional Facilities by Training Force USA, and KDOC's Specialized Investigator Training. Additionally, certificates were presented for completion of the NIC's PREA: Investigating Sexual Abuse in a Confinement Setting course for one of the investigators.

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)

2. General Health Services Policy and Procedures, Federal Sexual Assault Reporting Regulations (*Effective Date 050914*)
3. Corizon's PREA Training PowerPoint
4. KDOC Specialized Training Medical & Mental Health Professionals PowerPoint
5. Medical and Mental Health Training Records

Interviews:

1. Medical and Mental Health Staff

Findings (By Provision):

115.35 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) requires specialized training for medical and mental health staff and shall include how to detect and assess signs of sexual abuse and sexual harassment and preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Additionally, Corizon's General Health Services Policy and Procedures, Federal Sexual Assault Reporting Regulations was provided for review and it also requires training for healthcare providers medical and behavioral health staff to receive this training. In the PAQ, NCF reported 32 medical and mental health care practitioners worked regularly at NCF and all 32 had received the training required by the agency policy.

Two medical or mental health staff were interviewed and asked if they had received specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse and sexual harassments. Both replied they had received training on warning signs to look for when examining a patient. They also said they received training on how to respond to victims of sexual abuse and sexual harassment and to report any allegations or suspicions of such acts to the shift supervisor. One stated they had not received training in preserving evidence of sexual abuse.

115.35 (b). This substandard is NA. Forensic examinations are conducted at the Hays Medical Center by a SANE.

115.35 (c). NCF provided PowerPoint of Corizon's PREA Training and KDOC Specialized Training Medical & Mental Health Professionals Training documentation for review. The PowerPoint presentations provided information on how to detect and assess signs of sexual abuse and sexual harassment and preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Additionally, training records were provided for two medical staff which indicated the training had been completed for Response to and Prevention of Inmates Sexual Assault but not to the specialized training.

As part of the corrective action NCF provided a roster of medical and mental health professionals employed at NCF and a statewide report for the completion of National Institute of Corrections (NIC) specialized training for medical health care for sexual assault victims in a confinement setting. NCF had 100% participation of medical and mental health staffing in this training.

115.35 (d). Training records were provided for two medical staff which indicated the training had been completed for Response to and Prevention of Inmates Sexual Assault but not to the specialized

training. However, one training record had a completion date of January 20, 2017 indicating this medical person had not received the training every two years or refresher training.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*Effective Date 122016*)
2. Internal Management Policy and Procedure 05-101D: Utilization, Confidentiality, Privacy, Security and Dissemination of Information Contained within Agency Records (*Effective Date 111318*)
3. PREA Application User Manual (*Effective Date 110118*)
4. Screening Documentation

Interviews:

1. Staff Responsible for Risk Screening
2. Random Inmate
3. Targeted Inmates
4. PREA Coordinator
5. PREA Compliance Manager

Findings (By Provision):

115.41 (a). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.2*) was provided for review. This policy requires offenders to be assessed for their potential for being a victim or aggressor with an assessment instrument known as the Sexual Victimization and Abusiveness Assessment (SVA) electronically in the Total Access PREA System (TAPS). Two staff who are responsible for performing screening of victimization and abusiveness stated in an interview that inmates upon admission to NCF receive screening for risk of sexual abuse victimization and sexual abusiveness toward other inmates. Interviews were conducted with 35 inmates, 18 random and 17 targeted, of the 35 inmates 12 had arrived at NCF within the past 12 months. Those 12 were asked if they remembered being asked any questions about previous sexually abuse in a jail or prison, whether they identified as being gay, lesbian, or bisexual, and whether they thought they were in danger of being sexually abused at NCF. Seven of the inmates remembered being asked and one only remembered being asked if he was gay, lesbian, or bisexual. Four stated they do not remember being asked any such questions upon arrival at NCF. The auditor reviewed seven inmate files that arrived in April 2019 and found a SVA had been completed for all seven within 24 hours of arriving at NCF.

115.41 (b). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.2*) requires the SVA to be completed within 72 hours on all offenders of intake and prior to placement in multi-occupancy housing. The two staff that were interviewed for risk screening stated the screening is done within 72 hours, usually the next day in orientation. However, only eight of the 12 inmates that were asked if they had been screened upon arrival remembered the screening. NCF recorded on their PAQ that within the past 12 months NCF received 681 inmates. According to the PREA Coordinator all inmates that are transferred to NCF receive a SVA within 72 hours. The auditor reviewed seven inmate files that arrived in April 2019 and found a SVA had been completed for all seven within 24 hours of arriving at NCF.

The PREA Application User Manual was provided for review. This manual provides detailed instructions to staff for completing the SVA. The SVA is to be completed within 72 hours on all

offenders at intake to the agency or transferring into a facility. The SVA is to be reviewed within 30 days of intake or transfer. In April 2019 NCF received 62 inmates, the auditor reviewed seven inmate files at random by selecting the first inmate on the list and every 10th inmate afterwards. The auditor found an assessment done for each of the seven inmates within 24 hours.

115.41 (c). The SVA provides a score that can designate offenders as Unrestricted (UN), Victim Incarcerated (VI), Victim Potential (VP), Known Aggressor (KA), Aggressor Potential (AP). These designations are then considered in the placement of offenders in housing, programs and job assignments.

115.41 (d and e). The KDOC PREA Application User Manual takes many factors in consideration when assessing inmates for risk of sexual victimization. The auditor reviewed the screening instrument NCF uses to determine an inmate's risk of sexual victimization. The following criteria is considered when conducting the screening; whether the inmate has a mental, physical, or developmental disability, the age of the inmate, the inmates physical build, any previous incarcerations, whether the inmate has a criminal history that is exclusively nonviolent, any prior convictions for sex offenses against an adult or child, the inmates sexual orientation, and the inmates own perception of vulnerability. However, the screening instrument only considers if the inmate has a history of being sexual predatory or aggressive actions in an institutional setting. The standard requires the screening instrument to consider whether the inmate has experienced any previous sexual victimization either in an institutional setting or outside an institutional setting. . KDOC does not house offenders solely for civil immigration detainees. Therefore, this criteria of whether or not the inmate is detained solely for civil immigration purpose is not assess on the SVA as a factor for victimization. Additionally, the SVA considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence of sexual abuse. Staff that perform screening at NCF were interviewed and described the process for completing the assessment that follows the KDOC PREA Application Manual.

Two staff that conduct inmate risk screening were asked what the risk screening considers and the process for conducting risk screening. Both interviewees stated the risk screening considers prior incarcerations, the crime, physical size, prior victimization, disabilities, the inmates age and the inmates perceived sexual orientation as well as their perception of vulnerability. Additionally, both stated the form allows for additional comments by the staff performing the risk assessments if needed.

115.41 (f). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.2*) requires that within 30 days of intake, every offender will have another Sexual Victimization and Abusiveness Assessment completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression. This will be completed electronically in T.A.P.S. using the appropriate screening form, and shall include any additional relevant information received since intake. Each offender will be assigned a score by the internal classification instrument: KA (Known Aggressor), AP (Aggressor Potential), UN (unrestricted), VP (Victim Potential), or VI (Victim Incarcerated). NCF reported in their PAQ that 606 inmates were re-assessed for sexual victimization within 30 days of arriving at the facility. NCF provided documentation that was reviewed by the auditor that indicates 606 inmates were re-assessed.

Staff that perform screening at NCF were interviewed. Both staff reported that SVA's were completed in less than 72 hours of arrival at the facility and reviewed within 30 days of arrival. Of the twelve inmates interviewed and asked if they had been asked these types of questions again only two

answered yes. One had been at NCF for less than a week and the other nine answered they had not been asked a second time.

In April 2019 NCF received 62 inmates, the auditor reviewed seven inmate files at random by selecting the first inmate on the list and every 10th inmate afterwards. The auditor found a reassessment done for each of the seven inmates within 30 days.

115.41 (g). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (p.3) requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Transgender/Intersex offenders are to be reassessed twice per year to review appropriateness of placement and programming assignments and to assess for threats to the offender's safety. However, the two staff that perform screenings said they do not do a reassessment on an inmate's risk level as needed due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

As part of the corrective action NCF provided a reassessment for an inmate that arrived in November 2016. The inmate had identified as a heterosexual but since has changed her mind and now identifies as a transgender. A reassessment was conducted on September 26, 2019 once the facility was informed by the inmate of her new identity.

115.41 (h). KDOC's PREA Application User Manual states offender cannot be punished for refusing to answer or for not disclosing complete information in response to the SVA questions being asked. One of the staff who perform the screening state inmates could not be disciplined in any way for refusing to answer or for not disclosing complete information. However, the other staff said they could be but has never had an inmate refuse.

115.41 (i). KDOC's PREA Application User Manual states only classification staff, PCM, EAI and facility administration can have access to the answers on the SVA. Security staff and offender work crew supervisors may have access to the final internal classification only. In an interview with the PCM he stated that he, the PREA Coordinator (PC), classification, the Warden and Deputy Warden, EAI, and unit team counselors are the only ones that have access to the answers on the SVA. The PC state the access is very limited and only those with a need to know are provided access. Both screening staff that were interviewed also confirmed the access is only for unit team counselor and classification staff.

During the corrective action phase the facility provided training documentation that shows classification staff received training that explicitly discussed inmates are not be disciplined for refusing to answer or not disclosing complete information in response to questions in the SVA.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*Effective Date 122016*)
2. Internal Management Policy and Procedure 11-106: Case Management (*Effective Date 102108*)
3. Corizon General Health Services Policy and Procedures, Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria (*Effective Date 070117*)
4. Sexual Victimization Assessment (SVA) Classification List

Interviews:

1. Staff Responsible for Risk Screening
2. Transgender Inmate
3. PREA Coordinator (PC)
4. PREA Compliance Manager (PCM)

Findings (By Provision):

115.42 (a and b). Internal Management Policy and Procedure 11-106: Case Management (*p.2*) was reviewed and states the offender's status as a Known Aggressor (KA) or Victim Incarcerated (VI) per the screening at admission shall be considered when making program referrals. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.3*) was also reviewed and prohibits the housing of offenders with a VI or VP to only be housed with offenders that are the same or UN and offenders with a KA or AP can only be housed with offenders that are the same or UN (unrestricted). The Sexual Victimization Assessment (SVA) Classification List listing each inmate's status and housing assignment was provided and reviewed. It was clear from the SVA Classification List that offenders with victim scores are not housed with offenders that have aggressor scores.

The PCM was asked during his interview how the facility uses the information from the risk screening during intake to keep inmates from being sexually victimized or being sexually abusive. He stated the information is used for housing and program assignments as well as job placements. Two staff responsible for risk screening were asked the same question and they also stated it was used for housing and job assignments. They further stated that an inmate classified as a victim would not be placed with an inmate classified as an aggressor.

115.42 (c). General Health Services Policy and Procedures, Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria (*p.8*) states "Specific cases shall be evaluated on a case-by-case basis...for consideration of any safety, security, and/or operation concerns presented".

In the PCM's interview he was asked how the agency or facility determines housing and program assignments for transgender or intersex inmates, and if the agency considers whether the placement will ensure the inmate's health and safety as if the placement presents a management or security problem. He replied the SVA scores are used to determine housing and program assignments and consideration is given for the both the inmates health and safety as well as any management or security problems. An inmate was identified as a transgender and an interview was conducted. One of the questions asked was if the staff at NCF ask about her safety. She replied staff are asking her.

115.42 (d). This substandard requires placement and programming assignments for each transgender or intersex inmate to be reassessed at least twice each year to review any threats to safety

experienced by the inmate. The auditor was unable to find a reference in the policy regarding housing and programs are reassessed at least twice each year. The auditor did find in Internal Management Policy and Procedure 11-106: Case Management (p.6) that inmates with less than three years to serve will have a case review done every 120 days and inmates with more than three years to serve will have a review annually.

The PCM stated in his interview that placement and programming assignments for each transgender or intersex inmate is reviewed bi-annually for threats to safety experienced by the inmate. Additionally, two interviews were conducted with staff who perform the risk screening. One staff stated the transgender or intersex inmate would have a reassessment every six months. The other guessed it would be every 30 days.

The auditor was unable to confirm if placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. There is no policy requiring and no documentation provided that showed the reassessment is happening.

As part of the corrective action NCF provided an updated policy IMPP 10-139D Screening for Sexual Victimization and Abusiveness (p.3) that requires each transgender or intersex offender to have a reassessment at least twice per year and to assess any threats to safety experienced by the offender. NCF provided reassessments for two transgender that was conducted within six months of their initial assessment.

115.42 (e). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (p.4) was reviewed and requires a transgender/intersex inmate's own views of his or her safety to be given serious consideration. The PCM said a transgender or intersex inmate's safety is considered at all times and are closely monitored when asked if a transgender or intersex inmate's views with respect to his or her own safety are given serious consideration in placement and housing assignment. Both the staff who perform the risk screening also stated the transgender or intersex inmate's views with respect to his or her own safety are given serious consideration in placement and housing assignment. The transgender that was interviewed stated staff are asking about her safety and she felt very safe at NCF.

115.42 (f). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (p.4) and provides transgender/intersex offenders the opportunity to shower separate from other offenders. The PCM and one of the staff who conducts the risk screening stated transgender and intersex inmates are given the opportunity to shower separate on the unit. However, the second staff who conducts risk screening answered no they are not given the opportunity. An interview with a transgender indicated she is given the opportunity to shower separately. In an interview conducted with a transgender she stated she is allowed to shower without other inmates. The auditor decided the facility was compliant with this substandard based upon the facility's policy and the interview with the transgender inmate.

115.42 (g). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (p.4) prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

The PC stated in her interview that the agency uses the classification level and programming needs for the inmate to determine which facility an inmate will be placed. She further stated that KDOC currently has 33 transgender inmates, at least one at each KDOC facility. The PCM stated the facility is not subject to any consent decree, legal settlement, or legal judgement requiring a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmate. An interview with a transgender indicated she has never been put in a housing area only for transgender or intersex inmates. During the onsite review the auditor did not see any dedicated housing unit solely housing lesbian, gay, bisexual, transgender, or intersex inmates.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*Effective Date 122016*)
2. Internal Management Policy and Procedure 20-108: Protective Custody (*Effective Date 021502*)
3. Internal Management Policy and Procedure 20-106 Administrative Segregation Review Board (*Effective Date 072104*)
4. General Order 15-103, Restriction Unit (*Effective Date 081018*)

Interviews:

1. Warden
2. Staff who Supervise Inmates in Segregated Housing

Findings (By Provision):

115.43 (a). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) was reviewed and covers the use of involuntary segregation for offenders at high risk of sexual victimization. This policy requires an assessment of all housing alternatives prior to placement in involuntary segregation. If an assessment cannot be immediately made then the offender may be house for less than 24 hours in segregation while the assessment is completed.

The Warden stated during his interview that an inmate would only be placed in involuntary segregated housing after an assessment was conducted and there was no alternative housing for the inmate to keep him separated from an aggressor. He also stated he and the PCM monitor the list a The Warden stated during his interview that n least every other day and weekly briefings are held with EAI for inmates in segregated housing. At the time the onsite review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

115.43 (b). An interview was conducted with a staff who supervises inmates in segregated housing. The staff was asked if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, does the inmate still have access to programs, privileges, education and work opportunities? And if not is there documentation documenting the opportunities have been limited, the duration of the limitations and the reason for such limitations? The staff member responded those inmates placed in segregation do have access to programs, educations, privileges but not work opportunities. NCF recorded in the past 12 month there had been zero inmates placed in segregation housing for protection from sexual abuse or after having alleged sexual abuse. At the time the onsite review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

115.43 (c). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) states "Offenders placed in involuntary segregation shall not ordinarily remain for more than 30 days". NCF reported in the PAQ zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months.

The Warden stated in his interview that inmates at high risk for sexual victimization or who have alleged sexual abuse would only be placed in involuntary segregations as a last resort if their safety could not be guaranteed in general population. He further said that NCF has never had this situation but if it did happen the inmate would be in segregated housing for the shortest possible time. The facility would look at a transfer to another facility to guarantee the inmates safety. The staff who supervises inmates in segregated housing stated inmates would only be placed in segregated housing would only be there until an alternative means of separation from likely abusers could be arranged. At the time the onsite

review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

115.43 (d). NCF reported in the PAQ zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months; and, at the time the onsite review was conducted there were no inmates at high risk for sexual victimization placed in involuntary segregated housing.

115.43 (e). Internal Management Policy and Procedure 20-106 Administrative Segregation Review Board (*p. 1*) reads, “The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter.” The staff who supervises inmates in segregated housing was asked once an inmate is assigned to involuntary segregated housing, does the facility review the inmates circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed. He responded it is done by the review board, which consist of a unit team member, behavioral health specialist, and custody supervisor.

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No

- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. PREA Inmate Education Brochure (English and Spanish)
3. Memorandum of Understanding (MOU) between Legal Services for Prisoners, Inc. and the Kansas Department of Corrections
4. General Order 15-103, Restriction Unit (*Effective Date 081018*)

Interviews:

1. Random Staff
2. Random Inmates
3. Targeted Inmates
4. PREA Compliance Manager (PCM)

Findings (By Provision):

115.51 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) was reviewed and lists the multiple methods an offender may report sexual abuse or sexual harassment. Offender may make a verbal report to any staff, a written report through a Form 9 “Offender Request to Staff” and a grievance, call on the offender phone system to #50 to report to investigators on the KDOC Sexual Assault Helpline.

All 15 random staff interviewed demonstrated knowledge of most of the ways an offender could make a report during random interviews by auditors, such as the #50 phone, letting staff know, filling out a Form 9, or calling the KDOC Sexual Assault Helpline. A total of 35 inmates, 18 random and 17 targeted, were asked if they knew how to privately report sexual abuse or sexual harassment happening to them or someone else. All knew at least one way to report, the #50 phone number was the one mentioned the most.

Throughout the facility, in housing units, program areas and work areas signs were posted with the #50 information. During the onsite review the auditor made a call to the #50 in order to test the system and response time. Within 15 minutes the auditor received a call back from the investigation department.

115.51 (b). An MOU with the Legal Services for Prisoners, Inc and KDOC was provided for review and covers the external reporting requirement of the standard. Offenders may call or write the Legal Services for Offenders confidentially and anonymously. Correspondence to the Legal Services for Offenders may be turned in sealed and does not need the offenders name on it to be mailed. However, the auditor was unable to find any reference for this service provided to the inmate population during the onsite review.

The PCM was unable to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that in part of the agency when asked in his interview. He went over the different ways the inmates could report internally to the facility. None of the 35 inmates that were asked about different ways to report mentioned any way to report outside the agency other than to a friend or family member.

During the corrective action phase the facility provided pictures of information posted on the inmate bulletin boards for Legal Services for Prisoners. Legal Services for Prisoners is a non-profit group that provides legal services to inmates in Kansas correctional facilities. Their goal is to ensure that prisoner’s rights are met.

115.51 (c). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires staff to immediately report and knowledge, suspicion, or information regarding and incident of sexual abuse or harassment. Staff may report to their supervisor, Appointing Authority, or to the investigation department. Staff interviewed stated a “narrative” would be written and would either contact the supervisor or the investigators if they received any type of report of sexual abuse or sexual harassment. The 35 inmates interviewed stated they could make a report in writing or in person and all but one said he could contact family members and they could make a report.

115.51 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.7) has a toll-free third-party hotline that staff, offender family members or anyone else may use to report allegations of sexual abuse or sexual harassment. These reports are referred to the KDOC PREA Coordinator or the Director of Enforcement, Apprehensions, and Investigations. Most staff stated in their interview they would report directly to their supervisor. The auditor found the hotline number on KDOC's website

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (e)

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

115.52 (f)

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

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Kansas Administrative Regulation (KAR) 44 Article 15 Grievance Procedure for Inmates
2. Kansas Administrative Regulations (KAR) 44-15-106. Emergency Procedure
3. Grievance Response

Interviews:

1. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a, b, c). KAR 44 Article 15 Grievance Procedure for Inmates provides the rules and procedures for offenders to submit “Sexual Abuse Grievances” and “Sexual Harassment Grievances”.

A review of KAR 44-15-204 found there is no time limit for submission of a grievance regarding an allegation of sexual abuse nor does it require the inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse by a staff member, contractor, or volunteer, or a grievance in which it is alleged that sexual abuse by another inmate or by a staff member, contractor, or volunteer was the result of staff neglect or violation of responsibilities

115.52 (d). KAR 44 Article 15 Grievance Procedure for Inmates requires each grievance alleging sexual abuse shall be returned to the inmate, with an answer from the Warden, within 10 working days from the date of receipt. If the warden's answer is not satisfactory to the inmate, the inmate may appeal to the secretary's office. The secretary shall have 20 working days from receipt to return the grievance report form to the inmate with an answer. In all cases, a final decision on the merits of any portion of a grievance alleging sexual abuse, or an appeal thereof, shall be issued by the secretary within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time taken by inmates in preparing and submitting any administrative appeal. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level and may proceed to the next level of appeal. An inmate that reported sexual abuse stated in his interview that within two weeks of filing his report he had received an answer back from the facility.

The facility reported one grievance reporting sexual abuse in the last 12 months. This was reviewed by the auditor and found to be processed in accordance with the requirements of this standard. This grievance was answered in less than 30 days by the Warden.

115.52 (e). KAR 44 Article 15 Grievance Procedure for Inmates allows for fellow inmates, staff members, family members, attorneys, and outside advocates to be permitted to assist any inmate in filing requests for administrative remedies relating to allegations of sexual abuse and to also be permitted to file these requests on behalf of any inmate. If a third-party file such a request on behalf of an inmate, 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. The offender may decline to have the grievance processed which is to be documented by the facility.

115.52 (f). KAR 44-15-106 Emergency Procedure allows for inmates to file emergency grievances. Emergency grievances are defined as grievances for which disposition according to the regular time limits would subject the inmate to a substantial risk of personal injury, or cause other serious and irreparable harm to the inmate. KAR 44-15-106 further states, emergency grievances shall be forwarded immediately, without substantive review, to the level at which corrective action can be taken. Emergency grievances shall be expedited at every level.

115.52 (g). KAR 44 Article 15 Grievance Procedure for Inmates allows for discipline measures to be taken if only if it can be demonstrated that the inmate filed the grievance related to alleged sexual abuse in bad faith. NCF reported in their PAQ zero inmate grievances alleging sexual abuse that resulted in disciplinary action by the facility against an inmate for having filed the grievance in bad faith.

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Memorandum of Understanding (MOU) between Options Domestic & Sexual Violence Services, Inc. and Norton Correctional Facility

Interviews:

1. Inmates who Reported Sexual Abuse
2. Random Inmates
3. Targeted Inmates

Findings (By Provision):

115.53 (a and c). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.11*) was reviewed and covers the requirement for victim advocate services to victims of sexual abuse. The KDOC is required to attempt to make arrangements with local rape crisis centers to provide victim advocate services to facilities through agreements. If these arrangements cannot be made then the efforts will be documented. NCF has entered into an MOU with Options Domestic & Sexual Violence Services, Inc. to provide outside victim advocates for emotional support services related to sexual abuse. The MOU was signed August 17, 2018 and expires December 1, 2019. NCF does not detain inmates solely for civil immigration purposes.

Only eight of the 35 inmates interviewed said they knew there were services available outside the facility for dealing with sexual abuse, if needed. None of the eight was able to name who was providing the services or how to contact them. The inmate that reported sexual abuse stated in his interview he was offer victim advocacy services but he refused their services.

During the tour the auditor did not see any notifications on the bulletin boards or in the phone areas with information on how the inmates would be able to contact OPTIONS. However, the PC provided pictures after the onsite review of the contact information for OPTIONS posted on the housing unit bulletin boards for the inmates. She stated this information goes missing quite often and is in contact with the contract provider for the offender tables to upload the contact information on each of the tablets issued to an inmate.

During the corrective action phase the facility provided contact information for Options Domestic Services in Hays, Kansas. This information is provided to the inmate upon arrival to the facility during facility orientation.

115.53 (b). The MOU with OPTIONS outlines they disclose to victims, prior to providing services, the confidentiality requirements of advocates working with victims who are incarcerated and that they obtain a signed informed consent, at the onset of services, about disclosures of intent to harm selves or others and other information that create a safety concern for NCF. The PC reported the inmates are told in orientation the mail correspondence is not monitored, it is treated as privileged and confidential. However, if the inmate wishes to make contact via the phone, the inmate has to go through their unit team. Of the eight inmates who knew about the victim advocacy services provided three knew what was discussed would remain private but none knew about the mandatory reporting rules. During the

corrective action phase the facility provided pictures of OPTIONS bulletin board posting in the housing units. The postings announced to the inmates that what is discussed with OPTIONS is confidential.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)

Findings (By Provision):

115.54 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) provides the ability for staff, an offender's family or others to make a report of sexual abuse or sexual harassment by calling one of two toll-free telephone numbers that is published on the KDOC website. The auditor verified the hotline numbers published on the KDOC website and tested this method of reporting by calling and leaving a message to return a call to my

cellphone. A message was left for the KDOC third-party reporting number and a return call was received three days later. The second number to the Kansas Protection Report Center was called and the auditor was directed to a person that would help if this had been an actual report of sexual abuse.

The PREA posters that were observed throughout the facility during the tour tell offenders that their family may make a report on their behalf through the phone number on the KDOC website and may ask to remain anonymous. These posters were observed in the visiting rooms at NCF. They are provided in both English and Spanish.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)

Interviews:

1. Random Staff
2. Medical and Mental Health Staff
3. Warden
4. PREA Coordinator (PC)

Findings (By Provision):

115.61 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) was reviewed and requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment involving an offender or a staff member. Staff are instructed to report to their supervisor, appointing authority or Enforcement Apprehension and Investigations (EAI). Failing to report may result in administrative or disciplinary sanctions. Failing to report suspected abuse of an offender is a class B misdemeanor.

In the interviews with 15 randomly selected staff, all of the interviewees said the facility requires 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61 (b). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires staff not to reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The staff interviewed stated that they would report to their supervisor or to EAI either in person or using via a “narrative”.

115.61 (c). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.10*) requires medical and behavioral health practitioners to report sexual abuse and must inform offenders of their duty to report at the instigation of services.

In interviews with two medical health providers they stated that at the initiation of services inmates are informed of the limitations of confidentiality and their duty to report. This done by a brochure given to the inmate and signing a limit of confidentiality form. Both stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor upon learning of it. One of the interviewees said that a few years ago they became aware of an incident and reported it to their supervisor.

115.61 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) requires any staff who witnesses, suspects, or receives a report that an offender seventeen (17) years of age or younger is a victim of sexual abuse/harassment shall immediately complete the Suspected Child Abuse & Neglect in State Institutions (SISI) form; and shall immediately make a report to Kansas Protection Report Center at 1-800-922-5330.

The PC stated in her interview that when an allegation of sexual abuse or sexual harassment is by someone under the age of 18 the Division of Child and Family Services (DCFS) is contacted and the report is forwarded to the DCFS. She said that if a report of sexual abuse or sexual harassment of an adult over the age of 65 is received that by statute the Kansas Department of Aging and Disability is required to receive the report. However, there is no statute requiring a report of sexual abuse or sexual harassment be forwarded to the Kansas Department of Aging and Disability but if KDOC felt they should then KDOC would file a report with Kansas Department of Aging and Disability. NCF does not receive inmates under the age of 18 so the Warden was not asked how the facility would respond to an allegation of sexual assault or sexual harassment by an inmate under the age of 18.

115.61 (e). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.9*) states upon being notified of an allegation of sexual abuse, at a minimum ...the PCM, EAI, and the Duty Officer and/or warden/ superintendent shall be notified. The Warden, in his interview, said any allegations of sexual abuse or sexual harassment, including third-party and anonymous sources are reported directly to EAI for investigations. A review of investigation files indicated that reports from offender and anonymous sources are being sent to investigators as required by the policy and the standard and being investigated.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)

Interviews:

1. Agency Head
2. Warden
3. Random Staff

Findings (By Provision):

115.62 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.9*) was reviewed and states "that victims of sexual abuse and sexual harassment receive immediate protection and immediate and on-going medical and behavioral health care and support services... Any offender who alleges that he or she has been the victim of sexual

abuse shall be offered immediate protection from the assailant. KDOC staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse”.

The facility reported no instances of imminent risk during the past 12 months. During interviews with 15 random staff, all staff indicated they would immediately separate the victim for the inmate’s protection and notify their supervisor. The Warden stated during his interview that upon learning that an inmate is subject to substantial risk of imminent sexual abuse the inmate would be separated for their safety and Enforcement, Apprehension and Investigations would be notified to begin an investigation. The Agency Head indicated during his interview that offenders who are at risk of imminent sexual abuse would be separated so that that an investigation could begin and if needed alternate housing assignment would be made.

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)

Interviews:

1. Agency Head
2. Warden

Findings (By Provision):

115.63 (a, b, and c). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.9*) was reviewed and covers the procedures the facility head is to follow when an offender reports sexual abuse that occurred while incarcerated at another facility or under the supervision of another agency. 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, 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. NCF recorded on their PAQ that within the past 12 months there had been zero allegations received that an inmate was abused while confined at another facility.

115.63 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.9*) states the head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to this policy. During the interview with the Warden, he stated he would notify the head of the other facility if an offender reported sexual abuse occurred at another facility and assist with the investigation. He stated it had been over a year since NCF received such a report. The agency head was asked in his interview what happens when the agency receives a report from another agency of sexual abuse or sexual harassment allegation occurring within one of his facilities. He replied the report is given to the Director of Enforcement, Apprehension and Investigations to assign investigators to the report. He remembered an incident recently where a State Senator made a report and it was assigned to the investigators at the facility the inmate was located at.

Based on the auditor's review of the notes for the interview with the Warden and agency head, policy it has been determined the facility meets this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. General Order 08-106, Offender Sexual Abuse Prevention and Intervention (*Effective Date 020719*)

Interviews:

1. Security Staff and Non-Security Staff First Responders
2. Inmates who Reported a Sexual Abuse
3. Random Staff

Findings (By Provision):

115.64 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A was reviewed and covers the responsibilities of first responders. Under the section Discovery, first responders are to call for immediate assistance and notify the shift supervisor, keep the victim and alleged perpetrator separated, secure the scene, complete and submit written reports prior to departing the shift General Order 08-106, Offender Sexual Abuse Prevention and Intervention (p.7) states “Alleged victims and alleged perpetrators shall be discouraged from eating, drinking, washing, brushing teeth, etc. until a determination is made about evidence collection from their bodies. NCF reported in their PAQ that in the past 12 months there were 10 allegations that an inmate was sexually abused. Of those 10, there were four times that first security staff to respond separated the alleged victim and abuser. NCF reported there were zero number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

An inmate who reported a sexual abuse was interviewed and he stated that upon immediately making a report of sexual abuse the staff separated him from the alleged abuser. One staff was interviewed that was a first responder to a report of sexual abuse stated that he separated the victim from the alleged abuser, collected any physical evidence from the victim and alleged abuser, and escorted the victim and alleged abuser to medical. During random staff interviews, all staff, both custody and non-custody, stated they would keep the alleged victim separate from the alleged perpetrator; secure the crime scene or ask someone else to secure it; not allow the victim or perpetrator to shower, eat, drink, use the bathroom; or change clothes to preserve evidence.

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

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. General Order 08-106, Offender Sexual Abuse Prevention and Intervention (*Effective Date 020719*)

Interviews:

1. Warden

Findings (By Provision):

115.65 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A was reviewed and is a template for facilities to develop their institutional plan. It covers responsibilities for first responders, the Shift Supervisor, Medical Staff, Behavioral Health, forensic examinations, Investigators, and PREA Compliance Managers in response to a report of sexual abuse. Additionally, General Order 08-106, Offender Sexual Abuse Prevention and Intervention (*p.5*) outlines NCF's response procedures if an allegation of sexual abuse made. It covers the response by first responders, shift supervisors, medical and mental health staff, and EAI investigators. During an interview with the Warden, he stated the policy dictates from beginning to end what steps are to be taken when a report of sexually assault is made. Additionally, interviews with all other staff verified that everyone knew their role in the facility's plan for response to a report of sexual abuse.

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees

Interviews:

1. Agency Head

Findings (By Provision):

115.66 (a). The Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees covering 7/1/2010 to 6/30/13 (p.22) (with automatic annual renewals outlined in Article 24 – Duration), directs that the agency is not limited in its ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Agency Head verified in an interview with an auditor that the agreement entered into with the Kansas Organization of State

Employees permits the agency to remove alleged staff abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. Employees can be placed on suspension or administrative leave pending the outcome of an investigation.

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. General Order 08-106, Offender Sexual Abuse Prevention and Intervention (*Effective Date 020719*)

Interviews:

1. Agency Head
2. Warden
3. Designated Staff Member Charged with Monitoring Retaliation
4. Inmates who Reported a Sexual Abuse

Findings (By Provision):

115.67 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) was reviewed and requires the facility to 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 shall act promptly to remedy any such retaliation. At NCF the PREA Compliance Manager has been designated with monitoring for possible retaliation.

115.67 (b and e). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) requires the facility to 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. It also states “If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation”.

The Secretary of KDOC reported during his interview that it is agency policy for staff to be designated at the facility to monitor for retaliation against offenders and staff that report sexual abuse or cooperate with investigations. This can be accomplished by transferring the inmate to a different housing unit or facility. Staff transfer to another facility can be more difficult due to the physical locations of the facility but if a staff could request a transfer. The Warden at NCF was asked in his interview to describe the different measures that would be used to protect an inmate or staff from retaliation. He said the facility would ensure there was no contact with the aggressor, monitor disciplinary reports and grievances, make housing changes if there was sufficient risk or a possible facility change. Additionally, medical and mental health would contact monitoring when inmates were seen. The PCM stated in his interview that he monitors for 90 days any signs of retaliation by looking at disciplinary reports, work assignment changes, or unnecessary housing and/or programming movements. During the onsite review there were not any inmates in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse.

The auditor was told by the PCM that there was no documentation to show any retaliation monitoring was occurring.

During the corrective action phase NCF provided retaliation monitoring for an offender that reported sexual abuse. NCF conducted an initial, 30 day, 60 day, and 90 day monitoring report.

115.67 (c and d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.8*) requires the facility for at least 90 days following a report of sexual abuse, the facility to 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 shall act promptly to remedy any such retaliation. Items to monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This shall also include periodic status checks, for offenders. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The facility shall designate who is charged with this monitoring.

In the Warden's interview he was asked what measures are taken when there is a suspicion of retaliation. He replied an investigation would be started; the person being retaliated against would be separated from the abuser. In the case of a staff member or contract doing the retaliation, a temporary gate closure would be done until the conclusion of the investigation. Additionally, if it was a contract employee doing the retaliation the agency contract director would be notified. The PCM stated in his interview that he monitors for 30, 60, 90 days any signs of retaliation by looking at disciplinary reports, work assignment changes, or unnecessary housing and/or programming movements. If needed the monitoring could be extended past 90 days.

The auditor was told by the PCM that there was no documentation to show any retaliation monitoring was occurring.

During the corrective action phase NCF provided retaliation monitoring for an offender that reported sexual abuse. NCF conducted an initial, 30 day, 60 day, and 90 day monitoring report. Corrective action was completed. The facility has demonstrated sufficient evidence to be compliant with this standard.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 20-108: Protective Custody (*Effective Date 021502*)
3. General Order 15-103, Restriction Unit (*Effective Date 081018*)

Interviews:

1. Warden
2. Staff who Supervise Inmates in Segregated Housing

Findings (By Provision):

115.68 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires identification of possible alternatives to restrictive housing for offenders who report sexual abuse, and when involuntary restrictive housing of alleged sexual abuse victims is employed. Additionally, Internal Management Policy and Procedure 20-108: Protective Custody (*p. 1*) states "Admission to protective custody shall be made only when there is documentation that protective custody is warranted and that a reasonable alternative is not available". NCF recorded on their PAQ that within the past 12 months there were zero inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing.

The Warden stated during his interview that offenders that make a PREA report would only be placed in segregation as a last resort. The goal would be to keep them in population. If an inmate was placed in involuntary segregation it would only be as long as needed, for hopefully a short time. If it would be an extended placement the facility would request a transfer to another facility to ensure the safety of the inmate. The Warden also that within the past 12 months no inmate who reported sexual abuse had been placed in involuntary segregation. A staff who supervises inmates in segregated housing said in their interview that inmates who reported sexual abuse would only be placed there if no other alternative placement could be found. The inmate would only be there for a short time, a few days and reviews are done by the unit team, custody supervisor, and behavioral health.

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 22-103D: Investigation Procedures (*Effective Date 040114*)
3. Enforcement, Apprehension & Investigations, Investigations (EAI) Protocol Manual
4. Investigation Records

Interviews:

1. Investigative Staff

Findings (By Provision):

115.71 (a). NCF utilizes its own investigators to conduct sexual abuse and sexual harassment investigations. Internal Management Policy and Procedure 22-130D Investigation Procedures (*p.3*) provided in the PAQ by NCF states all allegations of sexual abuse and sexual harassment shall have an agent assigned to investigate and immediately investigated. Two EAI Investigator were interviewed and both stated that an investigation is initiated immediately upon receiving a report of sexual abuse or sexual harassment. They also said if the report was anonymous an investigation would still be initiated, they would try to identified the victim or abuser if either were unknown.

NCF reported on their PAQ that 20 administrative and criminal investigations were conducted in the past 12 months for allegations of sexual abuse and sexual harassment. Fifteen of the cases were selected and reviewed by the auditor. One of the cases was an anonymous #50 call. The #50 telephone number is the internal number inmates can use to report allegations of sexual abuse and sexual harassment. In all but two cases the time from receiving the report of sexual abuse or sexual harassment to beginning the case was less than a week with a majority beginning the day of receiving the report. The two that were not within a week were cases started by a retired investigator that was reviewed by the two current investigators.

115.71 (b). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.6*) was reviewed and requires specialized training to be provided to Special Agents in conducting sexual abuse investigations in confinement settings. One of the NCF abuse investigations had completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting course and both investigators had completed Prison Rape and Sex Assaults Investigations Inside Correctional Facilities by Training Force USA. Certificates were provided for completion of the courses. Additionally, one of the investigators had attended KDOC Specialized Investigator training for PREA. A sign-in sheet was provided to show attendance for the two-day training event.

Interviews were conducted with both investigators and they were asked if they had received training specific to conducting sexual abuse investigations in a confinement setting. Both acknowledged they had completed a course.

115.71 (c). Internal Management Policy and Procedure 22-103D: Investigation Procedures (*p.4*) was reviewed and states “All evidence from the crime scene will be collected in a manner that insures it will be admissible in court and maximizes the potential for obtaining usable physical evidence. Evidence will be collected, stored, and disposed of in accordance with the EAI Manual”. Interviews conducted with the EAI investigators indicated evidence such as video recordings, interviews with victim, alleged abuser, and witnesses, DNA evidence, medical records, and phone calls would all be gathered and preserved. A review of 15 investigation files involving an allegation of sexual abuse and sexual harassment revealed that most of the evidence collected was either video footage from the camera or statements, which were audio recorded, from the victim, abuser, or witnesses. However, there were investigation files where witnesses or the abuser were not interviewed. Based upon the lack of interviews with witnesses or the alleged abuser the auditor determines the facility to be non-compliant with this substandard.

During the corrective action phase four additional investigations involving PREA allegations were provided by the facility to the auditor for review. A review of the investigation report shows that the investigator interviewed the alleged perpetrator, the victim, and witnesses if available.

115.71 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A (*p.3*) was reviewed and states “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”. Both investigators stated they would consult with prosecutors before conducting a compelled interview if the evidence appears to supports a criminal prosecution.

115.71 (e). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A (*p.3*) requires the credibility of a victim, suspect, or witness to be assessed on an individual basis and shall not be determined by the person’s status as offender or staff. Internal Management Policy and Procedure 22-103D: Investigation Procedures (*p.6*) states “Absolutely no polygraph examinations shall be administered to alleged victims of sexual abuse in connection with the alleged offenses involved”. Both investigators stated that an inmate who alleges sexual abuse is not required to submit to a polygraph examination or any type of truth-telling device. They judge the credibility of an alleged victim, suspect, or witness on a case-by-case basis.

115.71 (f and g). Internal Management Policy and Procedure 22-103D: Investigation Procedures (*p.8*) states “Investigation reports shall be submitted on the Standard Investigation Report form

(Attachment G) and will be completed within seven (7) calendar days of the conclusion of the investigation. The original case file, along with supporting materials and evidence, shall be maintained by the appropriate investigation section". A review of 15 investigation files were done and revealed that evidence such as video footage and interviews of the victim, abuser, and witnesses were included in the investigative report and used to determine the investigative findings. The investigators stated in their interview that when conducting an investigation staff actions are observed to see what the staff are doing. However, a review of the investigation files found there was no statements whether staff actions or failure to act contributed to the abuse.

During the corrective action phase investigation reports were provided to the auditor by the facility. A review of the investigation reports shows that staff actions or failure to act are taken into consideration to determine if staff behavior contributed to the abuse.

115.71 (h). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.9*) requires all incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. Both investigators stated that when during the investigation they become aware of a criminal act the case would be referred for prosecution. NCF reported one substantiated allegation of conduct that appeared to be criminal was referred for prosecution since their last PREA audit.

115.71 (i). The auditor could find no reference in the policies provided stating how long the agency will retain all written reports of sexual abuse or sexual harassment investigations. A review of the 15 investigation files provided also did not indicate how long an investigation file must be maintained. The auditor determined that because there is no guidelines that states how long an investigation file is maintained the facility is non-compliant with this standard.

During the corrective action phase an email from the EAI Deputy Director to all EAI agents was provided to the auditor for review. The email requires "...all documents related to PREA investigations be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." Additionally the email stated this instruction will be added to the next IMPP 22-103D update.

115.71 (j). The auditor was unable to find any reference the policies provided that provided guidance that during an investigation of an alleged sexual abuse or sexual harassment what would happen if the alleged abuser or victim departed from employment or control of the facility. However, both investigators responded in their interview that the allegation would still be continued to be investigated if a staff member involved in the allegation terminated their employment or if the victim or abuser leaves the facility prior to the conclusion of the investigation. A review of the 15 investigation files revealed one case where an inmate had left the facility and EAI attempted to make contact to gather information.

115.71 (l). NCF conducts all criminal and administrative sexual abuse investigations. Therefore, this substandard is NA.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 22-103D: Investigation Procedures (*Effective Date 040114*)

Interviews:

1. Investigative Staff

Findings (By Provision):

115.72 (a). Internal Management Policy and Procedure 22-103D: Investigation Procedures (*p.4*) states "The purpose of a formal investigation is to determine, based on the preponderance of evidence, whether there are sufficient facts or evidence to substantiate, refute, or dismiss allegations of criminal activity or documented violations". Both investigators stated during their interview that preponderance of the evidence was the standard to substantiate a PREA Investigation. A review of 15 investigation files found that outcomes were based on the preponderance of evidence as the evidentiary standard.

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 22-103D: Investigation Procedures (*Effective Date 040114*)
3. Notice of Investigation Status

Interviews:

1. Warden
2. Investigative Staff
3. Inmate who Reported a Sexual Abuse

Findings (By Provision):

115.73 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 10*) was reviewed and covers reporting to offenders. The policy requires 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).

The Warden in his interview the investigators will directly notify the inmate who made the allegation of sexual abuse or sexual harassment the determination of the investigation. Both investigators stated in

their interview that they are required to notify the inmate who made the allegation of sexual abuse or sexual harassment the disposition of the investigation. NCF reported that in the past 12 months 20 criminal or administrative investigations of alleged inmate sexual abuse was completed by the facility and that in each investigation the inmate was notified of the results of the investigation. The auditor selected 15 investigations files for review and each of the files had a Notice of Investigation Status notifying the inmate the results of the investigation.

115.73 (b). NCF conducts their own criminal and administrative investigations. Therefore, this substandard is NA.

115.73 (c and e). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 10*) requires that 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. The auditor selected 15 investigations files for review and each of the files had a Notice of Investigation Status notifying the inmate the status of the staff member that committed sexual abuse against the inmate and requires the inmate to sign such notification.

115.73 (d and e). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 10*) requires that 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. The auditor selected 15 investigations files for review and each of the files had a Notice of Investigation Status notifying the inmate the status of the alleged abuser that committed sexual abuse against the inmate and requires the inmate to sign such notification.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity (*Effective Date 070115*)
3. Internal Management Policy and Procedure 02-120D: Employee Disciplinary Procedures and Informal/Formal Actions (*Effective Date 050715*)
4. Letter of Resignation

Findings (By Provision):

115.76 (a). Internal Management Policy and Procedure 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity, attachment B , Under Rules of Conduct for Employees, Contract Personnel and Volunteers...acknowledge that they have read and understand IMPP 10-103D, including engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal.

115.76 (b). Internal Management Policy and Procedure 10-103D Coordinated Response to Sexual Abuse and Harassment (p.9) was reviewed and states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. NCF reported on their PAQ that one staff from the facility was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. A letter of resignation was provided for review of a staff member that was being investigated for violating the agencies sexual abuse or sexual harassment policies.

115.76 (c). Internal Management Policy and Procedure 02-120D: Employee Disciplinary Procedures and Informal/Formal Actions (p.4) covers the factors to be considered by the appointing authority prior to proposing formal disciplinary action. One factor is the “type of disciplinary action taken with other employees under similar circumstances.” NCF reported in their PAQ that one staff from the facility had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. Upon review of the investigation files the incident was not a sexual abuse or sexual harassment violation but a violation of KDOC’s undue familiarity policy.

115.76 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) states “All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted”. The auditor was unable to find any reference in policy where the agency/facility would report any staff who engages in sexual abuse to relevant licensing bodies. NCF reported in their PAQ that in the past we months, zero staff from the facility that had been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

During the corrective action phase the facility provided an updated Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment with an effective date of October 16, 2019. The updated version now states “All terminations for violation of agency sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, must be reported to relevant licensing bodies, as applicable.” During the corrective action phase there were no reports of alleged sexual abuse involving staff, contractors, or volunteers that meet this requirement. However, there was one report of substantiated sexual abuse by custody staff. The investigation was referred to the local prosecutor.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity (*Effective Date 070115*)
3. Internal Management Policy and Procedure 02-106D: Denial of Entry for Contract Personnel (*Effective Date 092016*)
4. Internal Management Policy and Procedure 13-101D: Volunteering (*Effective Date 102214*)

Interviews:

1. Warden

Findings (By Provision):

115.77 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.9) states “All incidents of offender sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted”. Internal Management Policy and Procedure 13-101D: Volunteering (p.9) was reviewed and also states that any volunteer who engages in sexual abuse of an inmate shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. However, the auditor found no reference allowing for reporting contractors who engage in sexual abuse of an inmate to any relevant licensing bodies. NCF reported in their PAQ that in the past 12 months, zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of an inmate. A review of the investigation files indicated that there were no allegations of sexual abuse of an inmate by a volunteer or contractor that was reported and investigated in the past 12 months.

115.77 (b). Internal Management Policy and Procedure 13-101D: Volunteering (p.9) was reviewed and allows for a volunteer to be removed from the facility and prohibited from contact with offenders if the volunteer engages in sexual abuse of an offender. The Warden state in his interview that in any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the facility would have a temporary gate closure on the contractor or volunteer until the conclusion of the investigation and contact the contract director if a contract employee was involved.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. Internal Management Policy and Procedure 22-103: Investigation Procedure (*Effective Date 042613*)
3. Inmate Handbook
4. PREA Inmate Education Brochure (English and Spanish)

5. Offender's Guide to Sexual Assault Prevention Brochure (English and Spanish)

Interviews:

1. Warden
2. Medical and Mental Health Staff
3. Disciplinary Officer

Findings (By Provision):

115.78 (a). The auditor reviewed the inmate handbook provided with the PAQ. In the offender handbook Rule 44-12-314 (p.22) states "No inmate shall commit or induce others to commit an act of sexual intercourse or sodomy, even with the consent of both parties. Participation in such an act shall be prohibited...Violation of this regulation shall be a class I offense".

In an interview the disciplinary process was described as a formal and informal process. Lesser charges would be handled informally by the officer issuing a summary judgement where the officer decides the punishment. That is documented and given to the disciplinary officer. A serious offense is done formally by the officer writing a form review report. The inmate is given at least 24-hour notice to gather evidence and witness statements. A hearing is conducted and both sides are listened to impartially. If the inmate is found guilty then a penalty is imposed.

115.78 (b). Rule 44-13-406 (p.56) in the inmate handbook covers the disposition of charges and administration of sanctions. The sanctions are commensurate with the nature and circumstance of the abuse committed and fall within a range of applicable sanctions based on the nature of the offense, the offender's prior disciplinary history and ensures that the sanction is commensurate with other sanctions imposed on offenders. NCF reported in their PAQ that within the past 12 months there were 5 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and zero number of criminal finding of guilt for inmate-on-inmate sexual abuse. The auditor requested the disciplinary sanctions for each of the 5 findings for review. The PREA Compliance Manager at NCF reported that no discipline was issued for the five inmate-on-inmate sexual abuse that occurred at the facility.

In the Warden interview he stated an inmate found guilty of inmate-on-inmate sexual abuse could receive a fine or a loss of time. The sanctions imposed are based on legislation.

During the corrective action phase the auditor was presented with four additional investigations involving alleged sexual abuse. One investigation was substantiated. That case involved a custody staff abusing an inmate and was referred for prosecution. The other three investigation were unsubstantiated.

115.78 (c). In the offender handbook Rule 44-13-404 (p.51) allows for the hearing officer to consider the inmate's entire facility record and other relevant facts, observations, and opinions when determining what type of sanction, if any, should be imposed. Additionally, the auditor was told in an interview that the sanctions are reviewed by administration and can be reduced if just cause exist.

115.78 (d). The auditor could find nothing to show the facility requires the offending inmate to participate in therapy, counseling, or other interventions. In an interview with medical and mental health staff the auditor was told behavioral health will see the victim but it is voluntary and the inmate's participation is not a condition to programming or other benefits.

115.78 (e). Rule 44-12-328 in the offender handbook (p.23) states no inmate shall solicit, encourage, establish, or participate in any type of personal relationship with any staff member, contract personnel, volunteer, or employee of any other organization in charge of the inmate. Violation of this regulation shall be a class I offense.

115.78 (f). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment, attachment A, (p.3) states “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”. A review of the investigation files indicated one case when the inmate admitted to filing a false report. The auditor asked if the inmate received any disciplinary sanction for a bad faith report. The PREA Compliance Manager at NCF reported that no discipline was issued for the inmate filing a false report of sexual abuse or sexual harassment.

115.78 (g). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (p.10) was reviewed and states if an investigation determines consensual sexual activity has occurred between offenders, appropriate disciplinary action shall be taken.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*Effective Date 122016*)
2. General Health Services Policy and Procedure, Response to Sexual Abuse (*Effective Date 070116*)
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)

Interviews:

1. Inmates who Disclose Sexual Victimization at Risk Screening

2. Medical and Mental Health Staff
3. Staff Responsible for Risk Screening

Findings (By Provision):

115.81 (a and c). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) was reviewed and covers the disclosure of sexual victimization or the perpetration of sexual abuse under § 115.41 that occurred in an institutional setting or in the community ensuring that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. The facility identified three inmates that reported prior victimization during the screening from 115.41. An interview was conducted with all three inmates. One reported being seen by medical and mental health “right away”, the other two reported they had not been seen medical or mental health. Two staff that conduct the screening for victimization were interviewed and both, stated offenders that report prior victimization or perpetration are referred the same day to medical and mental health for services. Medical records on the three inmates that reported prior victimization was requested by the auditor. The medical records were provided to the auditor and reviewed. The medical records indicate that the inmates were seen by a mental health practitioner with 14 days of intake screening.

115.81 (b). Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness (*p.4*) states “If the Sexual Victimization and Abusiveness Assessment indicates that an offender has previously perpetrated sexual abuse, whether in an institution or in the community, the facility shall offer the offender follow-up with a medical or mental health practitioner within 14 days of the screening”. NCF reported on their PAQ that in the past 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up meeting with a mental health practitioner.

115.81 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.7*) was reviewed and states “Apart from reporting to designated supervisors, staff shall not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions”. During the onsite review the auditor did not see, hear, or find any evidence that would indicate information related to sexual abuse reports are given to anyone other than on a need-to-know basis.

115.81 (e). The auditor could not find any reference in a policy that requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. However, Medical and Mental Health staff were interviewed and stated they would inform offenders of their duty to report if an offender reported prior sexual abuse to them. They also said they would obtain consent to report if the offender were to disclose sexual victimization that occurred outside of an institution. The auditor requested if there were any inmates within the past 12 months that reported sexual abuse outside an institutional setting and if so to provide a signed consent form for the inmates. The auditor received and reviewed signed consent forms from inmates that report any type of sexual abuse. The form informs the inmate the requirement of when a medical or mental health practitioner is required to report sexual abuse.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. General Health Services Policy and Procedure, Federal Sexual Assault Reporting Regulations (*Effective Date 050914*)
2. General Health Services Policy and Procedure, Response to Sexual Abuse (*Effective Date 070116*)
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
4. Kansas Statue (KAR) 44-5-115, Service Fees

Interviews:

1. Inmates who Reported a Sexual Abuse
2. Medical and Mental Health Staff

Findings (By Provision):

115.82 (a). Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p.1*) was reviewed and covers the provision of emergency services and follow up health care for victims of sexual abuse. It also states healthcare medical or mental health provides determine the nature and scope of emergency medical treatment and crisis intervention according to their professional judgment, including, as appropriate, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. An inmate that reported a sexual abuse was interviewed and asked about the medical and mental health services he received. He stated he was offered services but refused them. Medical and mental health staff said in their interview that upon receiving a report of sexual abuse the inmate is immediately seen by medical and referred to mental health and the scope of the services are determined by their professional judgment.

115.82 (b). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.11*) requires that upon a report of sexual abuse being received the victim will be provided immediate access to medical and behavioral health care. Interviews were conducted with a first responder who said that immediately the inmate is separated and taken to medical. Additionally, interviews conducted with custody staff indicated that the first two steps upon receiving an allegation of sexual abuse is to separate the victim and alleged abuser and take the victim to medical. A review of investigation files showed that referrals to medical and mental health were completed on all sexual abuse investigations reviewed on the same day as the report was received.

115.82 (c). Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p.1*) requires prophylactic treatment for sexually transmitted diseases or other communicable diseases is offered to victims. The victim will be offered HIV antibody testing and counseling if indicated. The antibody tests will be administered initially and repeated three months and six months following the incident. The medical staff interviewed said victims of sexual abuse are offered information about access to emergency contraception and sexually transmitted infection prophylaxis. The victim would receive the treatment upon obtaining an order from the provider which take only about 5-10 minutes after contacting the provider. The inmate who reported sexual abuse stated he was offered these services but refused them.

115.82 (d). KAR 44-5-115 states “Each inmate in the custody of the secretary of corrections shall be assessed a fee of \$2.00 for each primary visit initiated by the inmate to an institutional sick call...Inmates shall not be charged for the following...emergency treatment...facility-requested mental health evaluation”.

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. General Health Services Policy and Procedure, Federal Sexual Assault Reporting Regulations (*Effective Date 050914*)
2. General Health Services Policy and Procedure, Response to Sexual Abuse (*Effective Date 070116*)
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
4. Kansas Statue (KAR) 44-5-115, Service Fees

Interviews:

1. Inmates who Reported a Sexual Abuse
2. Medical and Mental Health Staff
3. Security Staff and Non-Security Staff First Responders

Findings (By Provision):

115.83 (a and b). Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p. 1*) was reviewed and covers the provision of emergency services and follow up health care for victims of sexual abuse. It also states healthcare medical or mental health provides as appropriate, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The interviews with medical staff indicated the treatment for inmates who have been victimized entails prophylactic treatment, HIV testing, HEP Panel, education for development of other STDs. According to the medical staff this treatment continues until completed even if the inmates leaves the facility.

115.83 (c). General Health Services Policy and Procedure, Response to Sexual Abuse was reviewed and provides guidance to medical and mental health staff to ensure victims of sexual abuse receive services consistent with the community level of care. In the opinion of the medical staff that was interviewed they believe the care provided to victims of sexual abuse is consistent with the community level of care or even better. There was one inmate that reported sexual abuse who was interviewed, he stated he was offered medical and mental health services but refused them.

115.83 (d). NCF is an all-male facility. Therefore, this substandard is NA.

115.83 (e). NCF is an all-male facility. Therefore, this substandard is NA.

115.83 (f). Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p. 1*) requires prophylactic treatment for sexually transmitted diseases or other communicable diseases is offered to victims. The victim will be offered HIV antibody testing and counseling if indicated. The antibody tests will be administered initially and repeated three months and six months following the incident. The medical staff interviewed said victims of sexual abuse are offered information about access to emergency contraception and sexually transmitted infection prophylaxis. The victim would receive the treatment upon obtaining an order from the provider which take only about 5-10 minutes after contacting the provider. The inmate who reported sexual abuse stated he was offered these services but refused them.

115.83 (g). KAR 44-5-115 states “Each inmate in the custody of the secretary of corrections shall be assessed a fee of \$2.00 for each primary visit initiated by the inmate to an institutional sick call...Inmates shall not be charged for the following...emergency treatment...facility-requested mental health evaluation”.

115.83 (h). Corizon General Health Services Policy and Procedure Response to Sexual Abuse (*p. 1*) states “The facility Behavioral Health Professional {sic} will be contacted immediately by health care staff to offer the individual behavioral health counseling following the rape, or suspected sexual assault, regardless of the length of time from the occurrence to the report...Behavioral health counseling will be face to face as soon as possible, no later than the next working day. The medical staff interviewed reported mental health will do an initial evaluation within 14 days and depending on the evaluation will recommend additional treatment.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews, Sexual Incident Review (*Effective Date 050714*)
2. PREA Application Manual

Interviews:

1. Warden
2. PREA Compliance Manager (PCM)
3. Incident Review Team

Findings (By Provision):

115.86 (a and b). Internal Management Policy and Procedure 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (*p.4*) requires each facility to conduct a sexual abuse incident review coordinated by the facility PREA Compliance Manager at the conclusion of every sexual abuse investigation, including those in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. NCF reported in their PAQ that in the past 12 months 20 criminal and/or administrative investigations of alleged sexual abuse was completed at the facility and that each of the 20 investigations were followed by a sexual abuse incident review within 30 days. The auditor reviewed 15 of the 20 investigations. Nine of the investigations required a sexual abuse incident review. Two investigations did not have a review conducted and the remaining seven investigations had the review conducted outside the required 30-day period upon conclusion of the investigation.

During the corrective action phase four additional investigations were conducted and sent to the auditor by the facility for review. Additionally, the auditor was provided the SAIRs for each case. The SAIRs were conducted within the required 30-day period upon conclusion of the investigation.

115.86 (c). Internal Management Policy and Procedure 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (*p.4*) requires at a minimum the Sexual Assault Incident Review (SAIR) to consist of the PCM (as the chairperson), an investigator, a custody supervisor, and a healthcare or mental health professional. The Warden in his interview said that in addition to the staff already mentioned the himself, the Deputy Warden, and classification supervisor attend the SAIRs.

115.86 (d). Internal Management Policy and Procedure 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (*p.4*) states "Utilizing the Sexual Abuse Incident Review Format (Attachment B), the SAIR team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts; and
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff."

The SAIR team shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this policy, and any recommendations for improvement.

The Warden stated in his interview that the SAIRs are used to prevent future sexual assaults based on the location the assault took place, if there was a classification mistake, if additional training is needed, or if policy and procedures need revised. A member of the SAIR team was also interviewed and said in the meeting they discuss the physical layout where the incident took place, looking at the staffing available, attempt to determine why the assault happened, and if the area needed additional cameras or mirrors. The PCM says he uses the reports when determining camera placements, staffing levels, and housing assignments. He also said he looks for possible trends but has not noticed any.

The report shall be submitted to the facility Warden and KDOC PREA Coordinator within 10 business days of the completion of the review. A review of the seven SAIRs confirmed that NCF is meeting each requirement of this substandard.

115.86 (e). Internal Management Policy and Procedure 12-118: Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews (*p.5*) requires the facility implement recommendations from the SAIR or document the reasons for not doing so. A review of the seven SAIRs indicated the facility is either implementing recommendations made by the SAIR team or documenting the reason why not. In one case the SAIR team recommend additional camera placements but it was documented

that due to budgeting cameras would not be added at this time. Other recommendations were bed moves and removing barriers.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. PREA Application Manual

Findings (By Provision):

115.87 (a and c). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires the KDOC PREA Coordinator (PC) to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The facility investigators are responsible for entering every PREA related investigation into the case log. For every allegation of sexual abuse or sexual harassment, all documents and items used to demonstrate a complete and proper response is loaded into the electronic investigation file.

115.87 (b). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) also requires the PC to, on an annual basis, review and analyze the data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. Summaries of the 2017 and 2018 PREA data is available on the KDOC website and shows a breakdown of the reports KDOC received by incident type and the finding of the investigations for each type of incident. Additionally, the Survey of Sexual Victimization for 2016 and 2017 is available for review on KDOC's website.

115.87 (d). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires the facility investigators to enter every PREA related investigation into the case log. For every allegation of sexual abuse or sexual harassment, all documents, including reports, investigation files, and sexual abuse incident reviews and items used to demonstrate a complete and proper response is loaded into the electronic investigation file.

115.87 (e). A request was made to the PC to provide incident based and aggregated data from the Jackson County Sheriff facility with which it contracts for the confinement of its inmates. The auditor was provided aggregated data from the Jackson County Sheriff facility for years 2014 to 2018.

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. KDOC 2017 Annual PREA Report
3. KDOC 2018 Annual PREA Report
4. KDOC Annual PREA Report, A Comparative Analysis of PREA Data form CY 2011-2015
5. KDOC Annual FY 2017 Report

Interviews:

1. Agency Head
2. PREA Coordinator (PC)
3. PREA Compliance Manager (PCM)

Findings (By Provision):

115.88 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p. 12*) requires the KDOC PREA Coordinator (PC) to review the facility submissions annually to ensure compliance with PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. KDOCs' Annual PREA Reports for years 2017 and 2018 was provided and reviewed. These reports provide information such as the types of sexual abuse or sexual harassment and the outcome of each investigation. It also provides information for each PREA audit done at KDOC's facility. The information is reviewed to identify problem areas, the corrective action that is needed, and for preparing an annual report.

The agency head stated in his interview that the data obtained is used to develop and update training. He said it also used to develop policy. He said KDOC is developing a policy for transgender inmates and is using the data to help write the policy. The KDOC PREA Coordinator stated during her interview that she gathers the information for the annual report which is provided to the Secretary of Corrections within 30 days. The information is also used to ensure the safety of the inmate population. NCF's PCM said in his interview that the data provided by the facility is helpful to ensure proper staffing levels and well as housing assignments.

115.88 (b). KDOCs' Annual PREA Reports for years 2017 and 2018 was reviewed and found to provide a comparison of the current year's data and corrective actions with those from prior years going back to 2014. The report provided an assessment of the agency's progress in addressing sexual

abuse. As an example, the report from 2018 showed an increase in allegations of abusive sexual contact from the previous year and a 40 percent decrease in reports of staff sexual misconduct.

115.88 (c). A review of KDOCs' Annual PREA Reports for years 2017 and 2018 showed they were signed by the Secretary of Corrections (agency head). Additionally, a review of KDOC's website had links to 2014, 2017, and 2018 PREA Annual Reports. The agency head stated in his interview the reports are always approved and signed by the Secretary of Corrections.

115.88 (d). In the PC's interview she said the agency does not put personal identifying information (PII) in KDOC's Annual Reports therefore there is no redaction. A review of the KDOC's Annual Report confirmed that there was no redaction or PII in the report.

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*Effective Date 122016*)
2. KDOC 2017 Annual PREA Report
3. KDOC 2018 Annual PREA Report
4. KDOC Annual PREA Report, A Comparative Analysis of PREA Data form CY 2011-2015
5. KDOC Annual FY 2017 Report
6. KDOC Website

Interviews:

1. PREA Coordinator (PC)

Findings (By Provision):

115.89 (a). Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment (*p.11*) requires investigators at each facility to upload documents and case information into the electronic case files. Additionally, documents and processes, gathered or facilitated by the PCM, shall be forwarded electronically to the investigators for inclusion in the electronic case file. The PC stated in her interview hard copies of data are secured in her office within a locked cabinet.

115.89 (b). A review of KDOC's website did not contain aggregated sexual abuse data, from the two private facilities with which KDOC contracts. However, it did include aggregated sexual abuse data from facilities under KDOC's direct control.

As part of the corrective action KDOC update their website to include aggregate sexual abuse date from Cloud County and Jackson County jails.

115.89 (c). Reports containing aggregated data was provided for review. The auditor found no personal identifiers in any of the reports provided or on KDOC's website.

115.89 (d). A review of the website showed information regarding sexual abuse going back to 2010.

Based upon this analysis, the facility has demonstrated sufficient evidence to be compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 (a and b). A review by the auditor of the KDOC website found a PREA audit report for every KDOC facility during the first audit cycle. Currently KDOC is in the third year of the current audit cycle. KDOC has eight facilities. Two facilities were audited in 2017, two facilities were audited in 2018, and four were audited in 2019 (this audit for NCF is one of the four audited in 2019).

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

115.401 (i). During and after the onsite review the auditor requested additional documentation that was provided in the PAQ. Both the PC and PCM were very helpful in providing a response to each request.

115.401 (m). Interview areas were provided which allowed the auditor to conduct all interviews, staff, volunteers, and inmates in private.

115.401 (n). Inmates were allowed to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor viewed notification to the inmates on every housing unit bulletin board with instructions on how to contact the auditor. However, the auditor did not receive any such information before, during, or after the audit.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the KDOC website shows a PREA audit report for every KDOC facility during the first audit cycle and the current audit cycle for facilities that have received a PREA compliance audit.

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Kenneth Wayne McWhorter

2/4/2020

Auditor Signature

Date

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

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