

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: October 13, 2020

Auditor Information

Name: Rick Winistorfer

Email: Rick@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: 14506 Lakeside View Way

City, State, Zip: Cypress, Texas 77429

Telephone: 707-249-1800

Date of Facility Visit: 8/24/2020 – 8/27/2020

Agency Information

Name of Agency: Kansas Department of Corrections

Governing Authority or Parent Agency: State of Kansas

Physical Address: 714 SW Jackson, Suite 300

City, State, Zip: Topeka, KS 66603

Mailing Address: Same as Above

City, State, Zip:

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Jeff Zmuda

Email: Jeff.Zmuda@ks.gov

Telephone: 785-296-3310

Agency-Wide PREA Coordinator

Name: Peggy Steimel

Email: peggy.steimel@ks.gov

Telephone: 785-260-4658

PREA Coordinator Reports to:
Joel Hrabec - Deputy Secretary of Facilities
Management

Number of Compliance Managers who report to the PREA
Coordinator: 20

Facility Information

Name of Facility: Hutchinson Correctional Facility

Physical Address: 500 S. Reformatory Road

City, State, Zip: Hutchinson, KS 67504-1569

Mailing Address (if different from above):
P.O. Box 1568

City, State, Zip: Hutchinson, KS 67504-1569

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Security Audit (December 11 – 13, 2018), and PREA Internal Review (December 3 – 6, 2019)

Warden

Name: Dan Schnurr

Email: Dan.Schnurr@ks.gov

Telephone: 620-625-7238

Facility PREA Compliance Manager

Name: Mark Mora

Email: Mark.Mora@ks.gov

Telephone: 620-625-7411

Facility Health Service Administrator

Name: Debra Lundy

Email:
Debra.Lundy@ehr.doc.ks.gov

Telephone: 620-625-7348

Facility Characteristics

Designated Facility Capacity: 1862

Central - 1048 / East - 496 / South - 260 / WR - 28

Current Population of Facility: 1890

Central - 1059 / East - 495 / South - 329 / WR - 7

Average daily population for the past 12 months:	1908 (Central - 1089 / East - 494 / South - 314 / WR – 11)	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 - 85	
Average length of stay or time under supervision:		
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum & Special Management	
Number of inmates admitted to facility during the past 12 months:	717	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	666	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	568	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	528	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	264	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	146	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	134	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	441	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	93
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	7
Number of multiple occupancy cell housing units:	2
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	250
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
Investigations	
Criminal Investigations	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	5
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
Administrative Investigations	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	5
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Hutchinson Correctional Facility is located at 500 S. Reformatory Road in Hutchinson, Kansas, and is comprised of three separate facilities, housing four custody levels; maximum, special management, medium and minimum. These inmates are housed in the main-custody compound within the walled portion of the Hutchinson Correctional Facility (HCF), a minimum-security unit located outside the walls, and a medium-custody unit located slightly more than a mile east of the main facility.

The Hutchinson Correctional Facility is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified PREA auditor, with the assistance of an additional interviewer. The on-site portion of the audit was conducted at the address stated above during the period of August 24 – 27, 2020. Following a period of coordination, preparatory work, and collaboration with management staff at HCF, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

PRE-AUDIT PHASE

Following an initial conference call, the auditor provided a copy of the audit notice, in both English and Spanish, to the agency's PREA Compliance Coordinator, along with instructions to post copies in the housing units, and other places deemed appropriate by facility staff. The audit notices advised the inmate population, that a PREA audit had been scheduled. The notice provided the dates of the intended audit, as well as a mailing address for the auditor in the event that an individual wishes to contact the auditor prior to arriving at the facility. The audit notice also advised that any correspondence can be sent in a confidential manner, consistent with the legal mail process at the facility. The legal mail process at HCF allows the inmate to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring that information is relayed confidentially. Prior to and following the on-site date, no correspondence had been received.

The PREA Coordinator forwarded the auditor thirteen (13) time/date stamped pictures of different locations where these notices had been posted within the facility, which included general areas, housing units, and common areas. These notices were also verified during the on-site portion of the audit, indicating that they were taken with the upcoming audit information, in their assigned position. The posted notices were observed in the photographed locations, as well as numerous other locations throughout the three (3) facilities. As a result of these posted audit notices, the auditor did not receive any correspondence from any inmates at the facility prior to arrival.

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

The auditor contacted both Just Detention International (JDI) and the ACLU/Kansas to identify if any allegations have been received by their administration. A response was received that advised following a review of their databases, no information or complaints had been received regarding the facility in the past 12 months, nor had there been any other complaints or concerns received regarding any issues or concerns at the Hutchinson Correctional Facility.

The auditor was able to speak with nursing staff from the Hutchinson Regional Medical Center, who advised that they are the contracted facility that would conduct all of the SAFE/SANE examinations in the event that the Hutchinson Correctional Facility required one. The auditor was advised that in the past 12 months they have not heard of any issues at Hutchinson Correctional Facility, nor have they conducted any forensic examinations.

The auditor also reviewed the department's website, as well as created a Google "news alert" to flag any news articles that mentioned "Hutchinson Correctional Facility". No articles or items of concern were revealed as a result of this search, other than the news reports of the significant COVID-19 outbreaks that were occurring within the facility.

Pre-Audit Section of the compliance tool: On July 15, 2020, the representative from KDOC – PREA HQ provided the completed Pre-Audit Questionnaire, audit process map, checklist of policies/procedures and other documents were received from HCF. Following a review by the auditor, a PAQ Issue log was created that identified items that had not been included, or items that needed further clarification from the previously received documents.

It should be noted that Hutchinson Correctional Facility received a previous final PREA audit report on May 1, 2018, for their last PREA on-site that occurred December 12 – 14, 2017.

Prior to conducting the onsite visit to the facility, the auditor requested that the facility identify a comprehensive list of inmates staff, volunteers, and contractors long with relevant facility records to determine the universe of information from which the auditor would sample during the onsite portion of the PREA audit.

From these listings, the auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The listings requested by the auditor in the pre-onsite audit phase included:

1. Complete alpha listing of all inmates assigned to Hutchinson Correctional Facility
2. Roster of inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, & cognitive disabilities)
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing
5. Roster of inmates who are or perceived as Gay, Lesbian, or Bisexual
6. Roster of inmates who are or perceived Transgender or Intersex
7. Roster of inmates who are in segregated housing for high risk of sexual victimization
8. Roster of inmates who reported prior sexual victimization during risk screening
9. Roster of inmates who reported sexual abuse that occurred in Hutchinson Correctional Facility or occurred in a different facility
10. Complete staff roster
11. Complete alpha roster of staff promoted over the past 12 months
12. Complete list of Investigative staff who conduct sexual abuse investigations
13. Complete roster of contractors who have contact with inmates assigned to Hutchinson Correctional Facility Copies of all files of all Sexual Abuse and Sexual Harassment Investigations conducted over the past 12 months in the Hutchinson Correctional Facility
14. Copies of all grievances submitted over the past 12 months which claim allegations of sexual abuse, sexual harassment, or retaliation
15. List of all 3rd party reports of inmate sexual abuse, harassment or retaliation made over the past 12 months
16. Copies of all incident review team cases conducted over the past 12 months

In addition to the lists previously identified, the auditor also requested and subsequently received the following listed items:

- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, whether Substantiated, Unsubstantiated, or Unfounded, and
- All hotline calls made during the 12 months preceding the audit

ON-SITE PHASE

On August 24, 2020, the auditor and interviewer arrived at HCF and met with the Warden, and his executive staff, which included the PREA Compliance Manager, and the Departmental PREA Coordinator. During the meeting, the agenda was discussed, specifically the facility tour, staff & resident interviews, as well as the documents reviewed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the established PREA auditor handbook.

Upon arrival at HCF the auditor received a copy of each shift roster, including those staff in both management, and specialized positions. As well as a copy of the current roster of all inmates presently at the facility, including their identification numbers, and their bed/housing assignments. HCF custody staff work the straight (8) eight hour shift, (5) five day work week. Each staff roster was utilized to create a list of both staff and inmates, selected randomly for interviews. The list that was created did not specifically identify inmates according to each of the seven categories. All interviews were conducted utilizing the recommended Department of Justice PREA Compliance Audit Instrument Interview Guides.

In addition to custody staff, the facility maintains an extremely complex camera monitoring system, with over 1,000 individual cameras, which cover all areas of each facility. There have been a significant amount of cameras that have been added since the last PREA audit; however, it should be noted that a significant number of the cameras throughout the facilities were “dated”, and out of focus. It is recommended that the facility review its current camera technologies and update the older cameras to ensure that they function properly with the newer cameras and video monitoring system.

While on the site review, the auditor was permitted access to all areas of the facility. The audit team was escorted by the PREA Coordinator, PREA Compliance Manager, Warden and Deputy Wardens of the facility.

As previously identified, HCF is divided into three separate site locations, the main/central unit, the south unit, directly across the street from the central unit, and the east unit, which is approximately one mile from the main unit. Following the entrance meeting the audit team began the site review. This included an observation of the facility configuration, staff supervision of inmates, general population living units, the segregation unit, education/programming areas, laundry, auditorium, dining hall, yard, health services clinic, visiting rooms, library, admission and discharge, and maintenance. Informal interviews were conducted with both staff and inmates while in the various areas throughout the facility.

During the tour of the facility, the auditor noted the Grievance/PREA boxes located in various locations throughout the facility. HCF maintains a very thorough grievance process, that allows the inmate to retain a signed receipt. Inmates can hand the grievance to the staff member, who must in turn sign the receipt and return back to the inmate. The grievance is then forwarded to the Executive/Wardens Secretary who logs and tracks the grievance, ensuring that it is routed to the proper staff for investigation and/or follow-up. All timeframes are tracked ensuring that each grievance is addressed. PREA related items are

referred immediately to the Institutional PREA Compliance Manager, who addresses them as emergency grievances

During the tour of the entire facility, the auditor asked impromptu questions (informal interviews) of staff and inmates, noted the placement and coverage of surveillance cameras, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. The auditor considered all possible observation points during the tour, and discovered that the HCF staff had ensured that all angles had been considered, included those observation points from the second floor.

In all inmate areas, the auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking questions (informal interviews) to determine whether inmates are in lead positions over other inmates. When opposite-gender staff were observed entering into a housing area, an announcement was made by the respective staff member.

While touring the facility the auditor tested the help line in two (2) separate locations, the East facility, and the Central Facility. When the telephone receiver is picked up, prior to the call being placed, the KDOC added an introductory message reminding every inmate about their sexual safety, and their rights under PREA, and their ability to leave a confidential message. The inmates are advised to press the designated number, which does not require that they provide any identifying information, and they will be able to leave a confidential message. This message cannot be bypassed by the inmate prior to making their call, requiring that they listen to this message every time they make a phone call. Following each of these two (2) calls, within minutes, an immediate transcription of the call was forwarded to both the PCC and PCM on their mobile devices. Located within every housing unit the facility, as well as the exercise yard had 3 – 4 pay phones for inmates to utilize to remain in contact with those in the community.

The various housing units have different compositions of inmates; the main unit houses segregation, and higher custody level inmates. Units A-C are mirror images of each other, with cells on one side of the unit, and a shower area at the end of each tier. Only male officers escort the inmates to the shower area. Unit D is comprised of a cell type setting; however, each cell is large enough to house five inmates. The shower area is at the end of the tier. The main unit, E Unit, has open dormitory type setting, with the shower entrance having a swinging style partition door to cover the toilet and shower areas. This allows the inmates the opportunity to change, shower, and toilet without being viewed.

The kitchen, programming area, clinic, electrical maintenance, education, print shop, laundry, and admissions and discharge area were visited, at each of the three facilities (where applicable) during the on-site portion. All areas have individual inmate restrooms that either have a solid door or swinging partition door. All areas were equipped with cameras and PREA posters. Staffing appeared adequate in all areas that the audit team visited. Each of the areas were adequately staffed. All restrooms were either single with a solid door or a swinging partition door to cover the toilet area. All areas were well lit and equipped with the appropriate number of staff. All buildings were similar in that they have cameras throughout and no issues with regards to blind spots

During the on-site tour, the auditor was able to sit with several classification staff members who were able to walk the auditor through the intake screening and classification process. The classification staff were able to provide, and model the process that each inmate is required to participate regarding these essential components. The classification staff discussed each of the documents and assessments utilized as we proceeded through the process(s). The classification staff also modeled each of the questions, providing the auditor with a clear and thorough understanding of the overall intake and classification process.

Throughout the on-site review, the auditor discussed what was being observed, and would seek clarification as needed, with either appropriate responses being provided, or through demonstration of

proper procedures. There were a couple of discrepancies identified and discussed with the Mgt. team during the on-site tour. These discrepancies were immediately addressed, and corrected prior to the auditors departure. All corrected items were verified by the auditor prior to the completion of the on-site portion.

PREA Management Interviews: During the audit period, the auditor conducted interviews with the following members of the management team:

- Secretary (Agency Head)
- Warden
- Departmental PREA Coordinator
- Institutional PREA Compliance Manager

As a result of logistics, the auditor conducted telephonic interviews with the following individuals:

- SAFE/SANE Nursing staff
- Victim Advocates
- Volunteers** (2)

** Note ** - Volunteers were contacted telephonically, not able to enter facility, due to COVID situation

Each of their remarks and documentation presented are in this report. Each of these individuals was interviewed using the applicable interview protocols, and responses were recorded by hand.

The auditor conducted the following number of Staff interviews during the onsite phase of the audit:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	20
Management Level Staff (Total)	6
Specialized Staff (Total)	23
Total Interviewed	49
Breakdown of Specialized Staff Interviews	
• Intermediate or Higher Level Staff	2
• Medical Staff	1
• Mental Health	1
• SAFE / SANE Nursing Staff	1
• Investigative Staff – Agency Level	1
• Investigative Staff – Facility Level	1
• Staff who perform screening for risk of victimization and abusiveness	2
• Sexual Abuse Incident Review Team Member	2
• Supervising Staff Segregated Housing	1
• First Responders	7
• Intake Staff	2
• Incident Review Team Members	2
• Grievance Coordinator	1
• Staff Responsible for Monitoring Technologies	1

Note: in several instances a single person was responsible for covering two (2) or more separate protocols; i.e.. First responder/Supervising staff segregated housing, intermediate or higher staff/first responder, sexual abuse incident review team/incident review team, etc, as such, the additional questions were asked.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, the auditor was later escorted to the work locations of the individual specialized staff to perform the required interviews.

During interviews with investigative staff, the auditor learned that PREA investigations are initiated in several ways; the grievance boxes which are located in various locations throughout the facility, "confidential" letters mailed to either the PREA Director or PCM, directly to EAI, or through PREA hotline calls. Depending on whether the PREA complaint is classified as administrative or criminal will determine who will be assigned to investigate. Additionally, any grievance that is received by through the grievance process that makes an allegation of PREA, is removed from the grievance process, and handled similar to all other PREA allegations.

When the circumstances dictated, the auditor would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the respective standard. During these interviews, the auditor based the line of questioning on the interview protocols, and recorded the responses by hand.

Random Staff Interviews: Utilizing the shift rosters, the variety of work assignments & locations, and the various shifts, the auditor identified random staff to be interviewed, A total of (20) twenty formal and (9) nine informal random staff interviews were conducted from various categories of staff from all three shifts. At the beginning of each interview the auditor would introduce themselves, communicate the advisory statement to the staff, and then proceed to ask the line of questions from the interview protocols for random staff, recording the answers by hand. The auditor would provide clarification as needed, in order to ensure the responses were clear enough to make a determination of compliance with applicable standards.

During the on-site tour, the auditor would also stop, and briefly speak to numerous staff (Informal Interviews) in all categories, asking 2 to 3 questions about PREA issues, including, training, actions taken, response, communications, etc. These conversations did not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit information gathering process.

Work shifts for custody staff are as follows:

- 1st Shift: 0300 – 1500 hours
- 2nd Shift: 1500 – 2300 hours
- 3rd Shift: 2300 – 0700 hours

Non-custody staff worked similar variations of the three shifts.

The only contractors that have any contact with the inmate population are directly associated with the Medical and Mental Health staff providing services at the facility. At the present time, there are approximately 134 contracted employees, with various classifications such as: Registered Nurses, Licensed Vocational Nurses, Nurse Practitioners, Mental Health Practitioners, Dental Staff, Mental Health Registered Nurses, etc. These contract staff are provided specific PREA training to their classifications relative to health care providers, in addition they are provided KDOC specific PREA training. Two (2) formal interviews with contract medical/mental health staff, as well as an informal interview (1) with medical staff in the infirmary occurred, all of which provided this auditor with a comprehensive and complete understanding of the medical/mental health screening and classification process the inmates are subject to not only upon arrival at the facility, but any subsequent screenings that might occur during their incarceration, in addition those instances when an inmate reports a PREA specific item.

In addition, the HCF is undergoing some major reconstruction efforts specific to their chapel, medical, and mental health areas. Those contract staff that work in those areas do not have any contact with the

inmate population. In addition, there is some private industry manufacturing that is occurring at HCF. Selected inmates from the General Population have been identified to work in this “prison” factory operation. The company personnel have been trained in various facility and inmate topics, including curriculum specific to PREA. Informal interviews with contact staff was conducted relative to the training and knowledge of PREA.

The auditor conducted the following number of Inmate interviews during the onsite phase of the audit:

Category of Inmates	Numbers of Interviews Conducted
Random Inmates (Total)	28
Targeted Inmates (Total)	23
Total Inmates Interviewed	51
Breakdown of Targeted Inmate Interviews	
• Inmates who reported sexual abuse	4
• Inmates who disclosed prior sexual victimization during risk screening	3
• Inmates who identify as Lesbian, Gay, or Bisexual	9
• Inmates who identify as Transgender or Intersex	2
• Inmates in segregated housing for his risk of sexual victimization	0
• Inmates with physical disability, blind, deaf, hard of hearing, LEP	4
• Inmates with cognitive disability	1

Random Inmate Interviews: The institutional count on the first day of the on-site was 1,793. The auditor used the alphabetical roster of inmates to randomly select those inmates, from the various age groups, ethnicities, races, and assigned housing units. The auditor also determined that at least one inmate from each housing unit would be interviewed. Each inmate chosen was selected randomly by housing area, while also ensuring that there was a diversity of age, and race. Interviews were conducted in various locations throughout the facility, based on location, and availability of office space, located centrally within the facility, with each of the identified inmates being escorted to a specific location for their interviews.

During the on-site tour, the auditor or would stop, speak to various inmates (Informal interviews), and ask (2) two to three questions about PREA issues, which included training, actions taken, responses, communications etc. These conversations did not take the place of the formal process of questions, they were only used as an additional tool to supplement the overall audit information gathering process. A total of (28) twenty-eight formal and (7) seven informal random inmates’ interviews were conducted from inmates living in various housing units, which included all custody levels.

In regards their personal safety at HCF, each one of the inmates that was interviewed indicated that they felt safe from Sexual Harassment & Sexual Abuse.

Targeted Inmate Interviews: The auditor also conducted a total of (23) twenty-three targeted interviews of those inmates who had been identified for interviews based upon their relevance to specific PREA standards.

The auditor selected inmates from the list received from the Institutional PREA Compliance Manager. Each of the inmate’s housing location was determined from the alphabetical roster, and inmates were chosen at random from the identified listing. Each inmate was escorted to the office where the interviewer was located.

At the beginning of each interview the interviewer would advise the inmate why he was at the institution, what their role was in the PREA Audit process, explain why the interviews were necessary. The interviewer would also explain that the inmate's participation, although helpful, was also voluntary and that they could stay or leave at their convenience.

The interviewer would then ask if the inmate wanted to participate, and if so, would begin to ask the series of questions in the respect interview protocols. The interviewer would also conduct additional interview questions if a random inmate interviewee also disclosed information suggesting that one of the above categories of PREA interested applied to them.

In regards their personal safety at HCF, every one of the inmates that was interviewed advised that they felt safe from Sexual Harassment & Sexual Abuse.

Document Reviews:

A thorough review of the Kansas Department of Corrections Policies, along with facility specific policies were included in all three phases of the audit: Pre-Audit, On-site portion, and the Post-Audit.

Prior to conducting the onsite visit to the facility, the auditor requested that the facility identify a comprehensive list of inmates, staff, volunteers, and contractors, along with relevant facility records to determine the universe of information from which the auditor would sample during the onsite portion of the PREA audit. From these listing, the auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The listings requested by the auditor in the pre-onsite audit phase included:

1. Complete alpha listing of all inmates assigned to Hutchinson Correctional Facility
2. Roster of inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, & cognitive disabilities)
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing
5. Roster of inmates who are or perceived as Gay, Lesbian, or Bisexual
6. Roster of inmates who are or perceived Transgender or Intersex
7. Roster of inmates who are in segregated housing for high risk of sexual victimization
8. Roster of inmates who reported prior sexual victimization during risk screening
9. Roster of inmates who reported sexual abuse that occurred in Hutchinson Correctional Facility or occurred in a different facility
10. Complete staff roster
11. Complete alpha roster of staff promoted over the past 12 months
12. Complete list of Investigative staff who conduct sexual abuse investigations
13. Complete roster of contractors who have contact with inmates assigned to Hutchinson Correctional Facility
14. Complete roster of volunteers who have contact with inmates assigned to the Hutchinson Correctional Facility
15. Copies of all files of all Sexual Abuse and Sexual Harassment Investigations conducted over the past 12 months in the Hutchinson Correctional Facility
16. Copies of all grievances submitted over the past 12 months which claim allegations of sexual abuse, sexual harassment, or retaliation
17. List of all Rape Crisis Center hotline calls made over the past 12 months
18. List of all 3rd party reports of inmate sexual abuse, harassment or retaliation made over the past 12 months
19. Copies of all incident review team cases conducted over the past 12 months

The facility provided the auditor the requested listings of documents, files, and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	528	16
Training Files	528	16
Inmate Records	1,793	17
Incident Reports	10	10
Investigation Records (SA and SH)	37	37

Personnel and Training Files:

There was a total of (16) sixteen records reviews conducted on staff from the various categories, while also ensuring that the files reflected new employees, employees who were promoted, and those who have been at Hutchinson Correctional Facility for longer than 12 months. All of the files contained all required documentation. Of the 16 files that were chosen, all contained verification of the original criminal history check when the staff were initially hired.

Inmate Records:

Additionally, there were (17) seventeen inmate files, chosen randomly from the master roster, were reviewed, and reflect through their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure, and viewed the PREA either upon their arrival at Hutchinson Correctional Facility or when the inmate population was provided the PREA training, and viewed the PREA video.

Incident Reports:

The Institutional PREA Compliance Manager provided the Incident Reports for the ten (10) allegations received during the previous 12 months. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case # / ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified
- Investigating Officers
- Notice Given to Inmate

Investigation Files:

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months there have been a total of (37) thirty-seven allegations of Sexual Abuse and Sexual Harassment. Each of these allegations was investigated and determined to be either unsubstantiated or unfounded.

The auditor scheduled the exit briefing with the Warden and his executive staff, which was conducted on the last day of the audit, August 27, 2020. During this exit briefing the executive staff, the Institutional PREA Compliance Coordinator, and the Departmental PREA Coordinator were provided with an overview of what had been observed.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (tour notes, interview notes, additional documents, etc.), and utilized in the compilation of the completed report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3 year audit cycle. It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of a facility.”

At the completion of the corrective action period, the auditor has 30 days to issue a “final report” with final determinations. Section 115.404 (d) states that, “after the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website, or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

This information was discussed with the HCF Institutional PREA Compliance Manager and Warden, as well as provided to the agencies PREA Secretary.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and inmate interview notes and site review notes, and began the process of completing the audit section of the compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which questions(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures and practices exceeds, meets, or does not meet standard.

Final Audit Report: Following completion of the compliance tool, the auditor started completing the final report. The final report identified which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted, and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.

Facility Characteristics

Hutchinson Correctional Facility is the state's second largest facility for adult male inmates. Hutchinson Correctional Facility (HCF) houses four custody levels: maximum, special management, medium and minimum. At the present time, HCF's capacity is 1,862 inmates. On the first day of the Onsite Audit Review the facility had a capacity of 1,793. HCF houses only male inmates.

These inmates are housed in the main-custody compound within the walled portion of the HCF, a minimum-security unit located outside the walls, and a medium-custody unit located slightly more than a mile east of the main facility.

HCF also houses one of two centers for the KDOC's transportation system that provides for the movement of inmates throughout the state's correctional facilities.

The facility has 93 functional buildings, fifteen (15) of which are the living units, that contain either open bay/ dormitory style housing, as well as single cell housing unit (100 segregation cells).

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: 115.41, 115.51, 115.52, 115.62, 115.71, 115.86

Standards Met

Number of Standards Met: 37

List of Standards Exceeded: 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.42, 115.43, 115.53, 115.54, 115.61, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89

Standards Not Met

Number of Standards Not Met:

List of Standards Not Met:

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

Kansas Department of Corrections (KDOC) Internal Management Policy and Procedure (IMPP) mandates that the Hutchinson Correctional Facility (HCF) has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. HCF must provide a safe and secure environment for inmates.

KDOC IMPP outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Coordinated Response was also reviewed showing the required protocols that are to be taken by staff following an allegation of sexual abuse and/or harassment. (Attachment A)

The KDOC IMPP is designed to minimize incidents of sexual abuse, sexual harassment, or any other form of sexual misconduct that impact staff, inmates, volunteers, or contractors. Each of the documents reviewed were consistent with PREA standards.

The KDOC has a detailed list of definitions, as required per provision.

According to the KDOC Central Office Organizational Chart, the statewide PREA Coordinator falls under the Deputy Secretary. The PREA coordinator indicated that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all KDOC facilities. At a minimum, quarterly meetings are held with all PREA Compliance Managers.

According to the HCF Organizational Chart the designated PREA Compliance Manager (PCM) falls under the Deputy Warden, even though he has regular conversations with the HCF Warden regarding pertinent PREA related matters.

During the interview with the PCM, he indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He works routinely with the PREA team, EAI (Investigations), and the entire HCF staff to ensure policy and procedure are being followed properly. He was knowledgeable with regards to specific policy surrounding the PREA standards. He also attends via in-person or via video conference, the quarterly PCM meetings held by the PREA Coordinator. He reported this keeps him abreast of any new and/or modified practices on a Department wide level. It is evident that he is extremely knowledgeable with the Department's expectations, and is able to implement them into his daily responsibilities.

The PREA Coordinator advised she would assist the facilities and ensure they have all the tools and guidance they need to meet all of the requirements of the PREA standards.

The HCF has developed a zero tolerance stance towards sexual abuse and sexual harassment, staff and inmates were extremely knowledgeable of the PREA standards and zero tolerance policy

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding a zero tolerance for sexual abuse and sexual harassment. No recommendations or corrective actions 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.) 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

KDOC will enter into contractual agreements as necessary for the housing and treatment of the inmates. Contracts are coordinated at the Central Office level. Examples of contracts were provided to the auditor by the PREA Coordinator. Contracts were reviewed and include necessary language that comply with PREA standards.

The PREA Coordinator reported that she monitors all six (6) contracts (new and renewed), ensuring that they maintain compliance with PREA standards. She also reported that she creates a formalized plan and assists county jails should they have a contract in preparation for their compliance audits.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (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

Current policy ensures the facility continues to develop, document, and make its best effort to follow a staffing plan that provides for adequate levels of staffing, and when applicable, utilize video monitoring to protect inmates against sexual abuse.

The staffing plan, dated 10/16/2019, was reviewed by the auditor, and conforms with the direction and allocations as directed by policy. In calculating adequate staffing levels and determining the need for video monitoring, the facility will utilize the PREA staffing analysis in accordance with the following considerations:

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;
5. All components of the facility's physical plant (including "blind-spots" or areas where staff or Inmates may be isolated);
6. The composition of the Inmate population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable regulations or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
11. Any other relevant factors

The staffing plan is reviewed annually in collaboration with the Warden, his executive staff, the PCM, the PREA Coordinator, and additional multi-disciplinary staff. The Warden reported that the KDOC also conducts an agency wide staffing analysis.

The facility provided a staffing plan and daily staff rosters clearly indicating staffing levels. A staffing analysis review (Attachment C-IMPP 12-137D) was also provided to the auditor. The leadership team conducts an annual staffing analysis including a review of existing posts, video monitoring, and other monitoring technologies at the facility. During the interview with the Warden, he reported if the facility deviates from the staffing plan, the staffing roster is updated. In those circumstances where the staffing plan is not complied with, it is the shift supervisor's responsibility to document and justify all deviations from the plan in the daily shift report. The Auditor could not find an occurrence when inmate education or program time was shut down as a result of staff shortage in the past 12 months.

The plans that were provided were comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan was predicated upon an average daily inmate population of 1908, on the first day of the audit, the inmate population was 1793.

A staffing plan review board is convened at least once annually for the review and assessment of the staffing plan, deployment of video monitoring system, and resources available to ensure adherence to the staffing plan.

The annual staffing plan review board analyzes the most common reasons for any deviation from the staffing plan and propose corrective actions or alternatives. It has been documented that in the past 12 months, the following are the six (6) instances when deviation from the staffing plan might occur:

1. Sick
2. Vacation
3. Military
4. Staff Shortage
5. Family Sick
6. Extended Sick

The PREA Coordinator was interviewed and reported that the KDOC completes an Agency wide staffing analysis.

The HCF has minimum staffing requirements. In the event that a mandatory post is vacant for whatever reason, that position is filled with overtime staff or staff redirected from non-mandatory positions. The Auditor reviewed randomly chosen rosters over a twelve-month period and each roster reflected various position deviations. During this review period, there were various instances when voluntarily overtime, or staff diversions were utilized to cover any vacant positions. As indicated in the documentation, normal unit operations occurred and were uninterrupted.

According to KDOC & HCF policy, it is the responsibility of each facility for providing direction to reflect the practice of having intermediate level and high-level-supervisors conduct and document unannounced rounds to identify and deter staff and inmate sexual abuse and sexual harassment. Staff are prohibited from alerting other staff members that these rounds are occurring. The facility provided examples of their electronic logbooks documenting unannounced rounds by staff on all shifts to the auditor both in the pre-audit paperwork and during the Onsite Audit Phase.

During the site review of each facility, the auditor was informed that there are well over 1000 cameras distributed throughout the three (3) facilities. During the site review, the auditor identified a couple areas of concern that would benefit from additional coverage. These areas included the pot room in the Main Kitchen, and one area in the laundry room. Immediately upon identification, the Warden advised his staff who corrected these issues prior to the end of the on-site. The auditor verified that these two (2) identified areas had been corrected through the use of two (2) cameras in the pot room, and an appropriately

placed convex mirror in the laundry room. It should be noted that a significant amount of cameras throughout the facilities are “dated” and out of focus. It is recommended that the facility review its current camera technologies, and update the older cameras to ensure that they function properly with the newer cameras and video monitoring system.

Two (2) specific examples that reflect the outstanding efforts that HCF takes in the continued advancement of its monitoring technologies during either new building or renovation efforts, can be observed in the two major construction projects presently in progress at the facility; the Spiritual Life Center, and the Medical tech services / Mental Health Area. During the design and construction process, all security measures and blind spots were considered, with all electronic monitoring cameras/technologies being incorporated into the project from its inception.

Discussions with the Warden indicated that the continued utilization, implementation and replacement of outdated cameras and equipment have been a significant topic during their staffing plans within this audit cycle.

During the interviews with both the Warden and the PCM indicated that they regularly conduct random reviews of staffing levels, how they affect the inmate programming, various classification amounts, as well as any changes or modifications to the video monitoring. They will also review other concerns which include, physical plant configuration, internal or external oversight bodies, inmate population configuration, placement of supervisor staff, line-staff needs, and any prevalence of substantiated or unsubstantiated incidents of sexual abuse.

Additionally, the Warden indicated that during his regular executive staff meetings, staffing plan compliance and any deviations from the staffing plan are a frequent topic.

Interviews conducted with intermediate or higher level staff affirmed that these staff are making unannounced rounds and documenting these rounds on the respective shift rosters.

During random informal interviews and discussions with staff, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the logbook. This was validated by the Auditor through a review of the logbooks during the unit tour.

During the interview with the PREA Coordinator, he confirmed that the staffing plan is reviewed annually for each facility/unit which includes video monitoring staff, and resources available to commit to the staffing plan.

Interviews with higher level staff indicate that they begin their rounds by instructing staff to not inform each other they are making their rounds and moving throughout the facility/unit. Supervisors go anywhere the inmates have access. Supervisors confirmed these rounds are documented in the logbooks.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that Hutchinson Correctional Facility meets standard regarding supervision and monitoring. No corrective actions is required at this time; however, it is Recommended that an evaluation be conducted of the existing camera equipment, and ensure that any identified areas of concern are addressed through either additional security measures; updated camera technology, mirrors, boundary rules, etc.

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

This facility does not accept youthful inmates into confinement.

Staff and Inmate interviews confirm youthful inmates are not housed at the facility. Staff indicated per policy; youthful inmates are never housed at HCF.

The Central Office also provided an age breakdown for those inmates housed at HCF; the age of the inmate population ranges between 18 – 85 yrs.

During the site visit, the auditor did not observe any youthful inmates housed at the facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies 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 have procedures 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

Existing KDOC/HCF policy covers the procedures for appropriate searches and is compliant with the mandates of this standard. Strip searches and visual body cavity searches shall be conducted by staff of the same gender and in a private place which prevents the search from being observed by those not assisting in the search.

Subsection 115.15 (b) is not applicable. During interviews with the Warden, PREA Coordinator, and PREA Compliance Manager, the auditor confirmed that there are no female inmates being housed at HCF.

Further policy states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

According to existing KDOC policy, except in exigent circumstances, strip searches and body cavity searches must be conducted, in private, by staff of the same sex as the inmate being searched. HCF policy requires the facility staff to document all cross-gender strip searches and cross-gender visual body cavity searches.

KDOC policy allows an inmate to shower and perform bodily functions without non-medical staff of the opposite gender viewing them, except in exigent circumstances.

In those instances when a female staff member enters a housing area, they are required to announce, "female on deck/tier". During the site-review, opposite gender staff were observed entering the various housing units and announcements of their presence was made for each occurrence. A sign was also observed permanently affixed to a wall at the entrance of each housing unit, that had been placed to notify the inmates that a female officer was on duty in their housing area. This is not a sufficient announcement as not all inmates pass through the entrance area when entering or exiting from the housing unit. The auditor reminded the prison administration during the exit briefing that staff must still announce when females enter the housing units. Policy and procedure requires staff of the opposite gender to announce their presence when entering an inmate housing area in accordance.

All inmates and random staff reported hearing opposite gender staff announce their presence when entering the housing unit. Every inmate interviewed confirmed that they were comfortable dressing without being viewed by staff of the opposite gender.

During informal interviews with staff regarding the requirement for cross gender announcements, all staff consistently reported that opposite gender staff announcements are made when entering the housing areas.

KDOC policy requires staff to be cognizant when searching transgender and intersex inmates, and shall conduct searches in a respectful, and least intrusive manner as possible. Inmates are not searched for the sole purpose of identifying/verifying their gender. The facility has integrated training specific to transgender and intersex searches. Policy clearly stipulates that under no circumstances shall an inmate search be conducted solely for the purpose of determining an inmate's genital status.

Policy indicates that the KDOC/HCF shall train security staff 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. Additionally, policy requires that all KDOC staff attend at a minimum annual in-service training that covers pat searches of all type of inmates. On-going training is also provided by shift supervisors periodically.

HCF provided training logs to demonstrate all facility staff have been trained on search procedures. The training curriculum that is utilized for the training was also provided for review. Each participant signed their acknowledgement of associated training materials. Training topics included the KDOC's zero tolerance policy, characteristics, and signs of potential victims of sexual abuse and harassment, security checks, contraband, as well as appropriate search techniques.

During staff interviews, staff advised that they are trained on how to conduct cross-gender pat-down searches and searches of transgender inmates. Staff reported they receive a refresher course on an annual basis.

Policy also advises that cross gender searches, including cross gender frisk, strip, or body cavity searches are not authorized in the HCF.

- In the past twelve months, the following indicates the number of cross-gender visual body cavity searches of inmates: 0
- In the past twelve months, the following indicates the number of cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

The HCF is designated as a male confinement facility and does not accept female inmates into confinement.

There are several different housing configurations at HCF; housing varies between one (1) or two (2) person cells with individual toilets, to large dormitory settings with a bathroom area located in a centralized area of the dormitory. The dormitory bathrooms have a half/saloon type door covering each individual shower, with appropriate privacy screens shielding each individual toilet. Segregated housing cells contain toilets inside of the cells that are situated at the far end of the cell. A shower is located on the tier, with half/saloon type door. All showers and toilets in the housing units, dorms or segregated housing have appropriate surrounds, coverings, or are situated to ensure protection against opposite gender viewing.

During interviews with the PREA Compliance Manager and higher-level facility staff it was reported that no cross-gender strip searches have been conducted at the facility within the past 12 months.

All staff interviewed (formal and informal) were questioned about cross gender search practices. Each of these staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity searches do not occur at HCF. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying the genital status.

Of the formal and informal inmate interviews, all indicated that female staff do not conduct cross gender strip searches or cross gender body cavity searches.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding the limits to cross-gender viewing and searches. No recommendations or corrective action is 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 facility ensures 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. It provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, intellectually and/or physically disabled, as well as to inmates who have limited reading skills.

The facility has staff who can be utilized as translators. The *Big Word* is the KDOC's supplier for phone service interpreting to those inmates who are limited English proficient. Brochures are available in both English and Spanish. HCF had prominent PREA signs throughout the facility in English as well as Spanish. The PREA Orientation Handbook is available in Spanish as well.

Agency policy indicates that staff shall not rely on inmate interpreters, inmates 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 described within this plan, or the investigation of the inmate's allegations.

The Auditor was provided written documents, training materials, as well as PREA brochures, that are provided in both English and Spanish to the inmate population. During the tour, the Auditor also observed that the PREA posters were prominently displayed in each housing unit, work area, as well as numerous areas throughout the facility in both English and Spanish.

During the interview with the Secretary, he shared that the Department ensures that training materials are provided in different formats; written, video, English, Spanish, American Sign Language, etc.

During the interview with the PCM, he indicated that there have not been any instances in the past twelve (12) months where interpreter services were utilized or required.

Five inmates identified as either Limited English Proficient or with a disability were interviewed and they confirmed receiving information regarding sexual abuse and sexual harassment.

Of the staff that were interviewed by the Auditor, all indicated that in the event translation was required, they would try to find another staff member to provide translation, and then advise the Shift Commander for further direction. Each of the staff members advised that they would not solicit the assistance of an inmate translator, nor would they utilize one past the initial introductions.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the HCF meets standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

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 who may have contact with inmates? Yes No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with 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

KDOC policy requires that an the department/facility shall not hire or promote anyone into a position who may have contact with inmates, and shall not enlist the services of any contractor that may have contact with inmates, that have engaged in sexual abuse of inmates in an institutional setting, has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has been civilly or administratively adjudicated to have engaged in such activity. During the interview with the Human Resources (HR) Director, she confirmed this practice was in place.

KDOC policy requires that HCF must 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. During the interview with the HR Director, she reported that the facility does consider prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire anyone. She could not recall that this has occurred, and that if it had it would be discussed with administration.

KDOC policy requires that prior to hiring new employees who may have contact with inmates, the facility performs criminal record background checks for all newly hired employees who may have contact with inmates, all employees who have contact with inmates who are considered for promotion, contractors who may have contact with inmates, and volunteers who may have contact with inmates.

The Auditor reviewed a random sampling of staff and contractor files. The Auditor reviewed a total of sixteen (16) files of those individuals, both staff and contractor, who were either hired or promoted within the past 12 months, including existing staff, or existing staff who had been with KDOC for over five (5) years. Each of the files reviewed contained all items required by the standard, which included PREA documentation and Criminal History Check information. The Auditor was also able to verify that all files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

In the preceding 12 months there were 264 individuals hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of the requested personnel files (which included newly hired) and verified that each of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

The HCF does not employ or promote anyone who may have contact with inmates, and shall not enlist the 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);

- 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
- Has been civilly or administratively adjudicated to have engaged in 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.

The Human Resources Director was interviewed regarding the hiring practices of the KDOC indicated that a potential hire is required to fill out all personnel documents, which requires the disclosure of the standards required items. In addition, the HR Director further stated that the KDOC takes a highly active and aggressive stance with the requirements of the PREA standards. She further indicated that a condition of staff employment requires that any arrest activity must be reported through the respective employee's reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

KDOC policy requires the facility to conduct criminal background checks at least every five years of current employees and contractors who may have contact with inmates. In lieu of conducting background checks every five (5) years, as required by provision, the HR Director reported that HCF completes background checks on an annual basis. She further advised that each employee has an assigned month, and that during that month each year the criminal background check for the respective employee.

KDOC policy requires the facility to ask all applicants and employees who may have contact with inmates directly about previous misconduct. Prior institutional employers of each candidate, including new hires and promotional candidates, and contract employee candidates, are also contacted for information on substantiated allegations of sexual abuse of an inmate or any resignation during a pending investigation of an allegation of sexual abuse of an inmate using the Request for Information from Prior Institutional Employer Letter.

During the interview with the HR Director, she indicated that omissions regarding misconduct, or the provision of materially false information, are grounds for termination. The facility is also required to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. She further reported KDOC has a universal form that is utilized request information regarding misconduct on a potential hire.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding hiring and promotion decisions. No recommendations or corrective action is required.

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 KDOC Secretary is required to approve any major changes in construction, and he shall consider the best interest of staff and inmates. The HCF main compound is currently undergoing modifications. The Warden reported prior to the start of the construction the changes were approved through Central Office.

During the on-site review, the auditor observed two (2) major construction projects presently in progress at the facility; the Spiritual Life Center, and the Medical tech services / Mental Health area. During the design and construction process, all security measures and blind spots were considered, with all electronic monitoring cameras/technologies being incorporated into the project from its inception.

KDOC policy requires when a facility is installing or updating a video monitoring system, the facility considers how the technology may enhance the facility's ability to protect inmates from sexual abuse.

During the site review of each facility, the auditor was informed that there is well over 1000 cameras distributed throughout the three (3) facilities. There have be a significant amount of cameras that have been added since the last PREA audit; however, it should be noted that a significant number of the cameras throughout the facilities were "dated", and out of focus. It is recommended that the facility review its current camera technologies and update the older cameras to ensure that they function properly with the newer cameras and video monitoring system.

During the interview with the Secretary, the auditor was advised all new construction is vetted for approval. All modifications are implemented in accordance with PREA standards. Video monitoring technology at each facility is reviewed annually and updated as needed. Cameras are positioned in a manner to eliminate blind spots.

During the interview with the Warden, the auditor confirmed there are current expansions and modifications that are occurring in the facility since the last PREA audit. The auditor was advised that the facility considers any blind spots when installing new or updating video monitoring technology. The primary goal is to ensure staff can view any areas of concern.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding the upgrades to facilities and technology. No corrective actions is required at this time; however, it is recommended that an evaluation be conducted of the existing camera equipment and ensure that identified areas of concern are addressed through either additional security measures; updated camera technology, mirrors, boundary rules, etc.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (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 *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The KDOC policy was designed to outline the policy and procedures for investigating and documenting incidents of sexual assault. The policy further identifies the agency's commitment to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing probability of a successful prosecution, as well as outlining the procedures that investigators must follow including the Forensic Medical Examination, sexual assault evidence kit, crime scene examination, evidence collection, and the interview process.

The facility is responsible for conducting either administrative or criminal sexual abuse investigations. The Coordinated Response to Sexual Abuse and Sexual Harassment policy outlines the response by staff at the facility from the initial report to the closing of the investigation. The Enforcement, Apprehension, and Investigation (EAI) Team is responsible for conducting the investigation, and follows a uniform evidence protocol that has already been established in the EAI Manual. HCF staff are required to secure the scene until EAI investigators arrive. It is the employees responsibility to provide emergency responsiveness to protect life and property as well as to provide for the identification, protection, preservation, and collection of physical evidence in such a manner to maintain its integrity and enhance the potential prosecution of perpetrators.

During the interview with EAI staff member, he outlined the procedures they follow to conduct the investigations, obtain, and preserve evidence, collection of evidence by appropriate medical personnel and perform the follow-up services that are to be provided to victims. A copy of the EAI Protocol Manual was provided to the auditor.

KDOC policy requires that the facility offers all victims of sexual abuse access to forensic medical examinations, without financial cost, when evidentiarily or medically appropriate. Such examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at Hutchinson Regional Medical Center. The SANE nurse who was interviewed confirmed to the auditor that the off-site forensic medical exam is performed by a certified SANE at no cost to the inmate. This is also outlined in Kansas Statute 2013-65-448.

The Health Authority is responsible to ensure that all documentation is maintained in the inmate's medical record. In addition, all counseling for sexually transmitted infection, treatment and follow-up will be conducted, as appropriate.

The facility has MOU's with a community Rape Crisis Center (Sexual Assault/Domestic Violence Center, to provide victim advocacy services for the inmate population. A copy of the signed MOU was provided to the auditor with the pre-audit material. A representative from the Rape Crisis Center was also contacted for a telephonic interview.

Upon notification of a sexual assault, the investigator/facility medical staff will consider the amount of elapsed time and shall request a forensic medical examination of the victim if the sexual assault occurred within 96 hours of report the assault to the EAI investigator.

In the past twelve months there have been three (3) forensic medical exams conducted and three (3) exams were performed by either SANE/SAFES, or by a qualified medical practitioner. During interviews, staff were well informed on the procedure for forensic examinations and victim advocacy services.

The Auditor conducted a telephonic interview with the SAFE/SANE representative. She confirmed that the exams are provided at no cost to the inmate, and that all forensic services are provided when the inmate is presented at the hospital for follow-up. She indicated that trained forensic nurses (SAFE/SANE) are always available 24 hours a day, 7 days a week. She further stated that during the exam process, a victim advocate is also made available to assist with any questions and to ensure that follow-up counseling is provided before, during, and after the examination as needed for the victim.

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

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

During the interview with the PCM, he indicated that victim advocacy services are offered through contract and are built into the forensic examination process. The PCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary counseling services. Any follow-up counseling will be coordinated in collaboration with mental health services staff located at the facility.

Of the three (3) inmates who reported sexual abuse while housed at HCF indicated that staff provided them immediate assistance. In each instance, staff contacted their supervisor who ensured that the inmate was immediately taken to the appropriate medical staff and received all the treatment services that they required, including counseling services.

During the interviews with staff, the auditor confirmed all staff knew and understood the agency's protocol for obtaining usable physical evidence if an Inmate alleges sexual abuse. Every staff member interviewed was able to articulate the basic preservation of evidence component of both victim and assailant. They were also able to explain their responsibilities up to the point where they will transfer responsibility to either EAI investigative or medical staff.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding evidence protocols and forensic medical examinations. No recommendations or corrective action is 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(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

KDOC and HCF require all allegations of sexual abuse, sexual harassment, or nonconsensual sexual acts shall be referred to EAI immediately. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. HCF has established methods of reporting to include, verbal, anonymous, written notes, hotline, etc.

In the past 12 months the number of allegations of sexual abuse and sexual harassment that have been received is:

- Administrative investigations: 37
- Criminal investigations: 0

Referring to allegations received during the past 12 months, all administrative investigations were documented and completed.

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

A review of KDOC policy provides that EAI is the primary investigative and law enforcement entity of the KDOC. Their mission is to serve as an independent office to conduct investigations in accordance with those professional standards that relate to the fields of investigation in a government environment, and certain regulations and policies of the KDOC.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website:

<https://www.doc.ks.gov/facilities/prea/reporting>

The departmental website provides access to numerous methods for the public to report Sexual Abuse or sexual Harassment, such methods include telephone contact and email address information.

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

During the interview with the Agency Head, the auditor was advised criminal sexual abuse or sexual harassment criminal investigations are completed by EAI, which is considered an external entity. KDOC ensures their agents and Investigators receive proper training.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding the policies to ensure referrals of allegations for investigations. No recommendations or corrective action is 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

Following a review of the KDOC policy, as well as associated PREA training curriculum confirm that KDOC has policies and training in place to ensure that all employees who may have contact with inmates, and have received the appropriate training on:

- 1) It’s zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under the 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 confinements;
- 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.

The Department’s curriculum and training materials were reviewed by the Auditor. All training materials provided include all required elements required according to PREA Standards.

The Auditor reviewed sixteen (16) random staff training files. Each reviewed file contained all relevant documentation to reflect that staff had met their initial PREA requirements.

Each of the staff members interviewed recalled attending the initial PREA training when they were hired, and each indicated that they receive annual PREA refresher training as well as additional in-service trainings.

According to KDOC policy, training is tailored to the gender of the inmates at the facility. Staff shall receive additional training if they are reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. Prior to the onsite portion of the audit HCF, provided lesson plans and numerous training logs for the auditor to review.

Of the 808 staff presently assigned to the Hutchinson Correctional Facility, the auditor reviewed documentation that reflected 100% of the staff have received the PREA training specific to the male inmate population in the past twelve (12) months.

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

The auditor reviewed the PREA PowerPoint Presentation and acknowledgement sheets used for staff training. The auditor also confirmed the PowerPoint training consisted of all the information listed above. In addition, staff have also received PREA First Responder Cards.

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

During the interviews with random staff, all staff confirmed that they received training in the following:

- Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill our responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, per agency policies and procedures; Inmates' right to be free from sexual abuse and sexual harassment;
- The right of Inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with Inmates;
- How to communicate effectively and professionally with Inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming Inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The HCF staff that were interviewed advised they received classroom training for PREA. Several staff indicated that they also recall online training through the National Institute of Corrections (NIC).

Conclusion

Based on the review and analysis of all available evidence, the Auditor has determined that HCF meets standard for employee training. No recommendations or corrective action is required.

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

According to KDOC and HCF policy, the facility ensures all volunteers and contractors who may have contact with inmates have received appropriate training mandated by the PREA standards. HCF provided lesson plans and training logs with the pre-audit paperwork. Additional documentation was provided at the on-site visit.

According to the provided Pre-Audit Questionnaire (PAQ), the facility has trained 100% of its 587 volunteers/contractors in the past 12 months in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Volunteers/contractors are required to be provided refresher training every two (2) years to maintain their approval status. Two (2) volunteers and three (3) contractors were interviewed and each recalled that the level of training was specific to their roles/responsibilities in the facility. When the Auditor questioned each one about their knowledge of PREA, each was able to identify what PREA was, and what was their role/responsibility in the event that they were confronted with a situation of Sexual Abuse / Sexual Harassment.

The facility provided a copy of the volunteer and contractor PowerPoint presentation and brochures that are taught for new volunteers and contractors. The information provided covers the facility's zero-

tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Sample forms were provided to the auditor. The individual signs the form to acknowledge as a volunteer, contract provider, or person with intermittent contact with inmates, they are aware of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and know how to report such incidents. They also acknowledge that they understand the information presented regarding this topic and shall report any instance which violates the KDOC Inmate Sexual Assault Policy.

The level and type of training pertains to agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response is consistent.

All of the volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment, and informed how to report such incidents. The facility maintains documentation confirming that volunteers/contractors understand the training they have received. All individuals sign the Acknowledgment of Training (AOT) form following each training session.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding the requirements for volunteer and contractor training. No recommendations or corrective action is 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 the comprehensive education referenced in 115.33(b)? 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

According to KDOC & HCF policy, information about the facility's policy and procedure regarding sexual abuse/harassment is included in each facility's orientation program and is provided in a manner that is clearly understood by the inmate. During the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual and sexual harassment and how to report incidents or suspicions of sexual abuse/harassment.

During interviews conducted with intake staff, they provide a brochure and orientation handbook with this information to the inmate upon intake. The Deputy Warden's Secretary sends out an orientation email reminding the designated staff of all newly arrived inmates.

During the intake process, all individuals receive information is explained orally and in writing regarding the facility's zero tolerance policy in reference to sexual misconduct and how to report incidents or suspicions of sexual misconduct.

- In the past 12 months the number of inmates where were given this information at intake is: 734 or 100 %.

Of the seventeen (17) inmate files that were reviewed, a copy of the signed acknowledgement from each inmate was retained in every file. The date of the signature coincided with the date that the inmate arrived at the facility.

During the interviews with fifty-one (51) inmates, all were asked if they could explain what they could recall from their PREA training. All inmates acknowledged receiving copies of the PREA information and watching the departments PREA video when they arrived at HCF. The general responses they provided were; right to be free from sexual harassment and retaliation for reporting, where the numbers and addresses were located, and who to speak with if they had any questions or how to report if they needed to report an incident. Every inmate expressed safety at HCF and that if they needed anything they were aware of how to make the necessary notifications to get assistance.

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

- In the past 12 months the number of Inmates where were given this information within 30 days of intake is: 420 or 100 %.

HCF provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Random inmate interviews indicated that inmates have knowledge of PREA, as well as the means to report allegations.

During the interview with the PCM, he was asked what the process was used in the event that an inmate is deemed outside of the scope of these already established training formats. He advised that he will work with the appropriate staff to ensure that each inmate is able to comprehend the PREA related items to a comfortable level of comprehension.

The KDOC policy requires that the inmate PREA orientation attendance is documented, and acknowledgement of receipt is signed. The signed receipt is also imaged into the inmate's electronic record. Copies of the electronic record were viewed during the on-site portion of the audit.

During the site review, it was noted that PREA signs were present in all housing areas, dining halls, library, laundry, visitation, gym, clinics, etc. The signs provide information to inmates on how to report sexual abuse and sexual harassment. It gives the #50 hotline and the toll-free third-party reporting number. It is noted that the phone calls are anonymous.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard for inmate education. No recommendations or corrective action is required.

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 receive 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

KDOC policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The policy requires that the specialized training investigative staff receives meets PREA standards. In addition to the sexual assault investigations training, the EAI investigators are also required to receive in-service training that specifically relates to sexual assault within the prison facilities, as well as any modifications to the PREA standards

All the HCF/EAI investigators have completed the training specific to conducting sexual abuse investigations in a confinement setting and are required to attend annual re-certification training. One (1) of the investigators was interviewed and provided a copy of his training certificates. In addition, there is additional training that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. They have also received training from National Institute of Corrections: PREA and Investigating Sexual Abuse in a Confinement Setting, Kansas Peace Officers Association: What You Should Know, and KDOC: PREA and What You Should Know About it. The facility maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. This information was confirmed through the interviews with the investigators.

The facility also maintains copies of the documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations. Copies of the training logs were also provided with pre-audit materials.

115.34 (d) is not-applicable.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard for specialized training: investigations. No recommendations or corrective action is required.

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

115.35 (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 or the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The KDOC & HCF contracts with Corizon Health Care for medical and behavioral health care. According to KDOC and Corizon policy, medical and behavioral health staff receive specialized training and orientation training for new hires with regards to PREA. Medical and behavioral health staff also receive the training mandated under 115.31 and 115.32.

HCF policy requires that all medical and mental health care practitioners who work regularly in the HCF receive the mandatory training, which includes:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence;
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.

According to the Pre-Audit Questionnaire, 100% of medical and mental health employees (72) have received the training as required by the agency policy. The facility is responsible for maintaining documentation that staff have received the training. The facility provided training documentation pre-audit and additional documentation during the on-site phase for all healthcare staff. Also, medical, and mental health staff were interviewed during the Onsite Audit Phase. Staff members were exceptionally knowledgeable and were able to elaborate on answers to all questions.

Policy states that in the event that medical or mental health personnel receive this training, they are required to ensure that the documentation of completed training is scanned and forwarded to the PREA Compliance Manager for filing.

Those medical and mental health staff who were interviewed confirmed all forensic examinations would be conducted at the Hutchinson Regional Medical Center. Medical and mental health staff confirmed they have been trained in:

- How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

It has been reported that forensic examinations are not done at HCF and were referred out to the Hutchinson Regional Medical Center. However, both medical and mental health were aware of the

procedures that would take place and what would happen following the examination. Staff members were knowledgeable of not only what their department was responsible for, but also other departments they collaborate with on a routine basis.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding the requirements for specialized training: medical and mental health care. No recommendations or corrective action is required.

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, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to 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 KDOC has established internal classification procedures for screening inmates for risk of sexual victimization and/or sexual aggression. HCF staff complete the Sexual Victimization and Abusiveness Assessment (SVAA) form at the initial screening of intake, and a follow-up assessment to ensure the inmate feels safe in his assigned housing unit.

During interviews, it was identified that HCF has a staff member who is responsible for tracking to ensure that the re-assessments are being completed within the designated timeframes. The auditor spoke with the individual who completes this process, she advised that she tracks the timeline for each inmate at HCF, she will identify when the inmate is in need of initial and follow-up assessments. She will ensure that all inmates are receiving a screening within the 72-hour and 30-day timeframes, annual dates, as well as the bi-annual assessment dates for the transgender and intersex inmates housed at HCF, and notify the appropriate unit manager for assignment to the designated case worker. She will then track to ensure that the assessment has been completed and uploaded into the inmate's file.

The SVAA form includes the following items:

1. Whether the Inmate has a mental, physical, or developmental disability;
2. The age of the Inmate;
3. The physical build of the Inmate;
4. Whether the Inmate has previously been incarcerated;
5. Whether the Inmate's criminal history is exclusively nonviolent;
6. Whether the Inmate has prior convictions for sex offenses against an adult or child;
7. Whether the Inmate is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the Inmate has previously experienced sexual victimization;
9. The Inmate's own perception of vulnerability; and
10. Whether the Inmate is detained solely for civil immigration purposes.

Each inmate will be assigned a score by the internal classification instrument: KA (Known Aggressor), AP (Aggressor Potential), UN (Unrestricted), VP (Victim Potential), or VI (Victim Incarcerated). The screening is conducted on all inmates, and information obtained is then used to make determinations regarding housing, bed, work, education, and program assignments. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA.

Of the fifty-on (51) inmates who were interviewed relative to this provision, most recalled being asked questions relative to their concerns for sexual safety, and if they felt like they were going to harm themselves. Most inmates recalled being asked these questions when they went through the intake process at the reception center, and again when they arrived at HCF.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% of 734 inmates were screened for the risk of sexual victimization or risk of being sexually abused by other inmates within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed seventeen (17) random inmate files to ensure that each inmate had received the required PREA training upon arrival at the facility, and when that training was completed. All of the seventeen (17) inmate files had verification that the initial screening had occurred within 72-hours of arrival at HCF.

The intake screening assessment includes, at a minimum, the following criteria to assess inmate for risk of sexual victimization:

- Any mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Previous incarceration;
- Whether the criminal history is exclusively nonviolent;
- Prior convictions for sex offenses against an adult or child;
- Perception of the inmate as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Previous sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is being detained solely for civil immigration purposes.

HCF does not house inmates who are detained solely for civil immigration purposes; however, this language will be footnoted on the SVAA form itself. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA. They were able to articulate what the questions were on the forms and the reasoning behind the specific questions, going into detail on how the information is utilized when assigning housing units.

The auditor reviewed the screening instrument and verified that the instrument assesses all of the ten (10) required factors. The initial intake screening considers the following criteria to assess Inmates for risk of being sexually abusive:

1. Prior acts of sexual abuse;
2. Prior convictions for violent offenses; and
3. History of prior institutional violence or sexual abuse, as known to the facility.

HCF staff complete the SVAA at initial screening of intake, and for follow-up assessments, as required, to ensure the inmate feels safe in his assigned housing unit. It is evident that all inmates are receiving a screening, in compliance with PREA timelines.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 420 inmates or 100% have been assessed for the risk of sexual victimization or risk of sexual abuse towards other inmates within 30 days of their entry into HCF, based upon any additional relevant information received since intake

Each of the twenty-eight (28) random, and twenty-three (23) targeted inmates interviewed relative to this provision indicated that they recall being asked similar, if not the same questions relative to this standard. The inmates recalled being asked these questions when they went through the intake process at the reception center, and again when they arrived at HCF.

A review of the seventeen (17) files by the auditor revealed that the completed screening documents, both initial assessments and reassessments, were completed by staff at HCF. Each instrument was completed and consistent with provision.

HCF policy indicates 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. HCF makes the recommendations for re-assessment ordinarily when they conduct a Sexual Abuse Incident Review of the case to abide with §115.41(g). Examples of reassessment were reviewed by the auditor. These reassessments are tracked in the agency's PREA Database.

KDOC policy also indicates that Inmates shall not be disciplined refusing to answer or not disclosing complete information related to questions regarding:

1. Whether or not the Inmate has mental, physical, or developmental disability;
2. Whether or not the Inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
3. Whether or not the Inmate has previously experienced sexual victimization; and
4. The Inmate's own perception of vulnerability.

The classification staff members who were interviewed indicated that they do not discipline any inmate for their refusal to answer any of the questions on the assessment, explaining that they would explain the reason and attempt to solicit participation; however, no disciplinary action is taken should the inmate

choose not to participate.

The KDOC has developed the PREA Application, which serves as a central database for all forms needed to prevent, detect, and respond to sexual abuse and sexual harassment of individuals in the custody of the KDOC. The PREA Application provides the forms and detailed instructions on how to complete and score the assessment. Inmates are not disciplined for refusing to answer specific questions. This was confirmed through interviews with staff who conduct risk screening.

The facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The KDOC PREA Application is electronic and assigns access to specific information based off of the employee's job title. Sensitive information can only be accessed by appropriate employees.

During interviews with medical staff and staff responsible for risk screening, the auditor was advised that access to the specific screening information contained in the database is restricted to a limited amount of people, which includes the Medical / Mental Health Staff, and Classification Specialists

Conclusion:

Based upon the review and analysis of all available evidence, it is apparent that HCF has established effective efficient tracking and follow-up strategies regarding this standard, as a result, the Auditor has determined that HCF Exceeds Standard that addresses screening for risk of sexual victimization and abusiveness. No recommendations or corrective action is required.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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

According to HCF policy, information from the required risk screening is used to determine housing, work, education, and program assignments, with the goal of keeping separate those Inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The forms are contained and completed in the PREA Application and this ensures easy access to all inmate files. According to the PREA Coordinator, staff is given access to information in the database based on their “need to know”.

During the interview process, the PCM indicated that every assessment completed by staff is factored into the placement and programming of each inmate. In addition, the inmates’ risk levels, housing, and programming factors are guided through the use of these various assessments, ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

During the review of the seventeen (17) inmate records, the auditor was able to verify that classification documents contained the required information from the risk screening and was being utilized for the classification decisions being made. Each inmate’s individual circumstances and unique characteristics were taken into consideration throughout the classification process.

During the interview with the staff who are responsible for risk screening, the Auditor was advised that because of the varied assessments that are being utilized, each inmate is individually evaluated. Staff utilize all assessments at their disposal (Classification, Medical / Mental Health referral form, etc.) Additional consideration is also given during the discussions staff have with each individual inmate when making classification and housing decisions.

KDOC policy directs that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the facility considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

According to policy, the facility shall not place lesbian, gay, bisexual, transgender, or intersex inmates 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 inmates.

The placement and programming assignments for each transgender or intersex Inmate is required to be reassessed at least twice each year to review for any threats to safety experienced by the Inmate. Items that are considered are:

1. A transgender or intersex Inmate's own views with respect to his or her own safety shall be given serious consideration.
2. Transgender and intersex Inmate shall be given the opportunity to shower separately from other Inmates.
3. The facility shall not place lesbian, gay, bisexual, transgender, or intersex Inmate in dedicated facilities, units, 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 Inmate.

This was also confirmed during interviews with two (2) transgender inmates currently housed at HCF.

According to policy transgender or intersex inmates are reassessed at least twice per year to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the inmate.

During the interview with the PCM, the auditor was advised that any Inmate who identified as at risk for victimization would be housed separately from any Inmate who identified as at risk for abusiveness and housed in separate housing areas. The PCM further advised that when transgender Inmates are housed at the facility, staff screen the Inmate to determine the appropriate housing. The PCM stated that all considerations are made to ensure the Inmate's health and safety, as well as whether the placement would present management or security problems. In addition, a transgender/intersex Inmates' views with respect to his or her own safety would be given serious consideration in placement and programming assignments, and that they would not be segregated and housed safely within the general population. The PCM confirmed that these inmates are reviewed twice per year, and that they would be afforded the opportunity to shower separately from the other Inmates.

The random staff who were interviewed also indicated that if a transgender or intersex inmate requested to shower separately, after they received the appropriate authorization from their supervisor, the transgender or intersex inmate would be allowed to shower separately. The PCM also confirmed that in those instances, the inmate would also be provided documentation that allowed them to use the shower area before or after the other inmates are allowed to shower.

If the transgender or intersex inmate does not wish to shower separately from other inmates, their refusal or acceptance of separate shower times must be documented and included in the inmate official file. The auditor interviewed both transgender inmates who stated that they are given the opportunity to shower separately and do not feel unsafe in this environment.

HCF and KDOC policy directs that LGBTI inmates shall not be placed in dedicated facilities units or wings solely on the basis of this identifying or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these inmates. Each of the nine (9) inmates who were identified as bisexual/gay were interviewed and reported they have no knowledge of the housing assignments being based on how they identify. They reported feeling comfortable in their housing units, and do not feel as though they are being discriminated against.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard requiring the use of screening information. No recommendations or corrective action is required.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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

A review of KDOC & HCF policy, inmates at a high risk for sexual victimization are only placed into involuntary segregation housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made, the inmate may be housed for less than 24 hours in segregation while the assessment is completed. Inmates placed in involuntary segregation do not remain for more than 30 days.

During the past twelve (12) months there have not been any inmates placed into involuntary administrative or punitive segregation at HCF, in accordance with this standard.

The auditor interviewed the Warden and the PCM specific to this issue and both confirmed that there have not been any inmates placed in protective custody for over a year.

A review of KDOC policy indicates that inmates placed in involuntary segregation have reasonable access to programs and services including, but not limited to, educational services, commissary services, library services, social services, counseling services and religious guidance. If the unit restricts access to programs, privileges, education or work opportunities, the unit must document:

- The opportunities that have been limited;
- The duration of the limitation; and
- The reasons for the limitations.

A staff member who supervises inmates in segregated housing was interviewed regarding this subsection. He reported inmates have access to certain programming/education and privileges. If for some reason any of these are restricted it is documented in the logbook with the reason:

1. The basis of concern for the Inmate's safety.
2. The reason why no alternative means of separation available.

KDOC policy requires that every 30 days the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

During the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. As a result, no inmates could be interviewed relative to this provision.

The Warden was interviewed regarding placement in involuntary segregation and he reported it is a rare occurrence for their facility. He reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30 days. The interview confirmed that HCF prohibits the placement of Inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined that there is no available alternative means of separation from potential abusers.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding protective custody. No recommendations or corrective action is required.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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

HCF provides multiple methods for an inmate to privately report allegations of sexual abuse and sexual harassment, 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. Such allegations may be reported verbally to any staff member, in writing using a Form 9, or dialing #50 on the inmate payphones.

According to the Inmate Handbook, available in both English & Spanish, in the event that an inmate feels he is being pressured for sexual favors or to violate any institutional rule, the inmate shall refuse to do the prohibited act and either; file a formal grievance; contact a ranking correctional officer; contact classification staff; contact the warden; contact the Chaplain; contact any staff member with whom he feels comfortable enough to let them know and request their help; and advise a family member.

The KDOC has an MOU with the Legal Services for Prisoners (LSP) to accept correspondence from the inmate population. LSP will accept both oral and written reports of sexual abuse or sexual harassment allegations from inmates incarcerated within KDOC facilities. LSP will immediately forward information received from inmates regarding sexual abuse or sexual harassment allegations to the KDOC PREA Coordinator.

Inmates can also report sexual abuse or sexual harassment confidentially through the KDOC Sexual Assault Helpline. This is accessible at all inmate payphones by dialing #50, free of charge. Calls may be placed anonymously, or the caller may provide identifying information. The KDOC Sexual Assault Helpline is publicized in HCF using posters, General Orders, JPAY emails, and notices. Inmate phones have the Helpline instructions posted in a conspicuous location by the phones in all housing units, and also have a pre-recorded message advising the inmate caller prior to their ability to make personal calls.

During the site review, it was observed by the auditor that signs were displayed, in both English and Spanish, near the phones, on bulletin boards, and in housing units advising inmates of the multiple ways to report. The auditor tested the help line at the East facility and at the Central Facility. The introduction to the phone servicing system asks if you are making a PREA call and to press #50. Following each of these two (2) calls, within a few minutes, an immediate transcription of the call was forwarded to both the PCC and PCM on their mobile devices.

Of the twenty-eight (28) random and twenty-three (23) targeted inmates interviewed, all reported that they were aware of several methods to report incidents of sexual abuse or sexual harassment.

During the formal and informal interviews of HCF, each staff member interviewed indicated that they would accept a report from the inmate and provide it to their supervisor for further direction. They also shared that the inmates could report several different ways which includes telling a staff member, telling their family, or by submitting it in writing on the Form 9. Staff who were interviewed stated that if the inmates reported sexual abuse or harassment, they would immediately contact their supervisor and the document it in a report.

115.51 (b): The facility provides a 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's reports of sexual abuse and sexual harassment to the facility's officials, allowing the inmate to remain anonymous upon request.

All HCF staff, inmate family members, or others can report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-785-296-0200. Allegations of sexual abuse or sexual harassment reported through the third-party hotline will remain confidential and may remain anonymous

as the request of the reporting party. The calls are referred to the KDOC PREA Coordinator or the Director of Enforcement, Apprehensions, and Investigations.

During interviews with staff, they indicated they were aware of the process's, and would feel comfortable reporting allegations privately to their supervisor, to the PREA Compliance Manager, or to EAI.

All of the inmates interviewed were able to identify the various methods that they would use to report sexual abuse or sexual harassment that had either happened to them, or to someone else, and that they did not need to provide their name if they did not wish to. Each inmate was also able to articulate that they would also be able to contact friends or family outside if they needed to contact someone about an incident that occurred at the facility.

HCF does not house inmates solely for immigration purposes.

According to KDOC policy, staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is regarding an inmate or another staff member. Staff may report to their supervisor, Appointing Authority, or EAI. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Failure to report suspected abuse of an inmate is a class B misdemeanor.

All of the staff interviewed (formal, informal, and random) indicated that if they received a complaint of Sexual Abuse or Sexual Harassment, whether it is made verbally, in writing, anonymously, or from a third party, they would ensure to document the report, and relay the information to the immediate supervisor.

115.51 (d): Staff, inmate family members or others may report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-785-296-0200. Allegations of sexual abuse or harassment reported through the third-party hotline shall be confidential and may remain anonymous at the request of the reporting party. These calls shall be referred to the KDOC PREA Coordinator or the Director of EAI.

During the interviews with staff, every staff member advised that there are several methods for them to privately report sexual abuse of inmates.

Conclusion:

Based upon the review and analysis of all available evidence, it is apparent that HCF has established an effective and almost real time response and tracking of the issues identified in this standard, as a result, the auditor has determined that HCF Exceeds Standard regarding inmate reporting. No recommendations or corrective action is required.

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

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 KDOC has an administrative procedure to address inmate grievances regarding sexual abuse. The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The purpose of this policy is to enable the development, implementation, and operation of a grievance program for inmates within the KDOC, and to provide appropriate documentation to the courts.

According to the KDOC, a time limit shall not be imposed on when an inmate is allowed to submit a grievance regarding an allegation of sexual abuse. Time limits to any portion of a grievance that does not allege an incident of sexual abuse shall be managed in accordance with the KDOC grievance processes.

Inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. In addition, any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint.

According to KDOC policy, upon receipt of each grievance report form alleging sexual abuse, a serial number shall be assigned, and the date of receipt shall be indicated on the form by the Warden or designee. Each grievance alleging sexual abuse shall be investigated and returned to the inmate with an answer within 10 working days from the date of receipt. Each answer shall contain findings of fact, conclusions drawn, the reasons for those conclusions, and the action taken by the Warden, and shall inform the inmate that the inmate may appeal by submitting the appropriate form to the secretary of corrections.

In all cases, the original and one copy of the grievance report shall be returned by the Warden to the inmate, with one copy being retained for the inmate's files. If the Warden's answer is not satisfactory to the inmate, the inmate may appeal directly to the Secretary's office. If an appeal of the Warden's decision is made to the Secretary, the Secretary shall have 20 working days from receipt to return the grievance to the inmate with an answer. In all cases, a final decision shall be made on any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, a computation of the 90-day time period shall not include time used by inmates for preparing an administrative appeal; if the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted. The inmate shall be notified in writing of the extension and a date by which the decision will be made.

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.

In the past 12 months, there has been a total of forty-one (41) grievances with identifying PREA subject matter. The auditor was provided copies of each grievance for review. Each grievance was handled as an emergency grievance, at met all the required deadlines. Each grievance was determined to be unfounded.

The Auditor interviewed four (4) inmates who had previously reported sexual abuse. Each of the inmates who reported abuse indicated that their grievances have since been resolved.

KDOC allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of the inmates. Regulation allows a third party to assist an inmate in initiating or assist in reporting allegations of sexual abuse or sexual harassment through the grievance process.

In the past 12 months, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

KDOC policy identifies that "emergency grievances" are those grievances for which disposition according to the regular time limits would subject the inmate to a substantial risk of personal injury, or cause other serious and irreparable harm to the inmate. In emergency situations, the inmate may bypass the prerequisite of informal resolution if going to the unit team did not obtain a solution to the problem.

The KDOC inmates are required to indicate on the face of the grievance form the nature of the emergency and shall write the phrase "Sexual Abuse Grievance" at the top of the grievance form, which are forwarded immediately, without substantive review, to the level at which corrective action can be taken. Any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and that when an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response to the emergency grievance shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the inmate is in substantial risk of imminent sexual abuse and the action taken.

According to the PAQ submitted, during the twelve (12) months preceding the audit, there have been two (2) emergency grievances filed alleging sexual abuse by staff. These grievances were reviewed by the auditor who noted that they were handled appropriately, per guidelines, and with all required timelines met.

Further KDOC policy identifies that an inmate may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the inmate filed the grievance in bad faith. In this instance, a disciplinary report alleging violation of K.A.R. 44-12-303 or 44-12-317, as appropriate, may be issued.

According to the PAQ, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by an agency against the inmate for having filed the grievance in bad faith.

Conclusion:

Based upon the review and analysis of all available evidence, it is apparent that HCF has established extremely effective, efficient tracking, and follow-up strategies regarding this standard, as a result, the auditor has determined that HCF Exceeds Standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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 facility provides inmates access to victim advocate 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. The unit shall

enable reasonable communications between inmates and these organizations and agencies, in as confidential manner as possible.

The HCF does not detain individuals solely for civil immigration purposes, but KDOC does make available foreign consulate general addresses for all foreign nationals through the law library.

Of the twenty-eight (28) random and twenty-three (23) targeted inmates that were interviewed regarding this provision, including those inmates who had previously reported sexual abuse, all responded that they were able to articulate their knowledge on how to report incidents of sexual abuse or sexual harassment.

During the on-site portion, the Auditor observed PREA posters throughout the facility, in both English and Spanish, and was placed onto the walls in every living area, work areas, visiting room, dining area, main hallways, etc. during the on-site, the auditor observed these posters in the various locations throughout the facility. These posters referenced the Department's commitment to providing an environment that is free from sexual abuse and sexual harassment.

The facility has an MOU in place with Sexual Assault/Domestic Violence Center, that provides confidential advocacy services to inmates in need. The organization provides advocacy services to accompany and support a victim through the forensic medical examination process and investigatory interviews. Advocates also provide support, crisis intervention, information, and referrals upon request from HCF. The advocacy center can only release information when allowed through a written, time-limited consent form from the center. The contact information is provided to inmates upon intake into the facility.

Of the twenty-eight (28) random and twenty-three (23) targeted inmates that were interviewed regarding this provision, all inmates indicated that even though they believed that the information would be kept in the strictest confidence, they were aware that if security needs were present, some of the information might be given to facility staff.

The Auditor spoke with a representative from Sexual Assault/Domestic Violence Center, who indicated that a victim advocate will be made available for the inmate before, during and following the examination. She advised that in addition to providing for any emotional support issues, another one of the responsibilities of the advocate is to inform the victim that some of the issues that are discussed will either need to be provided to the facility staff, both medical and non-medical, for the purposes of institutional security, the PREA investigation, and further medical and mental health services.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding Inmate access to outside confidential support services. No recommendations or corrective action is required.

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

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

According to KDOC policy, staff, inmate family members, or others can report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline: 1-785-296-0200, and also provided access for a third party reporting through their departmental website. Allegations of sexual abuse or sexual harassment reported through the third-party hotline shall be confidential and may remain anonymous at the request of the reporting party. These calls are referred to the KDOC PREA Coordinator, and/or the Director of EAI.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding third-party reporting. No recommendations or corrective action is required.

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

According to KDOC policy, all staff members shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a KDOC facility, retaliation against inmates or staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff can report to their supervisor, PREA Compliance Manager, or EAI. Failure to report is violation of policy and may result in administrative or disciplinary sanctions. Failure to report suspected abuse of an

inmate is a Class B misdemeanor. Staff shall not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment and investigative decisions.

Unless otherwise precluded by federal, state, or local law, as well as the initiation of services, medical and mental health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report, as well as the limitations of confidentiality.

Identified during the interviews with the twenty (20) random staff and twenty-three (23) specialized staff, all of the staff interviewed were aware of this requirement, and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant to the policy. They further indicated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know, such as their supervisor and medical staff. Interviews with the random and specialized staff at all levels of the facility indicated that all PREA related allegations/reports go to the PCM and to the investigative staff.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. This provision (d) is not applicable.

The Auditor interviewed the Warden who indicated that they do not have anyone under the age of 18 housed at HCF, nor are they responsible to house juvenile inmates. However, he indicated that in the event that he did have a youthful inmate, the facility would report any abuse allegation to the appropriate agency, as required by law, and that any allegations of sexual abuse or harassment would be reported to both the PCM and the designated institutional investigator.

During the interviews with the medical and mental health staff, it was confirmed that they were aware of this requirement, and was able to explain how they would immediately report an allegation of sexual abuse. She was also able to articulate her understanding of the policy, and their rights and obligations, and that even though there was a consent waiver signed, her staff are obligated to advise the inmate of the limitations of confidentiality prior to the initiation of services.

During interviews with the Warden, PREA Coordinator, and PREA Compliance Manager, the auditor was informed that youthful inmates are housed at the Kansas Juvenile Correctional Complex. For verification purposes, Central Office also provided an age analysis to the auditor with the age of each inmate being housed at the facility.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

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

KDOC policy requires staff to take immediate action once an allegation of sexual abuse or sexual harassment is reported. Policy outlines staff responsibility if they learn an inmate is at immediate substantial risk of sexual abuse. The review process using the Administrative Segregation Report is utilized to ensure the least restrictive housing is appropriately implemented.

During the past 12 months:

- The number of times the agency or facility determined that an Inmate was subject to substantial risk of imminent sexual abuse was: 37
- If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action was: 0
- The longest period of time elapsed before taking action was: 0

The auditor was provided copies of these documents, each met compliance with standards, as required.

During the interview with the Secretary, he advised that the agency takes immediate action in order to protect the inmate. This can be done by placement into an investigative status, removing the inmate from general housing and placing them into transient housing during the investigation. Policy and practice ensure that investigations are timely and thorough. A committee reviews housing, job changes, unit transfers, and placement in safekeeping housing as several of the intervention strategies designed to separate the victim from the predator. Through the investigation process and committee review, responsible parties, if known, are held accountable for their action.

During the interview with the Warden, he stated that if he received an allegation, he would take immediate action to protect the inmate. This may require that they move the inmate into transient housing until the investigation can be concluded. Because of the availability of other male facilities in Kansas, it may mean that the inmate and/or victim is relocated to another facility upon conclusion of the investigation.

During random staff interviews, all staff indicated that if they received an allegation from an inmate, they would immediately separate the victim and suspect, preserve any evidence, and contact their supervisor. Staff also indicated that they would determine if the inmate or suspect required medical or psychological attention. After dealing with any immediate issues, all custody staff interviewed indicated that they would

make sure that all evidence protocols were followed such as not allowing the victim to shower, appropriate collection of physical evidence, obtaining any video, identifying witnesses, and then documenting all items into the report.

Conclusion:

Based upon the review and analysis of all available evidence HCF, it is apparent that HCF has established effective efficient tracking and follow-up strategies regarding this standard, as a result, the Auditor has determined that HCF Exceeds Standard regarding agency protection duties. No recommendations or corrective action is required.

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

KDOC policy requires that if HCF receives a report that an inmate has been a victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another facility, HCF is

responsible to adhere to the following protocols: As soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that received the allegation shall notify the head of the office/facility where the alleged abuse occurred, the head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to their policy, and all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted.

The Warden was able to elaborate on the procedures in place when the facility receives an allegation from another facility/agency. He is provided updates from EAI and PCM throughout the investigation.

The PREA Compliance Manager is required to maintain the documentation reflecting that the Warden has provided such notification. Incident reports, logs, emails, etc., which will serve as sufficient documentation for the purposes of this standard.

- In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0
- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 2

During the interview with the Warden, the auditor was advised that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within another facility, the designated point of contact would be the Warden of that facility. In the two (2) instances identified, the warden advised that each matter was investigated by the PCM and EAI. All documentation was reviewed, and all requirements were met for compliance.

During an interview with the Warden, the auditor confirmed that when HCF receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at HCF, then HCF would initiate an investigation. He further stated that he will also make notifications up his chain of command, and that all of this must occur within the first 72 hours following receipt of the information

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding reporting to other confinement facilities. No recommendations or corrective action is required.

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

According to policy, HCF utilizes a Coordinated Response plan, a written institutional plan to establish reports of sexual abuse and sexual harassment after learning of an allegation that an inmate was sexually abused. According to the plan, the first staff responder shall:

1. Notify a security supervisor;
2. Separate the alleged victim and assailant;
3. Preserve and protect the crime scene, if applicable, until steps can be taken to collect any evidence;
4. Monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the assault occurred within a time period that still allows for the collection of physical evidence;

Once all previous steps have been completed, the alleged victim and known abuser shall be referred to medical and mental health services for examination and evaluation. If medical and mental health staff are not available, staff first responders shall take preliminary steps to protect the victim and notify on-call medical or mental health staff. The nature and scope of treatment is determined by medical and mental health practitioners in accordance with KDOC policies.

First responder duties are outlined on the PREA First Responder Cards as well as the PREA Incident Response Procedures.

The Auditor reviewed the PREA training curriculum which reflected that all staff, volunteers, and contractors receive this essential training which provides the first responder responsibilities, and obligations of any staff, volunteer, or contractor, whoever receives the information first. As a First Responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved inmates, and relay observations.

Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) are separated, the PCM, EAI, and the Duty Officer and/or Warden/ Superintendent shall be notified, and the Coordinated Response plan is initiated. The Coordinated Response is a five-page document that describes the in-depth protocol that is followed once an allegation of sexual abuse or sexual harassment is made. This plan was reviewed during the audit, and meets all requirements.

According to KDOC policy, if the first staff responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, follow the steps listed above, and notify a security staff member.

In the past 12 months, the number of:

- Allegations that an Inmate was sexually abused: 19
- The number of instances where HCF security staff separated the alleged victim and abuser: 19
- The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 3

During the interview with the Warden, he indicated that First Responder staff have been trained on the PREA processes and participate in regular on-going training, conducted to ensure competency and compliance.

During the interview with the Shift Commander, he advised that in order to ensure that he completes all required items, he utilizes a checklist. A copy of this checklist was reviewed and reflected all of the required notifications in one column, and all of the required procedures in another column, as well as a corresponding date/time completion.

During interviews with non-custody staff First Responders, all indicated that they would first notify custody staff, while also directing the alleged victim to not destroy evidence and would secure the scene as best as they could. They all further stated that all information they obtained would be kept confidential except for the staff that needed to know. They further advised that they were trained in the PREA process at Orientation and during In-Service Trainings, reminding them of their actions and the importance of both the immediate and long-term PREA process.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding staff first responder duties. No recommendations or corrective action is required.

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

HCF utilizes the Coordinated Response as a written institutional plan to establish reports of sexual abuse and sexual harassment. The procedures further identified in this policy provide a systematic notification and response process following a reported sexual abuse incident, and further advises that the first staff member having knowledge of the incident shall immediately report the allegation to a security supervisor. The security supervisor is then required to provide notification and response procedures by first notifying the highest-ranking security supervisor on duty, and then following the established notification protocols.

The PREA Checklist is completed for each report, which is ordinarily initiated by the Shift Supervisor. For administrative reports, or reports otherwise not reported through the Shift Supervisor, the PREA Checklist shall be initiated and completed by the PCM.

The response ensures that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as to ensure that investigators are allowed to obtain useable evidence.

Any inmate who alleges that he has been the victim of sexual abuse is offered immediate protection from the assailant. KDOC staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.

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

During the interview with the Warden, he stated that the coordinated response has been identified in the provided policies. He further indicated that all staff need to do is follow the Sexual Abuse Investigation Checklist, and this will provide them with the requirements and expectations, and who they are required to contact. He further indicated that training is provided regularly to staff through In-Service Training, On-the-Job training, and through shift briefings.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding coordinate response. No recommendations or corrective action is required.

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 KDOC and HCF will not enter into or renew any collective bargaining agreement or other agreement that limits the facility'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 disciplinary or administrative action is warranted

115.66 (b): This subsection is not applicable.

During the interview with the Agency Head, the auditor was advised the KDOC/HCF has not entered into or renewed any collective bargaining agreements since the last PREA audit.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding the preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

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

According to KDOC policy inmates and staff who report sexual abuse or sexual harassment who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. The KDOC has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates.

The PCM shall monitor for incidents of retaliation in accordance with the identified policy.

The Hutchinson Correctional Facility has been identified as the primary source for monitoring possible retaliation. At the time of this report, the Hutchinson Correctional Facility, Institutional Compliance

Manager is Mark Mora, also the PCM.

HCF is mandated to monitor retaliation against inmates or staff who report sexual abuse or sexual harassment or who cooperate with investigations. Retaliation is strictly prohibited. All staff and inmates shall report any allegations of retaliation to EAI or the PCM either verbally or in writing.

The facility employs multiple protection measures, such as housing changes or transfers for 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.

During the interview with the Warden, he indicated that there are numerous strategies used to protect inmates and staff from retaliation, which includes monitoring to ensure appropriate changes in housing or work assignment, and if any disciplinary actions are occurring.

During the interviews with the inmates who reported sexual abuse, each inmate told the Auditor that they recalled a staff member formally or informally checking with them every few weeks. They further indicated to the Auditor that even though these incidents occurred, at the present time they felt safe at the facility.

According to KDOC policy, for at least 120 days following a report of sexual abuse, the facility monitors 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 staff monitor include any inmates' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This also includes periodic status checks, for inmates. Monitoring continues beyond 120 days if the initial monitoring indicates a continuing need. HCF has designated the PREA Compliance Manager to monitor retaliation at the facility.

During the interview with the Secretary, he advised that there are several policies in place that have been designed to prevent and monitor retaliation against inmates and staff. Any inmate or staff who reports, witnesses, or cooperates with investigations is monitored once every 30 days, for a 120-day period. If there are no more reported problems, the monitoring stops after 120 days; however, if there are reported concerns, then the monitoring continues until the monitored individual no longer experiences retaliation and/or the follow-up investigation is determined unfounded. If there is evidence of retaliation, the HCF administration will take immediate action to prevent retaliation. These actions can include work and housing assignment changes, facility transfers, or mental health services for inmates

A review of the PREA Staff and Inmate Monitoring Forms, provides information pertinent to the incident information and name of staff to be monitored. The form then provides three (3) sections for monitoring follow-ups, with an attached "additional comments" page.

During the interview with the Warden, he stated that retaliation will not be tolerated in his facility, and that the staff have been trained to understand that they are able to speak out without fear of retaliation. He further stated that if retaliation does occur, those staff members participating in the retaliation will go through an investigation, which includes the disciplinary process, if necessary.

During the interview with the PCM, he indicated that any time he conducts his monitoring, he is looking at numerous items relative to retaliation. His first approach begins with the victim, observing their behaviors, his demeanor, his overall appearance, and how he is interacting with the population. The PCM indicated that he will also be asking the victim various wellness questions, as well. When it comes to the aggressor, he would be watching the same items, and documenting interactions with all parties.

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.

In the past 12 months, the number of times an incident of retaliation occurred: 0

The obligation to monitor shall terminate only if the allegation is determined to be unfounded.

During the Interviews with both the Secretary and the Warden, they advised that if there is evidence of retaliation, the administration takes appropriate action immediately. These actions can include work and housing assignment changes, unit transfers, no inmate contact position, or mental health for inmates. If the retaliation is staff on staff; an investigation is initiated, and remedial action is started immediately. The administration evaluates each situation and ensures immediate action is taken to prevent retaliation.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard for agency protection against retaliation. No recommendations or corrective action is required.

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

According to KDOC policy, those inmates at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary segregated housing while completing the assessment, for a period no longer than 24 hours.

Inmates shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for a period no longer than 30 days.

- The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing for between one to 24 hours awaiting completion of an assessment is: 0

The facility utilizes the Administrative Segregation Report Form to evaluate the needs of the inmate.

- The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was: 0

Sample documentation was provided to the Auditor at the on-site portion of the audit.

During the interview with the Warden, he indicated that he has not placed any inmates into involuntary segregation as a result of risk of victimization during the past 12 months. He reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30 days. He further indicated that in those instances where inmate safety considerations are required, and that they take immediate action to ensure the safety and security of the inmate, staff, and the facility.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding post-allegation protective custody. No recommendations or corrective action is required.

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

It is the policy of the KDOC to assist sexual assault victims in a supportive manner, and to conduct timely and diligent investigations enhancing the probability of a successful prosecution. According to the KDOC, investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. KDOC policy also identifies that investigations shall include, at a minimum, interviews with alleged victims, suspected assailants, and witnesses; a review of prior complaints and reports of sexual abuse involving the alleged assailant; review of video surveillance where available; and any evidence, including physical evidence.

HCF conducts its own criminal and administrative investigations into allegations of sexual abuse and sexual harassment. It does so promptly, thoroughly, and objectively.

Utilizing a checklist, the auditor reviewed each investigative file looking for inmate rights, safety and security of the inmate, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines. Through these file reviews, investigative staff have shown that each case followed the objective protocols, and that investigators treat each allegation on a case-by-case basis.

The facility's EAI team receives specialized training in sexual abuse investigations. They receive training specific to the allegations of sexual abuse. Such investigations shall only be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan. EAI investigators receive additional training related to their roles, which includes interviewing sexual abuse victims,

conducting sexual abuse investigations in a confined setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. The required training has been documented and verified through the employee signature on various sign-in sheets.

During the interview with EAI investigator, he confirmed attending these training sessions, as well as numerous other inter-agency trainings. The Auditor also reviewed the Investigators training records, verifying his attendance and participation at all required trainings.

The EAI staff gather and preserve direct and circumstantial evidence. Staff document in a written report a thorough description of physical and documentary evidence. Substantiated allegations are referred for prosecution.

During the on-site portion, the HCF EAI investigator was interviewed, and advised that he has attended the departments required investigation training, and will seek input from the District Attorney's Office when determining whether an investigation should be pursued as an administrative or criminal matter. During the interviews, the investigators were able to adequately give examples of the burden of proof and preponderance for administrative cases, as well as the standard that relates to no higher than preponderance of evidence which is used when determining that allegations of sexual abuse or sexual harassment are substantiated.

When the quality of evidence appears to support criminal prosecution, EAI will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. This was confirmed during interviews with the investigative staff, who advised that they would consult with prosecutors before conducting compelled interviews.

KDOC policy indicates that the credibility to the alleged victim, suspect, or witness is assessed on an individual basis, and is not determined by the person's status as inmate or staff. The facility does not require an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

During interviews with investigative staff, it was evident that only the facts of that case are taken into consideration when referencing the credibility of an alleged victim, assailant, or witness and that they shall be assessed on an individual basis and not on the status as an inmate or staff member. They also indicated that he does not follow any different protocols when he receives third-party or anonymous reports of sexual abuse or sexual harassment, rather he will conduct all of the investigations very similarly in that he just follows the facts of the case, following all leads to conclusion. Also, investigative staff confirmed that when an inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.

KDOC administrative investigations include the effort to determine whether staff actions or failures to act contributed to the abuse. It is required to be documented in written reports that include a description of the physical and testimonial evidence, the reason behind the credibility assessments, and investigative facts and findings.

Through interviews with staff, the Warden and the PCM, it was confirmed that investigative staff will evaluate if policy was followed; did they provide a safe and secure environment; and are any changes needing to be made.

According to KDOC policy, criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. The investigative staff reported that he follows the procedures

in the EAI Investigations Protocol Manual for documenting the report. All supporting documentation becomes part of the full investigation, which is utilized for any further review or referral.

EAI investigative staff reported that once the investigation is completed, the cases are presented for prosecution.

KDOC policy addresses retention requirements as they relate to crimes records management system. The manual identifies that the Records Department must maintain these records for time periods up to ten (10) years. All inmate, employee, administrative and criminal investigations shall be retained in accordance with the *KDOC Records Retention Schedule*.

The investigators were able to reflect that they are thorough in their research, and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable. They are familiar with Miranda and Garrity Warnings and explained the difference in both when questioned.

According to KDOC and HCF policy, the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. The investigative staff reported they continue with the case and make arrangements with local authorities if a staff member departs.

The auditor was provided with and reviewed copies of thirty-seven (37) allegations the facility had received within the past 12 months. The auditor reviewed copies of each investigation and determined the investigation was prompt, thorough, and objective. The investigators followed all required investigative steps, interviewing all parties, and documenting all items as required per standard.

115.71 (k & l) are not applicable.

Conclusion:

Based upon the review and analysis of all available evidence, it is apparent that HCF has established effective efficient tracking, investigative, and follow-up strategies regarding this standard, as a result, the Auditor has determined that HCF Exceeds Standard regarding criminal and administrative agency investigations. No recommendations or corrective action is required.

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

According to KDOC policy, based on the preponderance of evidence contained in the investigative report, the facility shall review the totality of the investigation including facts, evidence, and any other pertinent information to determine whether the allegations (incident being investigated) are substantiated, unsubstantiated, or unfounded.

According to KDOC policy, no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

Upon review of PREA files, the investigators showed that they were thorough in their research and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable, and that a preponderance of evidence was used in determining whether the allegation was substantiated.

During the interview with the EAI investigator, he indicated that during an investigation, all available evidence is collected (physical, interviews, etc.), and submitted for review and consideration.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding the evidentiary standard for administrative investigations. No recommendations or corrective action is required.

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

KDOC policy advises that following an investigation into the Inmate's allegation that they suffered sexual abuse in the facility, the inmate will be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Further, KDOC policy requires that the PCM will draft and forward the Notification of Investigative Status to the Warden.

- In the past 12 months the number of criminal and/or administrative investigations of alleged Inmate sexual abuse that were completed by the agency/facility is: 37
- In the past 12 months of the alleged sexual abuse investigations that were completed, the number of Inmates who were notified verbally or in writing, of the results of the investigation is: 37

If investigation was not conducted by HCF, the PCM will request the relevant information from the investigative agency in order to inform the Inmate of the determination.

- In the past 12 months, the number of investigations of alleged Inmate sexual abuse in the facility that were completed by an outside agency is: 0
- In the past 12 months the number of Inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation is: 0

According to HCF policy, following an inmate's allegation that a staff member has committed sexual abuse against an Inmate, the Inmate will subsequently be informed in writing, unless the facility has determined that the allegation is unfounded, whenever:

- The staff member is no longer posted within the Inmate's housing unit;
- The staff member is no longer employed at the facility;
- The staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

In addition, following an Inmate's allegation that they have been sexually abused by another Inmate, the alleged victim will be notified in writing whenever:

1. The alleged abuser has been charged, or
2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

KDOC policy indicates that all notifications or attempted notifications will be documented on the Investigative Status Form, and a Victim/Witness Notification form for all cases resulting in a sentence of confinement.

- In the past 12 months, the number of notifications to Inmates that were provided pursuant to this standard is: 37
- In the past 12 months, the number of notifications that were documented is: 37

If an outside entity conducts such investigations, the facility requests the relevant information from the

investigative entity in order to inform the Inmate of the outcome of the investigation.

A copy of each investigation was reviewed by the Auditor and all notifications were made following the completion of the reports, and all required investigative steps were followed for each investigation.

During the interview with the Warden, the auditor confirmed that notifications are provided by EAI, which is documented in the Inmate's progress report by the counselor and in their record book.

During the interview with the four (4) inmates who reported Sexual Abuse/Assault, they all advised that the investigation was handled appropriately, and that they were kept informed throughout the whole process. At no time did they feel retaliated against or given consequences for their report.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding reporting to inmates. No recommendations or corrective action is required.

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

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

In the past 12 months:

- The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is: 3
- In the past 12 months the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is: 3

The KDOC has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperative with an investigation of alleged sexual misconduct with inmates.

In the past 12 months:

- The number of staff from the facility who have been disciplined, short of termination, for violation of the agencies sexual abuse or sexual harassment policies is: 0
- The number of staff from the facility have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is: 1

According to the KDOC, disciplinary sanctions for violations of KDOC policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be 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.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

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 KDOC has zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates. Further stated in this directive, the EAI will refer substantiated violations of criminal law to the appropriate district attorney for criminal prosecution. According to the policy, an individual who commits an act of sexual misconduct with an inmate will not be allowed to continue to perform services for the KDOC, and will be denied access to the KDOC premises.

KDOC policy further states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The KDOC policy also provides a section that reflects that the KDOC has a zero tolerance policy for sexual misconduct. Individuals who violate the rights of an inmate or engage in sexual misconduct will be referred for prosecution. The acknowledgment form also indicates that it is a felony offense if a volunteer violates the rights of a person in custody or engages in sexual contact, sexual intercourse, or deviant sexual intercourse with a person in custody. The volunteer is required to sign the document,

verifying this acknowledgment.

At the initiation of the allegation the contractor/volunteer is denied entry into the facility. HCF then takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviews conducted with the Warden and HR Director, it was noted in the past 12 months no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates at HCF.

The auditor interviewed the Warden regarding any misconduct relating to contractors or volunteers. He advised that when an issue is brought to his attention, he will immediately refer the matter to EAI for follow-up. During this time, the contractor or volunteer is not allowed access into the facility pending investigation and review of this matter.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF meets standard regarding Corrective Action for Contractors and Volunteers. No recommendations or corrective action is required.

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)

- If the agency prohibits all sexual activity between inmates, 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

According to KDOC policy, all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined, and referred for prosecution when warranted. In keeping with the Department's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution.

KDOC policy indicates that Inmates are subject to disciplinary actions according to the formal disciplinary process, following an administrative finding that the Inmate engaged in Inmate-on-Inmate sexual abuse, or following a criminal finding of guilt for Inmate-on-Inmate sexual abuse.

- In the past 12 months, the number of administrative findings of Inmate-on-Inmate sexual abuse that have occurred at the facility is: 0
- In the past 12 months, the number of criminal findings of guilt for Inmate-on-Inmate sexual abuse that have occurred at the facility is: 0

HCF policy indicates that actions will be commensurate with the nature and circumstances of the abuse committed, the Inmate's disciplinary history, and the actions imposed for comparable offenses by other Inmates with similar histories.

The auditor interviewed the Warden regarding disciplinary sanctions for inmates. He advised that inmate discipline is based on the level of the violation, and penalties are imposed comparable to other inmates' penalties. Penalties might include placement in restricted housing, loss of good time credit, and possible

prosecution. If the inmate has a mental health history, mental health staff will be involved to assist in determining appropriate sanctions.

HCF will consider the mental health functioning of an inmate and will consult with the behavioral health staff prior to implementing a sanction. Mental health staff shall consider whether to require the offending inmate to participate in such intervention as a condition of access to programming or other benefits.

According to KDOC policy, an inmate may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

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

According to KDOC policy, sexual misconduct between inmates is prohibited, and shall result in disciplinary sanctions in accordance with the KDOC Disciplinary Rules and Procedures for Inmates. However, sexual misconduct between inmates shall not constitute sexual abuse if it is determined the activity is consensual.

During the interview with the Warden, the auditor was advised that if the sexual act were consensual, the Inmates would face the following disciplinary sanctions: disciplinary segregation, loss of privileges, extra duty, and loss of good time. If the sexual act were non-consensual, the Inmate would face criminal charges.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standards regarding disciplinary sanctions for Inmates. No recommendations or corrective action is required.

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

As indicated in KDOC policy, all inmates who present complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services.

According to KDOC policy, HCF mandates that if a SVAA indicates that an inmate has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the inmate follow-up with a medical or mental health practitioner within 14 days of the screening.

Medical and Mental Health staff are required to maintain secondary documentation (e.g., clinical/medical notes, log, etc.) documenting compliance with the aforementioned policy.

- In the past 12 months, the percent of Inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is: 0 / 100

All notifications to facility staff shall be made by the staff member completing the screening as necessary to ensure that the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-ups can be provided.

HCF mandates that if the SVAA indicates that an inmate has experienced prior sexual victimization, whether in an institution or in the community, the facility offers the inmate follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral is documented on the SVAA. If the SVAA indicates that an inmate has previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the inmate follow-up with a medical or mental health practitioner within 14 days of the screening.

- In the past 12 months, the number / percent of Inmates who previously perpetrated sexual abuse, as indicated during the screening who were offered a follow-up meeting with a medical or mental health practitioner is: 0 / 100

The Auditor also interviewed staff who perform risk screening relative to inmates who disclosed sexual victimization at screening. These staff confirmed that the inmates who identify are offered a follow-up meeting with a medical and/or mental health practitioner. Documentation is maintained in the automated system, and access is limited only to staff in certain classifications.

During interviews with staff who conduct the risk screening, in those instances when an inmate discloses prior victimization during the intake screening, the inmate is immediately referred to Mental Health for assessment and additional follow-up services, as necessary.

Of the three (3) inmates who disclosed sexual victimization at screening, each advised that they were seen by a mental health practitioner within one (1) week of advising staff.

HCF policy further states is that medical and mental health practitioners shall 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.

HCF policy describes that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

During the on-site, the Auditor met with staff who conducted risk screenings, and was advised that all medical and mental health records are contained in a separate and secure database, and are accessed only through medical and mental health staff, and that information is only provided to a classification on a need to know basis.

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

According to KDOC policy, informed consent shall be obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed through interviews with mental health staff.

During interviews with the staff responsible for risk screening, the auditor confirmed risk screening staff offers Inmates who disclose victimization, and those who perpetrate sexual abuse, a follow-up evaluation with mental health staff within 14 days.

During interviews with the medical and mental health staff, the auditor confirmed that the medical and mental health staff obtain informed consent before reporting about prior sexual victimization that did not occur in an institutional setting. The auditor also confirmed the facility does not house Inmates under the age of 18.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding medical and mental health screenings; history of sexual abuse. No recommendations or 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

KDOC policy requires that all inmates who present complaints of sexual assault/ abuse will be immediately evaluated, examined, and appropriately referred for required services. A brief history may be obtained by nursing staff. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination,

Medical and mental health staff interviewed by this Auditor indicate that the treatment they provide is immediate and based on their professional judgement. Medical and mental health work together to ensure the inmate receives the appropriate treatment. Information about and access to sexually transmitted infection prophylaxis would be offered in accordance with professionally accepted standards of care and where medically appropriate.

When interviews were conducted by the Auditor with inmates who reported sexual abuse, all inmates stated that they were escorted to and seen by medical staff right after they made their allegation, even though the timeframes had been exceeded.

According KDOC policy, if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, correctional staff First Responders shall take preliminary steps to protect the victim, and immediately notify the appropriate on-call medical and mental health practitioners

Interviews conducted by the auditor with custody staff, non-custody staff, and First Responders stated that notifications are made via the telephone or institutional radio to the medical staff who are on duty when they are informed of an incident of sexual abuse.

HCF ensures that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that are provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

KDOC policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment of services. Interviews with medical and mental health staff, as well as random staff indicates that staff is aware of the components of this standard and that the facility follows the standard.

According to KDOC policy, treatment services shall be provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (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

KDOC policy indicates that all inmates who present complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services. A brief history may be obtained by nursing staff. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination. In addition, inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

The Auditor's review of records produced by the facility reflect an established community standard of care, evidence of Sexually Transmitted Infection (STI) testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention and coping skills interventions. These services are free of charge to inmates, regardless of whether the abuser is named or whether the inmate cooperates with an investigation

Access to medical and behavioral health care are provided immediately. Upon report or discovery of inmate victims of sexual abuse. evaluation and treatment of such inmate victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other units or their release from custody.

The facility provided documentation indicating that inmates who either are victims and/or perpetrators are offered follow-up treatment by mental health staff. The staff of the mental health department are employed

by Corizon Health Services. Mental health staff complete specialized training through Corizon in addition to any facility training offered. The staff was extremely knowledgeable regarding the needs of abusers and victims and provides numerous treatment services for this specific population. Through their documentation practices, the reviewed records demonstrate attentiveness to follow-up services and treatment plans. The files detailed professional notes on the evaluations conducted by medical and mental health staff, as well as their follow-up appointments with the inmates. Follow-up appointments consisted of routine visits with inmates during staff rounds as well as office visits with medical and mental health practitioners, including psychologists and psychiatrists.

When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified SANE at no cost to the inmate.

Interviews with medical and mental health staff further reflected their compliance in the area of evaluation, follow-up care, treatment plans, and referral for services. The statements from medical and mental health staff reflect an operational understanding of the importance of appropriate evaluation, follow-up care, treatment planning, and service referral.

(§115.83(d) & (e)) is not applicable to HCF.

Victims of sexual abuse while incarcerated shall be offered prophylaxis for sexually transmitted infections. Victims of sexual abuse shall be provided the brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM.

Medical and behavioral health care staff shall contribute to a coordinated response to all allegations of sexual abuse by relaying to the PCM and/or security/administrative staff, information pertinent to the well-being of the inmate(s) or for investigative purposes.

Medical and behavioral health practitioners are required to report sexual abuse and must inform inmates of their duty to report at the instigation of services.

The facility shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 60 days of discovery of such abuse history.

All inmates interviewed expressed consistently that the medical and mental health department was readily available for all needs and would provide ongoing individual counseling upon referral and/or request.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No recommendations or corrective action is required.

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

HCF completes a sexual abuse incident review form upon the conclusion of any investigation that has been determined to be substantiated or unsubstantiated, within 30 days of the conclusion of the investigation. The agency has developed a sexual abuse incident review form which ensures all components required by the standard are reviewed.

A review of randomly selected investigation files indicated the incident reviews are being conducted at the conclusion of substantiated or unsubstantiated sexual abuse investigations as required by the standard. The forms are completed on an electronic database and easy to reference.

In the past twelve (12) months, ten (10) cases were scheduled for the review committee. The Auditor reviewed each case and determined that in every instance, the committee met within the required 30-day review period. Each of the ten (10) cases submitted for review were in compliance with KDOC policy and PREA requirements.

The review team consists of upper-level management, with input from line staff supervisors, investigators, as well as medical and mental health staff. During interviews with the PREA Compliance Manager and mental health staff, it was understood that both disciplines participate in the Sexual Abuse Incident Review Team meetings. They understood the reasoning behind the team meeting.

The Auditor's interview with the Warden confirmed his understanding relating to the composition of the committee, and his willingness to consider and incorporate any recommendations of the committee into HCF operations.

At the HCF, a PREA Incident Review Board is convened within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding any "unfounded" incidents is: 10
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, that were followed by a sexual abuse incident review within 30 days, excluding any "unfounded" incidents is: 10

Following a review of each of the ten (10) submitted cases, numerous factors were included in the summary of findings. All of the cases reviewed were in compliance with KDOC policy and PREA requirements. The cases were thorough and answered all relevant questions.

Items that are required to be considered according to KDOC policy and PREA guidelines are:

1. Considers whether the allegation or investigation indicates a need to change policy or practice to prevent, detect; or respond to sexual abuse;
2. Consider whether the 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 of 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;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. The HCF PREA Incident Review Board chair shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement. This report shall be submitted to the Warden, the HCF PREA Compliance Manager, and the KDOC PREA Coordinator.

The Auditor interviewed the Warden, the PCM, and other members of the Sexual Abuse Incident Review Team. Each of the members interviewed indicated that the team considers all of the criteria identified in PREA Policy (noted above). All documentation was reviewed by the Auditor for each of the ten (10) cases, and it was noted that all contained a section that would address any needed recommendations or improvements, if required.

The facility implements the recommendations for improvement, or its reason for not doing so. On the agency-wide standardized sexual Abuse incident review form there is a section at the bottom of the form for recommendations for improvement.

During the interview with the Warden, the auditor confirmed that the facility has a Sexual Abuse Incident Review Team which includes upper-level management officials, and allows for the input from first line supervisors, investigators, and medical and mental health practitioners. The facility uses the information from the incident review to determine whether or not policies or procedures need to be revised.

During the interview with the PCM, the auditor confirmed the facility would conduct a sexual abuse incident review and prepare a report of its findings from reviews, including any determinations per Standard 115.86 (d)-1 through (d)-5, and any recommendations for improvement. The auditor also confirmed the reports are forwarded to the PCM for review. The auditor was advised the facility has only had ten (10) allegations within the past 12 months. The PCM advised that the information from the reports are used to determine whether policies or procedures need to be revised.

During interviews with both the Warden, as well as an additional member of the incident review team, the auditor confirmed the incident review team:

1. Considers 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; and/or other group dynamics at the facility;
2. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
3. Assesses the adequacy of staffing levels in that area during different shifts, and;
4. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Conclusion:

Based upon the review and analysis of all available evidence, it is apparent that HCF has established effective efficient tracking and follow-up strategies regarding this standard, as a result, the Auditor has determined that HCF Exceeds Standard regarding sexual abuse incident reviews. No recommendations or corrective action is required.

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 Victimization 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

According KDOC policy, the EAI unit at HCF is responsible for entering every PREA-related investigation

into the EAI Case Log and to follow investigative procedures outlined in the EAI Investigations Protocol Manual. EAI is required to collect accurate, uniform data for every incident of sexual abuse alleged to have occurred at a KDOC operated facility using a standardized instrument and set of definitions.

The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

The KDOC policy indicates incident-based sexual abuse data shall be aggregated at least annually. The KDOC aggregates its data, submitting all required items according to the U.S. Department of Justice SSV- 2, and submits all information annually to the U.S Department of Justice.

The facility also provided documentation of aggregated data, indicating that the data is maintained, reviewed, and collected from all incident-based documents. The Auditor reviewed the submitted SSV-2 for 2014, 2015, 2016, 2017, and 2018, which reflected completion of all data fields within the required timelines.

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

The KDOC policy requires that all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews are collected, reviewed, and maintained, as needed to complete the SSV.

The KDOC policy requires that once requested, the KDOC shall provide all relevant data from the previous calendar year to the Department of Justice.

The KDOC aggregates all of its data, submitting all required items according to the U.S. Department of Justice SSV- 2 on June 30 from the previous calendar year to the U.S Department of Justice.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that HCF Meets Standard regarding data collection. No recommendations or corrective action is required.

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 HCF PREA Compliance Manager is required to review data collected and aggregated pursuant to standard (§115.87), in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, training, as well as:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual PREA report of the findings, and corrective actions.

The annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse.

Upon completion, the HCF PREA annual report is forwarded to the KDOC PREA Coordinator for consolidation in order to make it readily available to the public through its website or through other means.

According to KDOC policy, the annual reports shall be approved by the KDOC Secretary, and made

readily available to the public through the KDOC website.

As required by the PREA standard, the KDOC places all annual reports onto its website, accessible for public review as required. The attached weblink allows access to KDOC PREA webpage which contains each annual report since 2014. See attached link:

<https://www.doc.ks.gov/publications/kdoc-facilities-management/prea/audits>

During the interview with the Secretary, he advised that he approves every annual report.

The PREA Coordinator indicated during her interview that the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the Department's sexual abuse prevention, detection, and response policies, practices, and training. The Agency then prepares an annual report and posts the information on the website. She further stated that the only information redacted from the agency report is any personal identifying information. All other information is included in the annual report.

During the interview with the Warden, the auditor was informed that each allegation is reviewed by the Facility PREA/Incident Review Committee, and that the information is provided to the KDOC PREA Coordinator for the annual review. Any issues or concerns identified during the Facility PREA/Incident Committee are addressed at that time.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding data review for corrective action. No recommendations or corrective action is required.

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 HCF PCM will ensure that data collected pursuant to (§115.87) is securely retained. All aggregated sexual abuse data will be forwarded to KDOC PREA Coordinator for consolidation in order to make it readily available to the public annually through its website or through other means.

Before submitting aggregated sexual abuse data to KDOC PREA Coordinator, the HCF PREA Compliance Manager will remove all personal identifiers.

The KDOC is required to maintain sexual abuse data (including incident reports, investigative reports, inmate information, case disposition, and evaluation findings) collected pursuant to §115.87 for at least 10 years after the date of the initial collection, unless legally required otherwise.

The auditor confirmed the PREA Annual Reports contains the sexual abuse statistics to date.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that HCF Meets Standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

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

During the pre-audit, the auditor was provided with a completed PAQ and all relevant documentation related to the audit. During the site visit, the auditor requested additional documentation and was provided with this information promptly. The auditor was given access to, and observed, all areas of the Hutchinson Correctional Facility.

During the site visit, the auditor and assistant were provided access to a conference room. All staff and Inmate interviews were conducted one-on-one with the auditor/assistant, in a private and confidential manner.

Approximately six weeks prior to the audit, the auditor provided the facility with a Notification of Audit that the auditor required the facility to post in all housing units and throughout the facility. The Notification of Audit contained the auditor's mailing address. During the site visit, the auditor observed the notification in some areas of the facility. During the Inmate interviews, many Inmates confirmed that they observed the audit notification posted throughout the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Rick Winistorfer

October 13, 2020

Auditor Signature

Date