

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report January 27, 2019

Auditor Information

Name: Natasha Mitchell	Email: natasha@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: P.O. Box 110993	City, State, Zip: Aurora, CO 80042-0993
Telephone: 720-371-2172	Date of Facility Visit: December 5-7, 2018

Agency Information

Name of Agency Kansas Juvenile Correction Complex		Governing Authority or Parent Agency (If Applicable) Kansas Department of Corrections	
Physical Address: 714 SW Jackson Street		City, State, Zip: Topeka, KS 66603	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 785-296-3317		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: A Safer Kansas Through Effective Correctional Services			
Agency Website with PREA Information: https://www.doc.ks.gov/facilities/prea			

Agency Chief Executive Officer

Name: Joe Norwood	Title: Secretary
Email: joe.norwood@ks.go	Telephone: 785-296-3310

Agency-Wide PREA Coordinator

Name: Peggy Steimel	Title: Corrections Manager II/PREA Coordinator
Email: peggy.steimel@ks.gov	Telephone: 785-291-3074Joh

PREA Coordinator Reports to: Johnnie Goddard, Deputy Secretary of Facility Management	Number of Compliance Managers who report to the PREA Coordinator 10
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Facility Information

Name of Facility: Kansas Juvenile Correctional Complex

Physical Address: 1430 NW 25th St, Topeka, KS 66618

Mailing Address (if different than above): PO BOX 8098, Topeka, KS 66608

Telephone Number: 785-354-9800

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Detention Correction Intake Other

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

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

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Wendy Leiker **Title:** Superintendent

Email: wendy.leiker@ks.gov **Telephone:** 785-354-9800 x 781

Facility PREA Compliance Manager

Name: Carolyn Coyne **Title:** Public Service Administrator II/PREA Compliance Manager

Email: Carolyn.coyne@ks.gov **Telephone:** 785-354-9800 x 511

Facility Health Service Administrator

Name: Katie Schmidt **Title:** Health Services Administrator

Email: katie.schmidt@corizonhealth.com **Telephone:** 785-354-9800 x 596

Facility Characteristics

Designated Facility Capacity: 270		Current Population of Facility: 179	
Number of residents admitted to facility during the past 12 months			158
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			157
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			158
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	13-22		
Average length of stay or time under supervision:			11.2 months
Facility Security Level:			Maximum
Resident Custody Levels:			Maximum
Number of staff currently employed by the facility who may have contact with residents:			314
Number of staff hired by the facility during the past 12 months who may have contact with residents:			55
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			8
Physical Plant			
Number of Buildings: 20		Number of Single Cell Housing Units: 21	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		17	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility is equipped with a video monitoring system with...			
Medical			
Type of Medical Facility:		Level III Infirmary	
Forensic sexual assault medical exams are conducted at:		Stormont Vail Healthcare, Topeka, KS	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			152
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) audit of the Kansas Juvenile Correctional Complex (KJCC) – juvenile facility in Topeka, Kansas began September 20, 2018 when the agency PREA Coordinator, Peggy Steimel received an email confirming the dates for the on-site audit. On November 5, 2018 the PREA Coordinator sent an email confirming the PREA audit notices were posted throughout the facility. The PREA Auditor received an email from the PREA Coordinator on November 13, 2018 to verify that the auditor received the USB drive with supporting audit documentation, and a second email on November 16, 2018 informing the Auditor that the USB drive was returned to sender stating, “there was no such address found”. As a result of the returned USB the agency/facility documents were uploaded to a secure site. All files were confirmed uploaded on November 21, 2018. A review of files began on November 26, 2018 and concluded on November 28, 2018. The PREA Auditor emailed an “Issue Log” to the PREA Coordinator on November 28, 2018 with the following standards requiring documentation or a response: 115.313, 115.331, 115.333, 115.352, 115.364, 115.367, 115.378, and 115.381. On November 30, 2018 the PREA Auditor received an email addressing all eight (8) standards from the Issue Log. On December 3, 2018 the PREA Auditor received an email from the PREA Coordinator with information that the Kansas Governor declared state offices would be closed on December 5, 2018 in observations of President Bush’s death and funeral services. As a result of the closure non-essential and education staff would not be available for interviews; therefore, we would have to adjust the tentative schedule.

During the two days of the on-site audit, the auditor was provided with space in a conference room in the administrative area to conduct staff interviews; all youth interviews were conducted in a visiting room. The Auditor interviewed seventeen (17) staff members representing all job classifications. A total of nine (9) residential staff members were interviewed representing all three shifts (0600-1400; 1400-2200; and 2200-0600). Following the Department of Justice interview protocol, the following specialized staff were interviewed: Agency head; Superintendent; PREA Coordinator, PREA Compliance Manager; Administrative (human resources) staff; Agency Contractor Administrator, Volunteers and Contractors (i.e., medical, education, and mentor); Investigative staff; Staff who perform screening for risk of victimization and abusiveness; Staff on the incident review team; Designated staff member charged with monitoring retaliation; First Responders and Intake Staff. The PREA Auditor conducted phone interviews with the SANE clinic at the Stormont Vail Hospital; the YWCA Center for Safety and Empowerment and the LifeHouse-Child Advocacy Center. Twenty-one (21) youth were interviewed over on the first day of the on-site audit. Youth interviewed included: one (1) youthful offender, two (2) youth who identify as LGBTQI, one (1) youth with an identified disability, one (1) youth reported being a victim of sexual harassment; the remaining sixteen (16) youth were randomly selected. The youth were a mix of gender and ethnicity.

On December 6, 2018 the PREA Auditor met with a group of facility leaders, which included: Superintendent, PREA Coordinator, PREA Compliance Manager, Major, Behavioral Health Director, and Health Services Administrator. We immediately moved to the facility tour where the PREA Auditor was escorted by the Deputy Superintendent, PREA Coordinator, PREA Compliance Manager, Special Agent

Supervisor and Program Director. The facility tour consisted of observing and/or entering facility programming (i.e., education classrooms, vocational areas, group rooms, etc.), location of cameras and mirrors, unit dayrooms, youth rooms, restrooms, laundry room, kitchen, facility control, and placement of posters. Day two (2) of the on-site audit concluded with interviews with random and specialized staff. The on-site audit concluded with a brief report out by the PREA Auditor, which included facility leadership personnel; the report out recognized the agency/facility strengths and areas of concern.

Facility Characteristics

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

The Kansas Juvenile Correctional Complex (KJCC) is a 270-bed maximum security facility located in Topeka, Kansas. The facility houses both male and female youth. The facility can house youth between the ages of 13-22. The facility serves as the reception and intake center for the youth committed to the juvenile correctional facility. KJCC is under the authority of the Kansas Department of Correction.

Upon admission, youth are housed in the intake unit for 21 days before being assigned to a general population living unit. During the time spend in the intake unit, the youth meet with a variety of staff members (i.e., medical, behavioral health, case managers, education, recreation, chaplaincy, etc.) to assist the facility in determining the best course of action to meet the youth's needs. The time spent with the professionals consist of interviews and assessments; from the assessments the facility will create a case plan and establish a list of goals and programs to meet the youth's individual needs. Each week, the youth receive a Weekly Expectation Review that documents the youth's behaviors for the week, privileges granted, level advancement, good time rewarded and any behavior issues. Each youth is assigned a Corrections Counselor (CCII) that will assist in answering questions or helping to problem-solve concerns.

Living Units

There is a total of 20 housing units; 4 of which are currently closed and does not house youth. Seven general population units, two honors, sex offense specific and intake units, one behavior management and behavioral health units. Each living unit includes: a general living area with a television, table and chairs; a classroom for groups and meetings; telephones; small outside recreation area; two single-person showers; and fifteen bedrooms, all single occupancy. Each unit has an assigned Corrections Counselor who office is housed on the unit.

All male youth are eligible for the Honor's Unit. Achieving eligibility for the Honor's Unit is based on the youth's behaviors that display the pillars of Honesty, Respect, Integrity, and Personal Responsibility.

Behavior Management System

KJCC uses a 5-level behavior management system. The progression through the levels depends on the youth's behavior and participation in education, groups, programs, etc. Each week, behaviors are documented; each Monday the CCII will meet with the youth to review the feedback. Youth advance through the levels by making good choices to follow the rules of the facility. Each time the youth progress in levels there is an increase in privileges and incentives (i.e., later bed time, personal property allowed in their

room, longer visits, ability to add more visitors to their list, access paid employment opportunities, purchase meals outside of the facility, and increased spending on canteen items). The youth's behavior also affects the good time they are eligible to earn.

The youth at KJCC are expected to meet the facility expectations and the Kansas Administrative Regulations (K.A.R.). The youth are advised of the facility/unit expectations and are provided with an Offender Rule Book that list all of the K.A.R. violations and the possible penalties. Behavioral misconduct can be addressed through informal discipline (verbal redirection, markdown on weekly expectation review, or a summary judgement). For more serious violations the facility will issue a Disciplinary Report, which is formal discipline. A serious act of misconduct such as aggravated assault on staff or youth; sexual assault; kidnapping; arson; escape; rioting; possession of a weapon or dangerous instrument; possession or use of drugs or toxic vapors; deliberate damage to state, staff, or peer property; unlawful assembly; participating in or assisting a criminal organization; leading or participating in a criminal street gang; tampering with or possession of a security device; and substantial disruption of the facility.

Education

The youth attend Lawrence Gardner High School (LGHS), which is an accredited school that serves all youth seeking their GED, high school diploma, and/or vocational training. LGHS administers on-line learning through Odyssey and Pla-to learning systems. Class sizes do not exceed 12 students. All classes are taught by a licensed teacher and some include a certified para educator as well. Youth that qualify (16 years of age and a junior in high school), Washburn Institute of Technology offers dual credit courses (high-school and college credits) in areas of Occupational Safety and Health Administration certification, Computer Aided Drafting, Certified Production Technology, Electrical, Plumbing, and National Center for Construction Education and Research classes. The youth have the opportunity to participate in extracurricular activities such as Student Council, Science Fair, Spelling Bee, Physical Extravaganzas and multiple holiday competitions.

Youth with a high school diploma have an opportunity to work instead of attending classes. KJCC offers a wide variety of jobs at the facility that include landscaping, dietary, laundry, maintenance/custodial crew, etc.

Programs

Youth are recommended to attend facility groups/programs which can include Motivation to Change, Aggression Replacement Training, Thinking for a Change, and Girl's Circle (girls only).

At intake the youth receive a physical and other health related assessments; the youth will receive an annual physical every year with KJCC. Additional medical services are provided upon request and as needed at the facility. The youth have access to medical care 24-hours. Several times a week there is a Physician, Psychiatrist, Optometrist, and Dentist. If the youth were to ever require emergency care, they will be assessed and treated by internal and external medical personnel, as needed.

Also, upon intake the youth will meet with a psychologist for a screening, which is intended to help the facility provide the appropriate help. Behavioral Health offers a wide variety of treatment services including individual and group counseling as well as treatment for sexually motivated offenses and substance use.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

115.311, 115.312, 115.313, 115.315, 115.316, 115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 15.382, 115.383, 115.386, 115.387, 115.388, 115.389

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. General Order 4120: Prevention and Response to Sexual Abuse and Harassment
4. KDOC Organizational Chart; Facilities Management, Central Office
5. KJCC Organizational Chart
6. Memo dated October 8, 2018: Sexual Abuse and Prevention/Intervention staff appointments
7. List of facility PREA Compliance Managers updated October 10, 2018

115.311 (a)-1 It is the policy of the Kansas Department of Corrections to provide a safe and secure environment for all youth. The youth have the right to be free from all sexual abuse and sexual

harassment and the KDOC has a “zero tolerance” for such actions. The zero-tolerance policy includes all forms of youth sexual abuse, harassment and retaliation.

115.311 (a)-2 In accordance with IMPP 10-103D, the KJCC provides youth a safe and secure environment for all youth that is free of forced and/or coerced sexual interactions or sexual harassment. In the event a youth reports being a victim of sexual abuse or sexual harassment, the victim(s) shall be provided with medical, mental health, and related support services, the perpetrator(s) will receive appropriate disciplinary actions and/or criminal prosecution, and the facility will immediately respond to allegations and fully investigate reported incidents.

115.311 (a)-3 PREA definitions were detailed within the policy. The definitions are as follows:
Sexual Abuse of an Offender by another Offender: Any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Penetration of the anal or genital opening of another person; however slight, by a hand, finger, object, or other instrument; and
- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Abuse of an Offender by a Staff Member: Any of the following acts, with or without consent of the offender:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Penetration of the anal or genital opening, however slight, by a hand, finder, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire;
- Any other intentional contact, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
- Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described above;
- Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender; and
- Voyeurism by a staff member, contractor, or volunteer.

Sexual Harassment: Shall be defined as any part or all of the following:

- Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender directed towards another;
- Repeated verbal comments or gestures of a sexual nature to an offender by a staff member including demeaning references to gender, sexually suggestive or derogatory comments about body clothing, or obscene languages or gestures; and

- Is reported annually to the Bureau of Justice Statistics for the Survey of Sexual Violence.

115.311 (b)-1 The agency has designated an agency-wide PREA Coordinator who oversees the implementation and full compliance of the PREA standards at 10 KDOC facilities. The position is classified in the state system as a Corrections Manager II; which reports directly to the Deputy Secretary of Facilities Management.

115.311 (c)-1 The facility has designated a PREA Compliance Manager who reports directly to the facility Deputy Superintendent. The facility also designated the facility Deputy Superintendent as the back-up PREA Compliance Manager. The PREA Compliance Manager also has the role as the facility Volunteer Coordinator.

Interviews:

PREA Coordinator

PREA Compliance Manager

The PREA Coordinator and PREA Compliance Manager report they have sufficient time to fulfill their duties. The PREA Coordinator meets with all agency PREA Compliance Managers quarterly at different locations throughout the state, as an opportunity to update and oversee continued efforts; and to ensure sustainability and consistency. During youth interviews most youth could identify the facility PREA Compliance Manager by describing the physical characteristics but not by name. The auditor is aware the PREA Compliance Manager is new in her position and is not concerned there is a lack of visibility.

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

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

115.312 (a)

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

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Memo dated October 1, 2018 Contracting with other entities for the confinement of residents

KJCC does not contract for placement of youth with other entities or confinement centers. KDOC utilizes residential facilities as step-down programs to allow youth to transition back into the community. The facilities are required to adhere to the juvenile PREA standards.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. PREA Audit Questionnaire
2. Internal Management Policy and Procedure 12-137D: Staffing Analysis, Operational Staffing and Roster Management
3. Deviation from Minimums
4. Staffing Plan with a revision date of December 31, 2015
5. Staffing Plan with a revision date of February 22, 2016
6. 2018 Staffing Analysis Report
7. Email Correspondence dated May 29, 2018
8. Unannounced Rounds 2016-2018
9. Post Order #1: To supervise security operations of the Kanas Juvenile Correctional Complex on an assigned shift

115.313 (a)-1 The operational staffing plans of each facility shall ensure that each facility operated by the KDOC is developing, documenting and making best efforts to have and follow a staffing plan that provides for adequate levels of staffing, and when applicable video monitoring, to protect incarcerated offenders against sexual abuse. Once a year, the warden or superintendent shall cause a staffing analysis to occur, reviewing staffing levels, video monitoring or other technological needs, and resources the facility has available to commit to ensure adherence to its operational staffing plan, taking into consideration all eleven elements required in the standards. The PAQ indicates the facility average daily number of residents on which the staffing plan was predicated is 270 youth; and the average daily number of residents is 171.1.

115.313 (b)-1 The facility provided documentation from July 2017- May 2018 that reflects the times the facility deviated from facility minimums. Of the documentation provided the facility was below the designated minimum staff coverage twenty-three (23) times. KJCC has post that can be closed to move staff to other areas requiring sight and sound supervision of youth.

115.313 (c)-1 Prior to the daily rosters being made available, the Shift Supervisor on duty for the day must authorize leave according to the number allowed. Leave below the minimum cannot be authorized in advance of the shift, unless authorized by the Superintendent or Chief of Security. It is the responsibility of the Shift Supervisor on duty to review the rosters of the on-coming shift to ensure the staffing level meet Operational and Functional needs. The Shift Supervisor post is a part of the Operational Staffing Plan; the position of the Shift Supervisor must be filled. Assistant Shift Supervisor can be closed or collapsed based on the needs of the shift and at the discretion of the Shift Supervisor. The Day Shift (0600-1400)

Operational Staffing Number; Monday-Friday (excluding Holidays) is thirty-five (35) officers; the Functional Staffing Number is forty-three (43). The Evening Shift (1400-2200) Operational Staffing Number is thirty-two (32) Monday-Friday (excluding Holidays) and thirty-seven (37) Functional Staff; and fifteen (15) Operational Staffing Numbers and sixteen Functional Staffing Numbers for the overnight shift (2200-0600). The allowable leave number is 3 officers. The facility PAQ indicates the facility currently does not consistently meet the staffing 1:8 and 1:16 staffing ratios. KJCC is actively working to hire additional staff to fill open positions that will allow the facility to meet the ratios. KDOC/KJCC has the funding to hire staff and will continue to work to comply with the staffing ratios.

115.313 (d)-1 KJCC submitted two staffing plans and a staffing analysis from 2018. The staffing plans indicate staffing minimums have increased, which indicates the agency/facility is continuing to comply with the waking and sleeping staffing ratios. The annual staff analysis report shall be completed using the "Staff Analysis to Ensure Protection Against Sexual Abuse" form. The form shall be forwarded to the PREA Coordinator and Staff Audit Coordinator for review no later than January 1 of each year, who shall consult with the facility, and Deputy Secretary of Facilities Management or Deputy Secretary of Juvenile Services and Secretary as needed in follow up to the review of the completed form. The facility submitted the staffing analysis dated May 31, 2018 and signed by the facility Superintendent. Email correspondence from the PREA Coordinator indicates the proposed staffing plan does not meet the staffing ratios; however, KJCC Human Resources has also taken several initiatives to boost the recruitment efforts by advertising (television, radio and mailer) and participating in nearby career/job fairs.

115.313 (e)-1 Each facility shall develop General Orders to reflect the 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. Each facility shall ensure that rounds occur periodically in all areas of the facility. The rounds will be documented as "unannounced rounds" and readily accessible during audits as outlined in the facilities standard operating procedures. The facility provided unannounced rounds documentation that demonstrates the rounds were conducted at variable times mostly on the day and overnight shift. It is recommended that the facility send out an email reminder to the shift supervisors reminding them to make sure unannounced rounds are conducted and documented, since statistically most incidents of sexual abuse and sexual harassment will take place on the evening shift.

115.313 (e)-4 Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Interview:

Superintendent

Intermediate or Higher-Level Facility Staff

During the interview the Superintendent reports the facility staffing plan is updated annually in collaboration with the PREA Compliance Manager; and will be updated as needed with any significant change to staffing (i.e., loss of FTE). The Superintendent highlighted areas that are considered when updating the staffing plan to include: resident population, staffing levels, community treatment levels, physical plant, and areas where substantiated findings occur. The Superintendent reports the facility has not had a period of non-compliance with the staffing plan. The facility makes adjustment to the schedule to fill-in when there are staff calls-offs, vacation, and extended leave. Facility supervisors at times will be utilized to provide supervision and monitoring of the residents to meet adequate staffing levels.

Interviews with intermediate and higher-level staff indicated unannounced rounds are conducted at random times, covering all shifts. A review of supporting documents indicates the majority of documented rounds take place on the Day (0600-1400) shift. **RECOMMENDATION: Facility**

leadership should add unannounced rounds to the next leadership team meeting to reinforce expectations and remind those responsible for conducting the rounds to ensure rounds occur across all shifts and increase documented checks on the evening shift.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 12-103: Offender and Facility Searches
3. Male and Female Staff Announcement signs
4. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
5. Contraband and Search Procedures Lesson Plan
6. Contraband and Search Procedures Presentation
7. Cross Gender Pat Down Search Training fiscal year 2016, 2017, and 2018
8. Offender Pat Searches Lesson Plan
9. Offender Pat Searches Presentation

115.315 (a)-1 A strip search shall be performed by, and only in the preference of, employees of the same gender as the youth being searched, except in exigent circumstances. Absent exigent circumstances, and staff person witnessing the search, whether in person or via remote view camera observation, shall also be in the same gender as the youth being searched. Strip searches shall be

conducted in a private place which prevents the search from being observed by those not assisting in the search, unless the offender signs a privacy waiver, or an emergency requires that the search be conducted immediately and there is no opportunity to move to a private area or behind a privacy screen. The facility PAQ indicates there have been zero cross-gender strip or visual body cavity searches of youth in the past 12 months.

115.315 (b)-1 Pat down searches of female youth shall be conducted by a trained staff member of the same gender only, except in exigent circumstances. The facility does not permit cross-gender pat-down searches of youth, absent exigent circumstances. The facility PAQ indicates there have been zero cross-gender pat-down searches of youth in the past 12 months. During youth interviews all youth report they have only been searched by an officer of the same gender and have never witnessed or heard of a cross-gender search happening in the facility since their admission. All interviewed staff report there will always be a diverse workforce on duty to meet the needs of the youth, none could identify a time when a cross-gender search would be necessary.

115.315 (d)-1 Staff shall be aware of the youths' state of undress. The presence of staff of the opposite gender shall be announced prior to entering a housing unit and the announcement will be documented in the chronological log by the person making the announcement. The presence of the opposite gender shall also announce their presence before entering restroom/shower areas where a youth would normally be undressed. A youth shall be able to shower and perform bodily functions without nonmedical staff of the opposite gender viewing them, except in exigent circumstances or when such viewing is incidental to routine security checks. To notify hearing impaired offenders of cross-gender staff in the housing units, all housing units should display a sign indicating when a cross-gender staff member is present. Interviews with youth indicate they are aware of the male and female presence in the facility and that staff consistently announce themselves when entering the unit.

115.315 (e)-1 The Offender Pat Searches Lesson Plan states, "LGBTI offenders, in the absence of exigent circumstances, are to be searched by staff of the same anatomical sex in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

115.315 (f)-1 Training logs indicate 124 staff members who work directly with and are responsible for conducting searches most recently received the search training in fiscal year 2017-2018.

Interviews:

Superintendent

Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches

Random Staff

Random Residents

Interviews with randomly selected staff as well as interviews with the Director, Superintendent and Associate Superintendent as well as specialized staff indicated cross gender searches are not conducted at the facility. Interviews with randomly selected youth from various living units indicated they have never been searched by a staff member of the opposite gender nor have they ever observed another resident being searched by a staff member of the opposite gender. Staff and resident interviews indicated staff make opposite gender announcements, and the practice seemed to be consistent with the agency/facility policy.

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

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. Offender Handbook-English

4. Offender Handbook-Spanish
5. End the Silence Posters (English and Spanish)
6. List of Staff Translators as of October 3, 2018
7. List of Vendors on Contract for Translation and Interpretation Services

115.316 (a)-1 The facility shall provide youth education in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills. Youth have access to an assigned Corrections Counselor who will provide one-to-one support should the youth require additional supports to communicate information to the youth.

115.316 (b)-1 The agency added language to the policy that reads, “The agency shall not rely on offender interpreters, offender readers, or other types of offender assistants during investigation of sexual violence, staff sexual misconduct, or sexual harassment, except in limited or exigent circumstances, where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties, or the investigation of the allegation(s).” The facility distributed a memo on January 7, 2019 from the Policy Analyst that requires staff review of the policy.

115.316 (c)-1 The PAQ indicates the facility has used zero youth to interpret, read, or provide any other assistance to another youth.

Interviews:
Superintendent
Random Staff

Staff report of the youth that have been admitted to the facility that speak another language, they are fluent in speaking and understanding English. During the on-site audit there were no identified youth that required interpretive services. The Captain mentioned there are identified staff within the facility who are bilingual that would be utilized if the facility admitted a youth identified with a limited English-speaking youth.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Implementing Management Policy and Procedure 02-126D: Recruitment and Selection Process
3. Background Clearance for 2016-2018
4. Sample Background Checklist Based on Kansas CARSTOP Screening
5. Implementing Management Policy and Procedure 02-119D: Personnel Records
6. Sample Fingerprint Card

115.317 (a)-1 In compliance with the standards KDOC shall not hire or promote anyone into a position who may have contact with youth that: 1) Has engaged in sexual abuse of youth/offenders in an institutional setting; 2) Has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion; or 3) Has been civilly or administratively adjudicated to have engaged in such activity.

115.317 (b)-1 All incidents of sexual harassment perpetrated by an applicant against offenders is considered in making hiring and promotional decisions.

115.317 (c)-1 A fingerprint card will be completed on all new hires either in the Automated Palm and Fingerprint Identification System (APFIS) or through submission of fingerprints to the Kansas Bureau of Investigations (KBI) to complete the check. In the past 12 months the PAQ indicates the facility has hired fifty-five (55) persons who may have contact with residents who have had criminal background records checks. There have been five (5) criminal background record checks for persons contracted with the facility for services.

115.317 (d)-1 A Kansas Child Abuse and Neglect Central Registry check shall be completed on all new hires and promotional candidates including contract employee candidates who may have contact with youth.

115.317 (f)-1 All candidates are asked to provide specific and detailed information about prior employer and references for use in an employment reference check. If additional information is necessary beyond that included in an application, resume, or Kansas Department of Corrections Security and Employment Information form, the appropriate Human Resources Manager or designee will request and obtain additional information employment information from the candidate. Prior or current employers will be provided with a copy of the candidate's authorization and release by mail, fax, or secure email and contacted by telephone or in person by the Human Resources Manager or designee to obtain detailed information about the candidate's employment history including performance and conduct. Criminal background checks are completed annually on an employee, contractor, volunteers birth month. The human resource representative will forward the employees name to the agency EAI Investigation unit for completion.

115.317 (g)-1 Candidates for any position will be disqualified from further consideration for employment, and if hired, there will be grounds for termination of employment, if the candidate refuses to execute or provides any false response to a question on the Kansas Department of Corrections Security and Employment Information form or makes any material false statement to any question during the application, screening, or interview process while seeking employment or promotion.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 01-123D Authorization for Construction, Renovation or Demolition of Physical Structures
3. Memo dated October 1, 2018: Upgrades to the facility's technology

115.318 (a)-1 New construction, renovation, or expansion of a facility will comply with recognized professional correctional standards and applicable to federal and state statutes, rules and regulations.

That will include the Prison Rape Elimination Act (PREA) standards and consideration of the effect of such changes to protect youth from sexual abuse. A memo indicates there have been no substantial upgrades to the facility or technology since the last PREA compliance audit in 2015.

Interviews:
Superintendent

The facility does not have any physical plant expansion projects planned. During the facility tour the Auditor was escorted to a stand-alone building within the perimeter of the secure campus, which was updated with in 2018. The updates include converting areas to group rooms and office space. The auditor made observation that the installed windows in the group rooms and offices allowing staff a clear and unobstructed view. The building sits outside the expansion building just outside the school and is off-limits to residents.

During the facility tour, the auditor identified blind spots in the Vocational/Maintenance building that houses the laundry department. There were two (2) areas a staff members ability to observe possible misconduct was obstructed by the construction of the building. To mitigate the vulnerabilities the auditor suggested the facility install mirrors to increase visibility. The facility installed two (2) mirrors in the identified areas and provided images of the installed mirrors on December 17, 2018.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

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

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 22-103: Enforcement, Apprehension, and Investigation Division; Investigation Procedures
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
4. Kansas Statute 65-448
5. Memorandum of Understanding with LifeHouse Child Advocacy Center dated February 21, 2018
6. List of Sexual Assault Victim and Emotional Support Services
7. LifeHouse Child Advocacy Center information
8. Emotional Support Training for Qualified Staff
9. Emotional Support Training Log dated July 10 & 11, 2018

115.321 (a)-1 An allegation of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation will be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the Enforcement, Apprehensions and Investigations Division (EAI) Manual. In addition to an agency, the facility's PREA Compliance Manager and Mental Health personnel will be notified of the allegation. EAI staff assigned to investigate allegations of sexual abuse, sexual harassment, or nonconsensual acts, shall have completed training in investigation of sexual assault cases prior to being assigned to the case. In addition to the standard investigative practices, particular attention will be paid to the victim's age

(relating to youthful offenders; referring to offenders under 18 years of age), medical and behavioral health, and security needs. Adequate precautions will be taken to prevent further victimization. The agent will ensure that all of the articles of the Coordinated Response to Sexual Abuse and Harassment policy. All allegations of sexual harassment, sexual abuse of an offender by a staff member and nonconsensual sexual acts shall be immediately reportable incidents and notifications shall be made accordingly. Any PREA-related case in which the evidence indicates the allegation could be or will be substantiated will be reported to the Central Office Statewide PREA Coordinator immediately.

115.321 (c)-1 When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the youth. According to the medical staff member interviewed the youth will be transported by facility staff to Stormont Vail Healthcare, which is consistent with the information provided by the facility on the PAQ. The PAQ and interviews with staff and youth indicate zero (0) youth have reported sexual abuse requiring a forensic medical exam in the past 12 months.

115.321 (d)-1 The LifeHouse Child Advocacy Center will provide advocacy services to accompany and support the youth through the forensic medical examination process. LifeHouse Child Advocacy Center will be contacted by the hospital to initiate services pursuant to a forensic medical exam. Should follow-up services after the forensic medical exam be necessary, advocates shall provide emotional support, crisis intervention, information, and referrals upon request from the KJCC. Services will be provided at no cost to either the youth or the KJCC. KJCC provided the auditor with two (2) signed MOU's with LifeHouse Child Advocacy Center; one (1) dated April 15, 2015 and an updated version dated February 21, 2018. KJCC also has two (2) trained who received Emotional Support training in 2018.

Interviews:

SANE/SAFE Staff

Random Staff

Resident who Reported Sexual Abuse

The facility indicated residents who require a forensic examination will be transported to the Stormont Hospital where SANE exams are conducted by trained and certified SANE examiners. Additionally, Stormont Hospital SANE Nurse will provide testing, STD Prophylaxis and options as medically determined. Upon the residents return to the facility, the medical staff can provide follow-up.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 22-103: Investigation Procedures
3. Five (5) reports; two (2) of which were reported in the past 12 months

115.322 (a)-1 The Enforcement, Apprehensions and Investigations Division (EAI) staff will investigate all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts. An investigation will be initiated immediately on any such allegation. The facility PAQ indicates there were a total of fifteen (15) allegations of sexual abuse and sexual harassment; all resulted in an administrative investigation and zero (0) were referred for criminal investigations. As of the writing of this investigation all administrative investigations have been completed.

115.322 (b)-3 KJCC documents all referrals of allegations of sexual abuse and sexual harassment; not just those resulting in a criminal investigation. The facility provided the auditor with a sample of reports that demonstrate documentation of the allegation and the pursuing investigation.

Interviews:

Agency Head

Investigative Staff

The KJCC has an established investigation unit responsible for conducting all criminal and administrative investigations involving sexual abuse and sexual harassment allegations. The investigation unit is made up of 2 trained investigators, who are former law enforcement officers with police powers. The investigators use a preponderance of the evidence evidentiary standard when conducting administrative investigations to determine where allegations of sexual abuse and sexual harassment are substantiated. The investigators will provide in writing, a report of findings and conclusion to the facility Superintendent for appropriate staff or resident discipline; discipline is administered by the facility administrators in collaboration with the human resource department.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. The Prison Rape Elimination Act: Employee Basic Training: Facilitator's Guide
3. PREA Staff Development and Training Curriculum
4. Memo dated October 1, 2018: Employee Training
5. Internal Management Policy and Procedure 0-104D: Minimum Department Training Standards
6. Annual Training Calendar
7. PREA On Line Employee Training Tracking for fiscal year 2016-2018
8. Signed Staff PREA Training Acknowledgement form

115.331 (a)-1 All newly hired KDOC employees received the KDOC brochure, "Undue Familiarity and Sexual Misconduct." All KDOC staff members also receive policy Coordinated Response to Sexual Abuse and Harassment and receive training on all required training elements per the standards.

115.331 (b)-1 The training is tailored to the gender of the youth at the facility. In the case of KJCC the staff receive training on working with male and female youth.

115.331 (c)-1 The facility PAQ indicates 314 staff are currently employed by the facility who may have contact with residents and received PREA training. The facility provided training logs with the employee name, ID, Employee Number, training received and the completion date and time. Staff interviews indicate staff received training when hired and annual refreshers as per the policy.

Interviews:

Random Staff

Interviews with the staff representing all shifts and various job classes indicated all have received annual PREA training and periodic refresher training as-needed. According to the staff training including the zero-tolerance policy, responsibilities as a first responder and staff and resident's rights to be free from retaliation for cooperating with an investigation. Staff were aware as indicated in their responses of their ability to report allegations of sexual abuse and sexual harassment privately.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. KDOC Orientation and Basic Volunteer Training Curriculum
3. Sample of signed Temporary Contractor PREA Acknowledgment forms
4. Temporary Contractors List with Acknowledgement Dates
5. Sample of signed Mentor/Volunteer Acknowledgement Forms
6. Volunteers List with Training Dates

115.332 (a)-1 Volunteers are provided with volunteer basic training which consist of Sexual Assault Prevention/PREA, employees rules of conduct and undue familiarity/sexual misconduct and volunteer professional standards and rules of conduct. When volunteers have completed PREA training, they will receive a Mentor/Volunteer Acknowledgement Regarding PREA training from to sign and date. An interview with a volunteer identified as a mentor verified, she received the training prior to volunteering at the facility and feels comfortable seeking guidance from staff when she has questions. The facility PAQ indicated there are 152 volunteers and contractors who may have contact with the youth and received the training.

115.332 (b)-1 A review of the volunteer and contractor training curriculum and indicates how to report sexual assault is an area covered in the training. This was also verified by the volunteer during the on-site interview. The volunteers are training to notify a staff person IMMEDIATELY when they are made aware of a sexual assault allegation; and the are to take all statements seriously.

115.332 (c)-1 The facility provided the auditor with a sample of signed acknowledgement forms for volunteers and contractors. The facility tracks the training by listing everyone who turned in signed forms and the dates the forms were turned in.

Interviews:

Volunteers and Contractors who may have Contact with Residents

The interview with one (1) contractor and one (1) volunteer indicated they received PREA training and periodic refresher information. The individuals understand their role and responsibility when they become aware or have suspicion that a resident is a victim of sexual abuse or sexual harassment. The volunteer mentioned not having much contact with the majority of the youth but felt confident in their ability to recognize the signs of sexual abuse and sexual harassment and would immediately report to any staff IMMEDIATELY.

Standard 115.333: Resident education

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

115.333 (a)

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

- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. General Order 4120: Prevention and Response to Sexual Abuse and Harassment
3. Offender Handbook – English
4. Youth Handbook – English
5. End the Silence Posters – English and Spanish
6. Guide to Preventing and Reporting Sexual Misconduct – English and Spanish
7. Memo dated October 1, 2018: Offender Education

115.333 (a)-1 During the intake process and no later than 24 hours, the Corrections Counselor II which provides case management for the youth will provide the PREA education to all new arriving youth. The youth receive information explaining the facility's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report incidents or suspicions of sexual abuse or sexual harassment including the use of the grievance process. During interviews with the youth they were asked about the information received about PREA and all youth reported they are not allowed out into the community to program until they receive PREA information and continue to receive refreshers throughout their stay.

115.333 (b)-1 The facility PAQ indicates the facility admitted 158 youth in the past 12 months, and all youth received the initial PREA information. Within 10 days of intake, the facility will provide the youth with information regarding community victim advocacy (Lifehouse Child Advocacy Center), the Sexual Misconduct guide; and all youth will sign the PREA Education for Offenders acknowledgement and provide a video for safety. The facility will maintain documentation of each youth's participation and forward the forms to the PREA Compliance Manager. The facility provided the auditor with a sample of signed youth education acknowledgment forms and all interviewed youth reported signing the form.

115.333 (d)-1 The facility provides youth education in formats accessible to all youth, including those who are limited English, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills. The Corrections Counselor II will provide the youth with one-to-one support to ensure the youth receives information that they understand. The auditor received posters and brochures in English and Spanish, and during the on-site facility tour the auditor observed posters displayed throughout the facility in both English and Spanish. During the on-site audit there were zero (0) youth in the facility with limited English vocabulary; but in the instance the facility might need a bilingual staff member (Spanish and Arabic) there is an established list the facility can utilize for assistance. There is also a list of vendors contracted with the State of Kansas who provides translation and interpretation services.

115.333 (f)-1 The interviewed youth report they received a handbook that provides the youth with additional PREA information. While the majority admitted to disposing of the information, they reported there are posters displayed throughout the facility and understand their right to be free from sexual abuse and sexual harassment.

Interviews:

Intake Staff

Random Residents

All the residents interviewed acknowledged receiving PREA information immediately upon admission to the facility. They all remembered being informed about their right to be free from sexual abuse and sexual harassment, and reporting policies. The youth were able to detail ongoing education periodically on their housing units when there is an incident and occasionally as a reminder. During a review of the documentation provided Auditor noticed a signed form indicating the youth received information at intake and later received additional education. During the facility tour the Auditor noticed PREA zero-tolerance posters throughout the facility strategically placed. The intake staff interviewed communicated they utilize they provide the resident's with as much information as possible to keep the residents' safe.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Enforcement, Apprehension and Investigations: Investigations Protocol Manual 2nd Edition
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment

3. PREA: Investigating Sexual Abuse in a Confinement Setting Training Certificates
4. NIC Training Records for Investigators
5. Specialized Investigator Training Agenda from August 21 & 22, 2018
6. Specialized Investigator Training Attendance Logs

115.334 (a)-1 The facility policy indicates the facility has two (2) investigators who goes by the title Enforcement, Apprehensions and Investigations (EAI). Both investigators are housed in the facility, and have full access to all documents, staff and areas of the facility. The investigators provided the auditor with training certificates and records, which indicate their participation in the NIC PREA: Investigation and Responding to Sexual Abuse trainings. An interview with one (1) facility investigator indicates they have police powers and extensive training in criminal investigations. A review of the Investigations Protocol Manual, Second Edition demonstrate the investigators have very clear guidelines for the protection of a crime scene and for the recognition, collection and preservation of evidence.

Interview:
Investigative Staff

The interviewed investigative staff indicated they have received PREA training and seek out opportunities to ensure they are current with any changes and follow current investigative tactics. The investigators have completed the ecourse trainings on the NIC website and attend trainings offered by community agencies.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Corizon General Health Services Policy and Procedure: Federal Sexual Assault Reporting Regulations
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. KDOC Specialized Training: Medical and Mental Health Professionals
4. Corizon Employee PREA Training Completed Training Dates
5. Signed Sample PREA: Medical and Mental Health Training Acknowledgement forms

115.335 (a)-1 The contract provider Corizon has established a policy that requires all new employees will receive the healthcare provider Continuing Education Program on PREA and the standards. The training is based on the services employees are to provide, but for all employees who have contact with youth. The training includes information explaining the facility's zero-tolerance policy regarding sexual

abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. Corizon employees 47 medical and mental health care practitioners who work regularly at the facility who received the training required by the agency policy.

115.335 (b)-1 The medical staff do not conduct forensic medical exams; youth are transported off site to Stormont Vail Hospital SANE clinic.

115.335 (c)-1 The facility provided the auditor with signed PREA training acknowledgement forms, and electronic training records that includes the staff members ID, Name and PREA training completion date.

Interviews:

Medical & Mental Health Staff

All interviewed medical and mental health professionals confirmed they have completed the specialized training, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting." Only portions of the training are applicable since the facility does not conduct SANE exams. The behavioral health staff confirmed completing the specialized training, "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting." Every professional was capable of communicating their role and responsibility, and appeared fully capable of providing adequate support and care for the youth.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness
3. Sample of Screening for Victimization and Abusiveness (initial assessment and reassessment)
4. Screening for Victimization and Abusiveness User Manual

115.341 (a)-1 Within 72 hours of intake and prior to placement in multi-occupancy housing, a youth will receive initial Sexual Victimization and Abusiveness Assessment prior to being placed into multi-occupancy housing; ensuring that no victim or potential victim of sexual abuse is housed with a sexual aggressor or potential sexual aggressor. Staff designated to the intake area will conduct the assessment to ensure that relevant information is relayed to the appropriate parties and document information in the assessment. The information is ascertained through conversations with the youth during the intake process and medical and mental health screenings; during classification assessment; and by reviewing court records, case files, facility behavioral health records, and other relevant documentation from the youth's files. The facility PAQ indicates the facility admitted one hundred fifty-eight (158) in the past 12 months. Within 30 days of intake, every youth will have another Sexual Victimization and Abusiveness Assessment completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression. Each youth 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). Re-assessments are completed on every youth every 180-days; and when the facility PREA Compliance Manager becomes aware that a triggering event, such as a substantiated PREA-related incident has occurred; or the youth discloses an act of sexual predation or victimization.

Interview: Youth interviews consistently indicated the risk assessment was completed at intake, that was completed by staff through conversations. All reported the questions were asked in a professional manner that demonstrated dignity and respect.

115.341 (b)-1 KJCC utilizes the Sexual Victimization and Abusiveness Assessment that is completed electronically in T.A.P.S., the agencies database system.

Interviews:

Staff that Perform Screening for Risk of Victimization and Abusiveness
Random Residents

The staff responsible for completing a portion of the youth intake are trained to complete the Sexual Victimization and Abusiveness Assessment, which is completed within 24 hours of intake. The supporting documentation also demonstrated periodic reviews and reassessments. The facility has access to collateral information to assist with identifying victims of sexual abuse; based on specialized interviews with residents the facility appears to have correctly identified residents with prior victimization.

Interviews conducted with the residents confirmed all relevant questions were asked during the intake process.

Standard 115.342: Use of screening information

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

115.342 (a)

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

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

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

115.342 (d)

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

resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Facility Housing Key
3. General Health Services Policy and Procedure: Guidelines for Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
4. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness
5. General Orders 4120: Prevention and Response to Sexual Abuse and Harassment
6. Assessment and Reassessment screening tool for youth who identifies as transgender

115.342 (a)-1 The Sexual Victimization and Abusiveness Assessment scores and information will be used to make determinations regarding housing, bed, work, education, and program assignments. The auditor received a list of youth housing assignments, which indicated youth with similar characteristics and risk score levels were housed on units together.

115.342 (b)-1 Youth at a high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made the offender may be housed for less than 24 hours in segregation while the assessment is completed. The facility PAQ indicates zero (0) youth have been placed in involuntary segregation in the past 12 months for risk of sexual victimization. Interviews with youth and staff from a variety of classifications indicate the facility does not have a practice of placing youth in involuntary seclusion to address risk of sexual victimization.

115.342 (c)-1 KDOC has the following policy statement, "The facility shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlements, or legal judgment for the purpose of protecting such offenders." An interview with a youth who identifies as transgender did not indicate they were housed on their assigned unit to based on their gender identity and have not been placed in involuntary segregation as a result. The youth stated feeling the facility treated them with fairness and was respected. The policy states, a youth who identifies as transgender or intersex own views with respect to his or her own safety shall be given serious consideration

115.342 (d)-1 KDOC has designated the Gender Dysphoria Treatment Committee to assist in the review of diagnosis of Gender Dysphoria and review the Individualized Treatment Plans developed for youth diagnosed with Gender Dysphoria. KJCC's general order states, "Housing assignments shall not be based solely on the offender's sexual identifiers."

Interviews:

Staff that Perform Screening for Risk of Victimization and Abusiveness
Staff Who Supervise Residents in Isolation
Transgendered, Intersex, Gay, Lesbian, and Bisexual Residents

Residents in Isolation

The Sexual Victimization and Abusiveness Assessment tool is utilized to identify potential vulnerabilities or tendencies to act out with sexually aggressive behavior and risk for sexual victimization.

During an interview with a youth who identifies as transgender reports they have never been placed in isolation to protect the youth from victimization, or to isolate the youth due to their gender identity. The auditor interviewed a youth who had previously been placed in isolation. The youth reports they were not placed in isolation as a result of reporting or participating in a sexual abuse or sexual harassment allegation. The youth reports their placement in isolation was as a result of a physical altercation.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

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

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. End the Silence posters (English and Spanish)
4. Website information

115.351 (a)-1 There are multiple methods for a youth to report allegations of sexual abuse or harassment. The allegations may be reported verbally to any staff member or in writing. The youth also have the option of making confidential reports through the use of the Kansas Protection Report Center at 1-800-922-5330. During the facility tour the auditor observed posters with the hotline posted throughout the facility and most prominently on the units.

115.351 (b)-2 The agency/facility does not detain youth solely for civil immigration purposes.

115.351 (c)-1 All staff who witness, suspect, or receive a report that youth is a victim of sexual abuse or sexual harassment while in the facility shall **immediately** make a report to Kansas Protection Report

Center. Staff, family members and others may report incidents or suspected incidents of sexual abuse using the Kansas Protection Report Center.

115.351 (e)-1 Youth interviews indicated the youth have free access to writing utilities such a pencils and papers. None of the youth reported being denied by staff access to writing utilities or the ability to write.

Interviews:

Random Staff

Random Residents

Resident who Report Sexual Abuse

The youth were able to communicate the multiple ways to internally report allegations of sexual abuse, sexual harassment, or retaliation. Youth state they can report to staff, file a grievance, call the Kansas Protection Report Center at 1-800-922-5330, or talk to their parents or legal guardian. The youth felt confident their reports to staff would be taken seriously; the majority stated they would talk to a trusted adult if they were a victim or witnessed sexual abuse, sexual harassment, or retaliation.

All staff interviews indicated the staff understand they have a duty to report sexual abuse and sexual harassment allegations made verbally, in writing, anonymously and from third parties. The staff are required to document the reports as soon as possible but no later than the end of their shift.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

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

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Department of Corrections, Division of Juvenile Services Article 15-Offender Grievance Procedure
3. Internal Management Policy and Procedure 11-122J: Documentation of Juvenile Offender Grievance Procedures

115.352 (a)-1 KDOC has established grievance practices that provide administrative remedies for youth complaints. A youth is not required to use the informal grievance process to report an allegation of sexual abuse.

115.352 (c)-1 A youth should be allowed to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The grievance coordinator should not send the grievance alleging sexual abuse to the staff member who is the subject of the complaint. A grievance alleging sexual abuse will be given to the facility EAI Investigator or Facility PREA Compliance Manager **immediately**.

115.352 (d)-1 The facility would immediately respond to all allegations of sexual abuse that involves another youth or staff. The facility PAQ indicates there were zero (0) allegations of sexual abuse in the past 12 months. Based on the timelines established on the grievance forms, the entire grievance process exceeds the 90-days established by the standards.

115.352 (e)-1 Grievances alleging sexual abuse can be reported by a third party (i.e., other youth, family members, staff members, attorneys, etc.).

115.352 (f)-1 The facility PAQ indicates there were zero (0) allegations that a youth was at substantial risk of imminent sexual abuse; therefore, this is an issue that the facility did not encounter in the past 12 months.

Interview:

Random Residents

Of the youth interviewed zero (0) reported filing a grievance to report sexual abuse or sexual harassment. All the youth indicated they are aware they can use the grievance process to make a report.

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Confidentiality Notice (English and Spanish)
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
4. List of Juvenile Sexual Abuse Victim and Emotional Support Services contact information
5. Memorandum of Understanding between KJCC and the LifeHouse Child Advocacy Center

115.353 (a)-1 Victims of sexual abuse are provided with a brochure that details the community sexual assault programs, which shall be available through health services staff, unit counselors and the PREA Compliance Manager. KDOC will attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. If that is not possible, efforts will be made to provide victim advocacy services through a community-based organization or by a qualified staff member. A contact list of support services was created, the information includes agency name, address, and hotline number.

115.353 (c)-1 The agency/facility has established a memorandum of understanding with LifeHouse Child Advocacy Center. The MOU establishes LifeHouse will provide advocacy services at the hospital; follow up services after the forensic medical exam if necessary, advocates will provide emotional support services, crisis intervention, information, and referrals upon request.

115.353 (d)-1 The facility provides youth with full access to their legal representatives and parents/legal guardians. During youth interviews the youth explained the variety of ways youth have the ability to make contact. During the facility tour, the auditor was shown the video visitation capabilities on the pods, which allow youth whose families aren't in close contact for a variety of reasons.

Interviews:

Superintendent – The youth have confidential access to their attorney or legal representation through mail; phones are on the unit; and they receive legal mail that is open and screened but not read. They have access to their parents or legal guardians through mail; phones on the unit, and family visits. The youth can request phone call by asking staff or the unit Corrections Counselor II.

Random Youth – All youth report they are able to make request to contact the professionals and family.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. KDOC Third-party reporting information on agency website
4. PREA Visitors Reporting Information (English and Spanish)

15.354 (a)-1 Staff, family members and others may report incidents or suspected incidents of sexual abuse by calling the Kansas Protection Center toll-free number. The information is posted prominently in the visitation area and on the agency/facility website.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead

of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. Internal Management Policy and Procedure 10-140J: Reporting Abuse and/or Neglect of an Offender
4. Sample PREA Checklist

115.361 (a)-1 Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is in regard to a youth 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. All employees, contract staff, volunteers, and youth are responsible for being alert to signs of potential situations in which abuse and/or neglect might occur and report any abusive and/or negligent behavior.

115.361 (b)-2 Employees, contract staff and volunteers who witness, suspect or has knowledge that a youth is being abused and/or neglected shall immediately notify any staff member, and confidentially report through the use of the Kansas Protection Report Center at 1-800-922-5330.

115.361 (c)-1 Staff interviews indicate any report or cooperation with an allegation of sexual abuse or sexual harassment to protect all the party's confidentiality.

Interviews:

Superintendent – All staff are mandatory reporters and have a duty to report abuse allegations to their supervisor or the EAI Investigator; the report should be made immediately upon disclosure.

Of the staff interviewed they were all able to share the multiple ways staff and youth could make reports of sexual abuse and sexual harassment allegations.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment

115.362 (a)-1 KDOC has an expectation that staff shall ensure that a youth receives immediate protection when a youth is subject to a substantial risk of imminent sexual abuse. During the interviews with the KDOC Assistant Secretary, facility Superintendent, PREA Coordinator and PREA Compliance Manager; all reported the facility would take immediate steps to ensure the youth safety by moving the youth to another unit, separate the youth from other youth or staff presenting the threat, prohibiting staff

access to certain areas of the facility and/or their access to the facility. In the past 12 months prior to the on-site audit the facility reports there were zero (0) youth who were subject to a substantial risk of imminent sexual abuse requiring protection. Of the youth interviewed none of them reported any experiencing any threats to their safety requiring the facility to provide protection.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. Example of Director-to-Director notification

115.363 (a)-1 When a report is received that a youth has been the victim of sexual abuse and sexual harassment while placed at another facility or under the supervision of another office: as soon as possible, but no later than 72 hours of receiving the report the head of the facility that has 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. The facility PAQ indicates in the past 12 months the facility has not received any allegations that a youth was a victim of sexual abuse while at another facility; however, the facility provided documentation to demonstrate when the facility had received allegation there was a director-to-director notification. This practice was also verified by the PREA Compliance Manager and PREA Coordinator who both report they would immediately be notified to ensure there is an investigation.

Interviews:

Superintendent – When the facility receives an allegation of abuse that occurs at another facility the Superintendent will contact the Director/Superintendent at the other facility and ensure there is an investigation.

The facility provided an example of a Director to Director report demonstrating the facility has received an allegation from a youth reporting they were a victim of sexual abuse while placed at another facility. The documentation demonstrated KJCC will accept an investigation from a youth and make the appropriate notifications to initiate an investigation.

Interviews:

Correctional Counselor II – The CCII is responsible for monitoring and detecting possible retaliation for the facility youth. During the interview the monitoring will be conducted up to 90 days as frequently as necessary and for as long as necessary.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. General Orders 4120: Prevention and Response to Sexual Abuse and Harassment
4. Sample PREA Checklist

115.364 (a)-1 The facility policy states, "Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) shall be separated, the PREA Compliance Manager, EAI Investigator, and the Duty Officer and/or Superintendent shall be notified, and the Coordinated

Response shall be initiated.” The response shall ensure the victim receives immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. The facility PAQ reports there were 10 allegations of sexual abuse; however, a review of the reports provided indicate none of the allegations rose the level of sexual abuse. In all instances the facility separated the youth from the alleged perpetrator in all cases including allegations involving sexual harassment. During the on-site interview with the Captain, he referred to the small card hanging from his work badge with the first responder duties listed.

115.364 (b)-1 The facility PAQ reports on one (1) occasion a non-security staff member was the first responder and all notifications were appropriately made to the security staff and the PREA Compliance Manager.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment

115.365 (a)-1 When an allegation of sexual abuse or sexual harassment of a youth by another youth or staff member, staff are required to follow the Coordinated Response plan. Staff are trained to take all incidents seriously and respond in the following manner; keep the victim and alleged perpetrator separate so there is no visual, verbal, or physical contact. Immediately notify the shift supervisor, secure the scene and any evidence. Complete written reports to include, but not limited to narrative and incident reports prior to departing shift and submit to shift supervisor; and not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

The shift supervisor will ensure the perpetrator and victim are immediately separated. Notify medical and behavioral health of youth's involvement for any immediate treatment required. Initiate the PREA Checklist, make notifications, and forward the PREA Checklist with all documentation to the PREA Compliance Manager for review prior to the end of the shift. The shift supervisor will need to consult with the EAI Investigator and medical to determine if a SAFE/SANE examination and community advocate is necessary. All reports need to be completed prior to the departing their shift.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Agreement Between KDOC and Teamsters Union Local #696
3. Memorandum of Agreement between the State of Kansas and the Kansas Organization of State Employees

The Juvenile Services Department of the Kansas Department of Corrections have an agreement with Teamsters Union Local #696. Their entities agreement does not preclude the facility from taking disciplinary action against a staff member who is found to have engaged in sexual misconduct with the facility youth. The facility Superintendent reports both entities are interested in positive outcomes for the youth and the union is in support of the facility and decisions.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D Coordinated Response to Sexual Abuse and Harassment
3. General Order 4120: Prevention and Response to Sexual Abuse and Harassment
4. KJCC Youth Retaliation Monitoring Form
5. KDOC Assessment/Retaliation Status Checklist

Retaliation against youth or staff who report sexual abuse or sexual harassment or those who cooperate with investigations shall be strictly prohibited. Each facility unit has a Corrections Counselor assigned who has been designated as the staff members charged with monitoring for possible retaliation.

115.367 (c)-1 According to the agency policy the Corrections Counselor will monitor for retaliation for at least 90 days following a report of sexual abuse, the facility will monitor the conduct and treatment youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other youth or staff. The monitoring will include periodic status checks for youth. Of the sexual abuse and sexual harassment allegations the facility received there were zero (0) incidents of retaliation. This was consistent with the youth interviews conducted with a youth who made a report of sexual harassment.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- **Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?** Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 14-103: Protective Custody
3. General Orders 3135: Operation of Segregation Units or Status

115.368 (a)-1 The purpose of a protective custody program to protect youth who are at risk of harm from others. Youth will be protected from threats, assault, or battery by other youth due to his/her offense; membership in or connection to security threat groups because he/she is a witness to criminal or disciplinary incidents; or other similar situations involving the threat of harm to the youth. Protective custody is not to be used to punish a youth. There were zero (0) youth who were placed in seclusion in the past 12 months.

Youth placed in protective custody will receive all meals as prescribed by the food services for all other youth, routine clothing, daily hygiene, opportunities for large muscle exercise, mail, telephone and visitation privileges, education, reading material, and religious practices.

A youth may be released from protective custody by completing the Protective Custody Request form. The youth would be released from protective custody by being transferred to another facility; returned to a general population unit; or placed in another living unit or status suitable to his/her classification.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside 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 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Investigation Protocol Manual; 2nd Edition
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
4. Internal Management Policy and Procedure 22-103: Investigation Procedures
5. Four (4) investigation reports
6. EAI Investigator Training Certificates

All allegations of sexual abuse, sexual harassment or nonconsensual sexual acts will have an investigation agent assigned. An investigation will be initiated immediately on any such allegation and much follow the guidelines established in the Investigation Protocol Manual, which is a uniform evidence protocol. In addition to an investigation agency, the facility's PREA Compliance Manager and Mental Health personnel shall be notified of the allegation. All allegations received by EAI will 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. The decision on how an investigation will be handled will be based on the type and severity of the allegation, the resources available to conduct the investigation, the appropriateness of EAI to conduct the investigation, and the availability of other resources that are capable of conducting the investigation or are sufficiently removed from the situation to proceed with the investigation without any real or perceived conflict of interest. During the interview with an EAI Investigator there was confirmation that all allegations are taken seriously and will receive the initial investigation review; even those incidents where a youth recants.

The facility PAQ reports there were zero (0) sustained allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit. The facility was able to provide the auditor with a sample of investigation reports that demonstrate the written reports are retained by the agency.

Interviews:

Superintendent – The facility remains informed of the progress of allegations by contacting the agency to check on the status of a referral. The Superintendent reports Child Protective Services has a practice of contacting the facility to update them on the status of a report. Law enforcement works closely with the agency investigators and will communicate the progress of a report through the agency investigators.

Investigative Staff – According to the interviews with an EAI Investigator, an investigation would be initiated immediately after receiving an allegation. If the report comes in after-hours and can wait, then the assigned investigator will follow-up the next day; excluding weekends and holidays. The investigation procedures are initiated by gathering information by reviewing the incident report,

statements, notes, and reviewing video. When interviewing youth, the investigators do not have to obtain parent/legal guardian consent before proceeding. At the conclusion of the investigation, the investigator will complete a report where the final version of the report will go to the Superintendent. The investigators have law enforcement power and can present a criminal charge to the Topeka DA for possible criminal charges. When asked if the investigators ever use a polygraph, the response was "No".

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 22-103: Investigation Procedures

The purpose of a formal investigation is to determine, based on the preponderance of evidence, whether there are sufficient facts or evidence to substantiate, refute, or dismiss allegations of criminal activity or documented violations.

Interviews:

Investigative Staff

The investigators acknowledged there is no standard higher than a preponderance of evidence for administrative investigations, and the standard is beyond a reasonable doubt for criminal investigations.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

1. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
2. Internal Management Policy and Procedure 22-103: Investigation Procedures
3. Sample of four (4) Notification of Investigation Status

115.373 (a)-1 Following an investigation of sexual abuse, an EAI investigator or a designated facility staff member will inform the youth of the disposition of the investigation. The facility received ten (10) allegations of sexual abuse and sexual harassment in the past 12 months, all youth received notification of the findings.

115.373 (b)-1 An outside agency is not responsible for conducting investigations; therefore, all investigation documents are maintained within the facility.

115.373 (c)-1,2,3 Following the report of staff sexual abuse of a youth, the facility will inform the youth when: the staff member is no longer assigned to the youth's living unit; the staff member is no longer employed at the facility; and/or the staff member has been indicted on a charge related to sexual abuse within the facility. The facility provided the auditor with signed documentation that shows a youth was informed of these findings of the investigation; and the staff members status within the facility and association with the agency. The case was referred for criminal charges; therefore, the youth was notified of the possible criminal charges.

115.373 (d)-1 Following the report of offender sexual abuse of another youth, the facility will inform the youth when: the alleged abuser is indicted on a charge related to sexual abuse within the facility; the alleged abuser is convicted on a charge related to sexual abuse within the facility. The facility no longer has the obligation to report once the youth is released from the agency's custody.

115.373 (e)-1 KJCC will formalize the notification process by documenting all information on the Notification of Investigation Status form.

Interviews:

Superintendent – The facility PREA Compliance Manager is responsible for notifying the residents of the outcome of an investigation. There is documentation that demonstrates this practice is consistent as required.

The supporting documentation provided demonstrates the investigator is responsible for informing residents about the finding of an investigation. Interviews with the investigators confirm it is the responsibility of the investigator assigned to make notification of all findings

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity
3. Internal Management Policy and Procedure 02-120D: Employee Disciplinary Procedures and Informal/Formal Actions
4. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
5. Sample Employee Disciplinary letter

115.376 (a)-1 KDOC policy explicitly state, "Every contact with offenders be viewed as an opportunity to set a positive example and to emphasize positive behavior and individual accountability. All employees of the Kansas Department of Corrections shall adhere to the Department's Code of Ethics, as well as all other applicable statutes, regulations, performance, conduct, and/or physical and mental fitness expectations. The Department is committed to providing a productive and efficient work environment free of behaviors that are violent, threatening, disruptive, harassing, dishonest, unethical, or that violate any of the provisions of this document. Violation of any statute, regulation, rule of conduct, or condition

of employment may subject the employee to criminal charges of disciplinary action, up to and including dismissal.”

KDOC forbids acts of undue familiarity with youth. The Department will fully investigate and take all necessary corrective and disciplinary action concerning any person who engages in undue familiarity. The definition of undue familiarity is as follows: Conversation, contact, personal or business dealing between an employee and offender or offender’s family which is unnecessary, not a part of the employee’s duties, and related to a personal relationship or purpose rather than a legitimate correctional purpose. Undue familiarity includes horseplay, betting, trading, dealing, socializing, family contact unrelated to the employee’s duties, sharing or giving food, delivering or intending to deliver contraband, personal conversation, exchanging correspondence, including social networking via the intranet/internet or in any other manner developing a relationship with an offender which is anything other than an employee/offender relationship.

In the past 12 months prior to the auditors on-site visit the facility reported zero (0) staff have been terminated or disciplined for violating sexual abuse or sexual harassment policies. The facility provided the auditor with documents demonstrating a staff member had been terminated for violating the agencies policy concerning “undue familiarity”, which demonstrates their commitment to maintaining safe environments by terminating staff who violate the agency policy that fall short of sexual abuse.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 01-106D: Denial of Entry for Contract Personnel
3. Internal Management Policy and Procedure 02-118D: Employee and Volunteer Rules of Conduct and Undue Familiarity
4. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
5. Internal Management Policy and Procedure 13-101D: Volunteering

115.377 (a)-1 Contacts with vendors who supply services to the KDOC is required to fully comply with all KDOC and facility rules by contract personnel. The contractor shall be obligated to remedy any concerns expressed by KDOC authorities regarding performance of the contractor's personnel. The vendors administrative staff are required to take immediate and effective action when problematic contract personnel behavior is brought to their attention. Any volunteer in the KJCC facility who engages in sexual abuse of a youth by a volunteer shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.377 (a)-3 In the past 12 months there have been zero (0) contractors or volunteers reported to law enforcement for engaging in sexual abuse of youth.

115.377 (b)-1 The facility will take appropriate remedial measures and consider whether to prohibit further contact with youth in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

Interviews:

Superintendent

When the facility becomes aware of a contractor violating the sexual abuse and sexual harassment policy the facility will prohibit their access to the facility and any contact with youth. The facility administrators will work with the contractors' agency to determine future access to the facility.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
3. Kansas Lewd Acts statute
4. General Order 4120: Prevention and Response to Sexual Abuse and Harassment

115.378 (a)-1 Youth may be subject to disciplinary sanctions following a finding that the youth engaged in sexual abuse. All incidents of youth sexual abuse or sexual harassment will be investigated, disciplined and referred for prosecution when warranted. According to the policy if the investigation determines sexual activity was consensual between youths, appropriate disciplinary action shall be taken. In the past 12 months, there have been two (2) administrative findings of youth-on-youth sexual abuse allegations, and zero (0) criminal findings.

115.378 (b)-1 Out of the two (2) administrative findings of youth-on-youth sexual abuse zero (0) youth were placed in involuntary seclusion.

115.378 (d)-1 When the facility determines a youth's behavior was influenced by a mental health illness the youth's health needs will be addressed to mitigate future risk.

Interviews:
Superintendent
Medical & Mental Health Staff

A youth is subject to disciplinary sanctions with formal disciplinary procedures following an administrative finding that the youth engaged in youth-on-youth sexual abuse.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. General Health Services Policy and Procedure: Response to Sexual Abuse
2. Internal Management Policy and Procedure 10-139D: Screening for Sexual Victimization and Abusiveness
3. Screenshot of Spreadsheet for follow-ups
4. Informed Consent for Psychological Evaluation

115.381 (a)-1 If the Sexual Victimization and Abusiveness Assessment indicates that a youth has experienced prior sexual victimization, whether in an institution or in the community the facility will offer the offender follow-up with a medical or mental health practitioner within 14 days of the screening. A review of the Follow-up spreadsheet and counting the days of the initial screen and the follow-up shows the follow-up was within 7-10 days. Zero (0) youth were referred for further referral services.

115.381 (b)-1 If the Sexual Victimization and Abusiveness Assessment indicates that a youth has previously perpetrated sexual abuse, whether in an institution or in the community, the facility will offer the youth follow-up with a medical or mental health practitioner within 14 days of the screening. A review of the Follow-up spreadsheet and counting the days of the initial screen and the follow-up shows the follow-up was within 7-10 days. Zero (0) youth were referred for further referral services.

115.381 (b)-4 All notifications will be completed by the staff member completing the screening to ensure the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-up can be provided.

115.381 (d)-1 The Mental Health Department provides clinical evaluations for youth in KJCC where the youth are advised about the information that will be collected the purpose of the evaluation. The youth sign an agreement to participate, which also provides consent.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. General Health Services Policy and Procedure: Federal Sexual Abuse Regulations
3. General Health Services Policy and Procedure: Response to Sexual Abuse

4. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
5. KAR 44-5-115 Service Fee Regulations

Medical and behavioral health practitioners are required to report sexual abuse and must inform the youth of their duty to report at the instigation of services. Access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual abuse. When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender.

Victims of sexual abuse will be offered: emergency contraception and pregnancy tests, when vaginal penetration occurred and when deemed medically necessary for female youth; prophylaxis for sexually transmitted infections. Female youth will be tested for pregnancy within twenty-four (24) hours of reported penile penetration, with a repeat test six (6) weeks after the report.

Interviews:
Medical Staff

The medical staff interviewed confirm victims of sexual abuse would be transported to the SANE clinic since the facility medical staff are not qualified SANE examiners. The youth would be transported as soon as transportation arrangements are arranged.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. General Health Services Policy and Procedure: Response to Sexual Abuse

3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment
4. KAR 44-5-115 Service Fee Regulations

Victims of sexual abuse will be offered: emergency contraception and pregnancy tests, when vaginal penetration occurred and when deemed medically necessary for female youth; prophylaxis for sexually transmitted infections. Female youth will be tested for pregnancy within twenty-four (24) hours of reported penile penetration, with a repeat test six (6) weeks after the report.

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Internal Management Policy and Procedure
3. PREA Application
4. Sample Sexual Assault Incident Review

KJCC will conduct sexual abuse incident reviews coordinated by the facility PREA Compliance Manager at the conclusion of every sexual abuse investigation, including those in which the allegation has not been substantiated, unless the allegation has been unfounded. Such reviews will ordinarily occur within 30 days of the conclusion of the investigation.

The Sexual Assault Incident Review will include: The PREA Compliance Manager, EAI Special Agent Supervisor or EAI Special Agent, Correctional Counselor II or higher, a health care and mental health professional, and Superintendent.

The Sexual Assault Incident Review team will prepare a report of its findings, including, but not necessarily limited to determinations made, and any recommendations for improvement. Per the policy the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Based on the incident reviews forms submitted for the auditors review the facility made changes to practice as a result of an incident that did not rise to the level of sexual assault, but rather the facilities definition of undue familiarity.

Interviews:

Superintendent
PREA Coordinator
PREA Compliance Manager
Medical Staff
Mental Health Staff

The Superintendent, PREA Coordinator, PREA Compliance Manager, Medical and Mental Health staff are active participant in the facility incident review process. All incident reviews are documented and when there are recommendations that were accepted by the facility, the corrective action steps are shared with the supervisors to ensure appropriate implementation.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. 2016 Survey of Sexual Victimization
2. 2017 PREA Case data
3. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment

The EAI Investigator is responsible for entering every PREA-related investigation into the EAI Case Log. Case information shall be updated in the EAI Case log in as prompt a manner as possible. 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. As of the date of the on-site visit the Survey of Sexual Victimization for 2017 was available and posted on the agency website.

Interviews:

Director
PREA Coordinator

The annual report is developed by the PREA Coordinator and reviewed by the agency Secretary annually. When the agency Secretary reviews the report, they are looking at reporting trends and areas of concern to focus on.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. KDOC 2017 Annual Report
2. 2011-2015 Annual PREA Report
3. KDOC Annual Report for Fiscal Year 2017
4. Internal Management Policy and Procedure 10-103D Coordinated Response to Sexual Abuse and Harassment
5. KDOC PREA webpage

115.288 (a) KDOC shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1. Identifying problem areas; 2. Take corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the company.

115.288 (b) The report will include comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.

The agency website has a data report for 2011-2015, 2014, and 2017, which is the first year the agency collected data for the website. Future data reports will need to demonstrate comparison data and indicate the agency head reviewed the report with a signature on the document. All data reports can be accessed on the agency website at: <https://www.doc.ks.gov/facilities/prea>

Interviews:

1. Agency Head
2. Program Coordinator/PREA Compliance Manager

PREA Coordinator

The PREA Coordinator reports collecting and analyzing PREA data and drafting the data report that will be published on the agency website. The report is presented to the agency Secretary for review and signature before posting on the website. All identifying information about youth and alleged perpetrators is redacted from the annual report to maintain all party's confidentiality.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

1. 2017 Annual PREA Report
2. Internal Management Policy and Procedure 10-103D: Coordinated Response to Sexual Abuse and Harassment

115.289 (a) KJCC shall ensure that data collected pursuant is securely retained according to policy. When interviewing the PREA Coordinator it was explained one of the roles and responsibilities of the facility PREA Coordinator is to collect and retain the data.

115.289 (b) KJCC will make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through the website or, if it does not have one, through other means. In reviewing the agency website, the data report could be accessed on the PREA link.

115.289 (c) KJCC removes all personal identifiers before making the aggregated sexual abuse data publicly available. KJCC maintains sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires a longer storage period.

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

KDOC has one (1) juvenile facility under their authority and that is KJCC. The Auditor had full access to the facility, the database system while on-site, and received supporting documents requested. During the on-site audit the auditor was positioned in the facility conference room and allowed to conduct all interviews in private.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The audit report from 2015 (first audit cycle) for KJCC is posted on the agency website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Natasha Mitchell

Auditor Signature

January 27, 2019

Date

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

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