

PREA Facility Audit Report: Final

Name of Facility: Larned Correctional Mental Health Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/17/2021

Date Final Report Submitted: 12/21/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 12/21/2021

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	klp206@gmail.com
Start Date of On-Site Audit:	07/06/2021
End Date of On-Site Audit:	07/07/2021

FACILITY INFORMATION	
Facility name:	Larned Correctional Mental Health Facility
Facility physical address:	1318 KS Hwy. 264, Larned, Kansas - 67550
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Peggy Steimel
Email Address:	peggy.steimel@ks.gov
Telephone Number:	17852604658

Warden/Jail Administrator/Sheriff/Director	
Name:	Tim Easley
Email Address:	Tim.Easley@ks.gov
Telephone Number:	620-625-7663

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Amy Simmons
Email Address:	asimmons1@TeamCenturion.com
Telephone Number:	620-625-7716

Facility Characteristics	
Designed facility capacity:	718
Current population of facility:	556
Average daily population for the past 12 months:	591
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-82
Facility security levels/inmate custody levels:	Minimum; Medium; Maximum; & Special Management
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	220
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	361
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	48

AGENCY INFORMATION	
Name of agency:	Kansas Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	714 SW Jackson Street, Suite #300, Topeka, Kansas - 66603
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Peggy Steimel	Email Address:	peggy.steimel@ks.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-07-06
2. End date of the onsite portion of the audit:	2021-07-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Family Crisis Center, Inc. and JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	550
15. Average daily population for the past 12 months:	591
16. Number of inmate/resident/detainee housing units:	550
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	550
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	10
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Based on the population on the first day of the audit (532) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. After a review of documentation it was determined that inmates from the following categories were not available for interview: youthful inmates, limited English proficient inmates, inmates with a cognitive disability, transgender or intersex inmates in segregated housing for high risk of sexual victimization or reported sexual abuse. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaire. The table following the inmate listings depicts the breakdown of inmate interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	220
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	48
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	361

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate supervisors were interviewed from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. There were no volunteers interviewed as volunteers were not allowed on-site during the audit due to COVID-19 and no staff involved with youthful inmates were interviewed as the facility does not house youthful inmates. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed documentation and spoke to staff about possible inmates for this category and none were identified.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The few inmates who had Spanish as their primary language also spoke English. The auditor spoke to these inmates.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The inmates identified with Spanish as their primary language also spoke English fluently. The auditor confirmed through interviews.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>5</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed with facility staff and LGB inmates.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor spoke to the facility staff and reviewed prior sexual abuse allegations and high risk victimization inmate housing assignments.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. After a review of documentation it was determined that inmates from the following categories were not available for interview: youthful inmates, limited English proficient inmates, inmates with a cognitive disability, transgender or intersex inmates in segregated housing for high risk of sexual victimization or reported sexual abuse. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaire. The table following the inmate listings depicts the breakdown of inmate interviews.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race and Gender</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate supervisors were interviewed from all three shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate supervisors were interviewed from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. There were no volunteers interviewed as volunteers were not allowed on-site during the audit due to COVID-19 and no staff involved with youthful inmates were interviewed as the facility does not house youthful inmates. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The on-site portion of the audit was conducted on July 6, 2021 and July 7, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on July 6, 2021. The tour included housing units, visitation, chapel, program areas, medical and mental health, the infirmary, food service, laundry, admission and discharge, vocation, recreation, education, canteen, maintenance and private industries. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 220 staff assigned. The auditor reviewed a random sample of 25 personnel and training records that included five individuals hired within the previous twelve months and five individuals hired prior to five years ago. The sample included a variety of job functions and post assignments, including supervisors and line supervisors. Most of the files that were reviewed were of the staff the auditor selected for interview. Additionally, personnel and training files for six volunteers, ten contractors and six medical and mental health care staff were reviewed. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 34 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 24 inmate files were of those that arrived within the previous twelve months, six were disabled inmates and three were inmates who reported prior victimization during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. During the previous year, there were eight allegations of sexual abuse or sexual harassment. The auditor reviewed the medical and mental health records of the eight inmate victims as well as mental health documents for three inmates who disclosed victimization during the risk screening.

Grievances. In the past year, the facility reported one grievance of sexual abuse, however after review there were five grievances. The auditor reviewed the grievance log for the previous twelve months as well as a sample of grievances of ten grievances, including the five identified sexual abuse grievances.

Hotline Calls. The agency indicated that there were no calls to the hotline over the previous twelve months. The auditor tested the hotline during the on-site portion of the audit and left a message.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months, the incident reports associated with the eight sexual abuse or sexual harassment allegations and an additional sample of eight incident reports.

Investigation Files. During the previous twelve months, there were eight allegations reported at the facility. During the on-site portion of the audit all eight of the investigations were closed. The auditor reviewed the closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were three allegations that involved a criminal investigation and none were referred for prosecution. It should be noted that after a review of investigations one allegation was determined not to meet the definition of sexual abuse or sexual harassment under PREA.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	5	0	5	0
Total	6	0	6	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	4	1	0
Total	0	4	2	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	2	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	6
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero criminal investigations completed. All investigations that were reported during the previous twelve months were reviewed.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<h2>AUDITING ARRANGEMENTS AND COMPENSATION</h2>	
<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group LLC</p>

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 02-126D – Recruitment and Selection 4. Internal Management Policy & Procedure (IMPP) 22-103 – Investigation Procedures 5. Internal Management Policy & Procedure (IMPP) 10-139D – Screening for Sexual Victimization and Abusiveness 6. Internal Management Policy & Procedure (IMPP) 02-118D – Employee and Volunteer Rules of Conduct and Undue Familiarity 7. Internal Management Policy & Procedure (IMPP) 01-106D – Denial of Entry for Contract Personnel 8. Internal Management Policy & Procedure (IMPP) 13-101D – Volunteering 9. Internal Management Policy & Procedure (IMPP) 01-123D – Authorization for Construction, Renovation or Demolition of Physical Structures 10. Internal Management Policy & Procedure (IMPP) 10-143D – Transgender and Intersex Offender Placement 11. Internal Management Policy & Procedure (IMPP) 10-138D – Assistance for Offenders and/or Victims with Limited English Proficiency 12. Internal Management Policy & Procedure (IMPP) 12-103 – Offender and Facility Searches 13. Internal Management Policy & Procedure (IMPP) 12-118D – Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews, Sexual Incident Review 14. Internal Management Policy & Procedure (IMPP) 12-137D – Staffing Analysis, Operational Staffing and Roster Management 15. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention 16. LCMHF General Order 09-108 – Searches and Contraband 17. LCMHF General Order 03-106 – KDOD Employee Security Clearances and Reference Investigations 18. LCMHF General Order 10-102 – Special Management Offenders: Segregation Offenders 19. Centurion Policy Number P-F-06 – Response to Sexual Abuse 20. Kansas Administrative Regulations 21. Agency Organizational Chart 22. Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.11 (a): The agency has a comprehensive PREA Policy: IMPP 10-103D that outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. The zero-tolerance is outlined on page 1 and 3 of the policy. The policy address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy address "detecting" sexual abuse and sexual harassment through training (staff,</p>

volunteers, and contractors) and intake/risk screening. The policy address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety. Additionally, IMPP 01-106D, IMPP 01-123D, IMPP 02-126D, IMPP 10-143D, IMPP 10-138D, IMPP 12-103, IMPP 12-118D, IMPP 12-137D, IMPP 13-101D, IMPP 22-103, IMPP 10-139D, IMPP 02-118D, Larned Correctional Mental Health Facility General Orders 01-114, 09-108, 03-106 and 10-102, Centurion Policy P.F-06b and Kansas Administrative Regulations supplement the PREA policy and provide information related to criminal background checks, staffing, searches, accommodations, volunteers, transgender inmates, investigations, risk screening, medical and mental health services, segregation housing and disciplinary sanctions.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is a Contract Manager II and reports to the Deputy Secretary of Facilities. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She stated she is very detail orientated and has good time management skills which helps in her position. She confirmed she has ten PCMs and each PCM has an alternate and that she stays in contact through quarterly meetings, emails and telephone calls. The PC stated that if they determine an agency issue with compliance she coordinates with the Deputy Secretary of Facilities to coordinate corrective action and if the issue is at the facility level she would discuss corrective action directly with the Warden and PCM.

115.11 (c): The PAQ indicated that the facility has designated the Skills Development Specialist as the staff member responsible for ensuring the facility's PREA compliance and the position reports to the Deputy Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Skills Development Specialist is responsible for PREA compliance and that he reports directly to the Warden. LCMHF General Order 01-114, page 3 states that the Warden has designated the Staff Skills Development Specialist to serve as the facility PREA Compliance Manager, and the Policy and Information Coordinator to serve as the alternate PREA Compliance Manager. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance. He stated that he is able to flex his time, work accordingly and take care of things as they come up.

Based on a review of the PAQ, IMPP 10-103D, IMPP 01-126D, IMPP 22-103, IMPP 10-139D, IMPP02-118D, IMPP 01-106D, IMPP 01-123D, IMPP 02-126D, IMPP 10-143D, IMPP 10-138D, IMPP 12-103, IMPP 12-118D, IMPP 12-137D, IMPP 13-101D, IMPP 22-103, IMPP 10-139D, IMPP 02-118D, Larned Correctional Mental Health Facility General Orders 01-114, 09-108, 03-106 and 10-102, Centurion Policy P.F-06b, Kansas Administrative Regulations, the agency's organizational chart, the facility's organizational chart and information from interviews with the PC and PCM, this standard appears to be compliant.

115.12	<p>Contracting with other entities for the confinement of inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contracts for Confinement of Inmates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The agency currently has six contracts for confinement of its inmates. A review of the six contracts confirmed that the following language was initially included in each contract: "Contractors agrees to comply with the requirements of the national standards of the Prison Rape Elimination Act (PREA), 42, U.S.C. 15601, et. seq.". Additionally, all 2019 contract amendments had language added that indicated that all contractors must demonstrate a commitment to be PREA compliant and be actively and effectively working toward achieving compliance. It further requires announced or unannounced on-site monitoring and states that PREA audits shall be completed no later than August 20th of the contractors scheduled year.</p> <p>115.12 (b): The agency currently has six contracts for confinement of its inmates. A review of the six contracts confirmed that the following language was initially included in each contract: "Contractors agrees to comply with the requirements of the national standards of the Prison Rape Elimination Act (PREA), 42, U.S.C. 15601, et. seq.". Additionally, all 2019 contract amendments had language added that indicated that all contractors must demonstrate a commitment to be PREA compliant and be actively and effectively working toward achieving compliance. It further requires announced or unannounced on-site monitoring and states that PREA audits shall be completed no later than August 20th of the contractors scheduled year. The interview with the Agency Contract Administrator confirmed the Kansas Department of Corrections outlines contract language specific for performance meeting PREA standards for compliance. The interview further revealed that KDOC has required contract addendums specific with requirements for existing jail contractors and that they consider PREA compliance reports when reviewing requests for proposals. The staff member confirmed that all contracted facilities are verified PREA compliant and/or have stipulated compliance via contracted service agreements. All facilities are either compliant with PREA or are in corrective action pending completion of their PREA audit.</p> <p>Based on the review of the PAQ, the language within the six agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 329 1394 790" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 12-137D – Staffing Analysis, Operational Staffing and Roster Management 3. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention 4. LCMHF Post Order – Shift Supervisor/Assistant Shift Supervisor 5. Duty Rosters with Deviations 6. LCMHF Operational Staffing Plan 7. Staff Analysis to Ensure Protection Against Sexual Abuse 8. Documentation of Unannounced Rounds <p data-bbox="240 822 363 848">Interviews:</p> <ol data-bbox="240 880 914 1077" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interview with Intermediate-Level or Higher-Level Facility Staff <p data-bbox="240 1108 528 1135">Site Review Observations:</p> <ol data-bbox="240 1167 884 1252" style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Materials <p data-bbox="240 1283 505 1310">Findings (By Provision):</p> <p data-bbox="240 1341 1490 2134">115.13 (a): IMPP 12-137D, pages 4-5 address the agency's staffing plan development. Specifically, it indicates that 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. It further states that 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: generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, facility programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ did not indicate the number of inmates that the current staffing plan is predicted on, however further communication with facility staff confirmed that the current staffing plan is based on 562 inmates. The facility employs 220 staff. Security staff mainly make up three shifts; day shift works from 6:00am-2:00pm, evening shift works from 2:00pm-10:00pm and morning shift works from 10:00pm-6:00am. Each shift has a shift supervisor, assistant shift supervisor, living unit supervisors, control officers, living unit officers, compound officers and relief officers. Additional staff are assigned to other areas to include activities, clinic, programs, tower, perimeter, escort and work detail. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. During the tour the auditor observed that there were security staff members in each housing unit as well as adequate staff throughout other locations within the facility. There were numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse and that the staffing plan incorporates video monitoring technology. He stated that staff meet every October and they review the roster to determine if there any adjustments needed (to staffing and video monitoring) based on knowledge of activity from the previous year and events that occurred in the previous year. The Warden confirmed a copy of the staffing plan is maintained in his office, with</p>

the PREA Coordinator and with the Deputy Secretary. The Warden stated that after every allegation they complete a review and if there are any identified shortcomings due to that particular incident they determine if staffing needs to be increased. He indicated that during the review they look at demographics and any changes to demographics since the previous year, any increased in programming, any changes in number of inmates, physical plant including any new areas being utilized or any areas that have increased movement and if additional supervisors are needed in certain areas. The Warden confirmed that he monitors for compliance with the staffing plan through the daily duty roster. He stated any unfilled positions are documented on the roster. The PCM confirmed that all required components under this provision are reviewed. He stated that the facility holds an annual meeting and they look at the staffing levels and video monitoring technology. He stated they review any sexual abuse incidents that occurred during the year and they make an assessment related to any video monitoring that needs added. He also stated that they take care of any inadequacies as they occur and that they have more staffing in areas with higher security offenders and on day shift where more programming occurs. He further stated that staffing is based on the configuration/physical plant of the facility.

115.13 (b): The facility indicated in the PAQ that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further indicated that the six most common reasons for deviations from the staffing plan were due to opening the South Unit, COVID-19, resident transports, staff sick/injury leave, open positions and training. IMPP 12-137D, page 4 states that any time the facility is not compliant with the operational staffing plan, the deviation(s) shall be justified and documented using the process required and described in Section IV.A.S. (deviations from the operational staffing plan shall be documented on the daily roster of the shift where the deviation occurred). A review of ten daily rosters indicated that deviations are documented on each of the duty rosters. Duty rosters indicate the staff filling each post and if vacant, deviations are documented at the bottom of the duty roster with justifications (sick leave, military, quarantine, etc.). The interview with the Warden indicated that they would never drop below the minimum staffing and that they would cover those positions through mandatory overtime. He stated if there was an unusual circumstance where they had to drop below minimum staffing, the facility would contact him to discuss what posts to close. He also stated that these deviations would be documented on duty roster.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. IMPP 12-137D, page 5 states that the annual staffing analysis report shall be completed using the "Staff Analysis to Ensure Protection Against Sexual Abuse" for at Attachment C. The staffing plan was most recently reviewed on October 27, 2020. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included documentation of consideration of generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, facility programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The prior year staffing review was completed on November 21, 2019. The PC confirmed that each facility conducts an annual assessment and provides written documentation via the Staff Analysis to Ensure Protection Against Sexual Abuse. She stated she would be consulted if there were concerns about staffing that may be PREA-related or for gender specific post recommendations.

115.13 (d): IMPP 12-137D, page 5 states that documented unannounced rounds to identify and deter staff sexual abuse and sexual harassment shall be conducted by shift supervisors on every shift. All staff are 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. LCMHF General Order 01-114, page 4 states that supervisory staff conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to legitimate operational functions of the facility. In addition, LCMHF Post Order Shift Supervisor/Assistant Shift Supervisor, page 1 directs staff to make daily checks of all living units, East Tower and offender activity areas. A review of a week of administrative rounds, a week of supervisors post check sheet and five months of supervisory rounds indicated that unannounced rounds are conducted daily by shift supervisors and weekly by administrative staff in each of the living units. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that the rounds are documented electronically by the officers in each living unit and also on the daily check sheet in the supervisor's office. All three staff indicated that they do not schedule rounds and that they go at different times and locations. The staff stated they do not set a pattern and they pop in and out randomly throughout the day.

Based on a review of the PAQ, IMPP 12-137D, LCMHF General Order 01-114, LCMHF Post Order – Shift Supervisor/Assistant Shift Supervisor, the staffing plan, duty rosters with deviations, Staff Analysis to Ensure Protection Against Sexual Abuse, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Memorandum from the Agency 4. Population Reports <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ and the memo from the agency indicated that no youthful inmates are housed at LCMHF. IMPP 10-103D, page 4 states that youthful offenders are housed at the Kansas Juvenile Correctional Complex, unless an exception is approved by the Deputy Secretary of Facilities Management and the reason for the exception are well documented. The policy further states that while housed at any adult KDOC facility, youthful offenders must have sight and sound separation from other adult offenders or have direct staff supervision. A review of the biannual population report from 2018 to 2021 confirmed that the KDOC has not housed any inmates under the age of eighteen.</p> <p>115.14 (b): The PAQ indicated that no youthful inmates are housed at LCMHF. IMPP 10-103D, page 4 states that youthful offenders are housed at the Kansas Juvenile Correctional Complex, unless an exception is approved by the Deputy Secretary of Facilities Management and the reason for the exception are well documented. The policy further states that while housed at any adult KDOC facility, youthful offenders must have sight and sound separation from other adult offenders or have direct staff supervision. A review of the biannual population report from 2018 to 2021 confirmed that the KDOC has not housed any inmates under the age of eighteen.</p> <p>115.14 (c): The PAQ indicated that no youthful inmates are housed at LCMHF. IMPP 10-103D, page 4 states that youthful offenders are housed at the Kansas Juvenile Correctional Complex, unless an exception is approved by the Deputy Secretary of Facilities Management and the reason for the exception are well documented. The policy further states that while housed at any adult KDOC facility, youthful offenders must have sight and sound separation from other adult offenders or have direct staff supervision. A review of the biannual population report from 2018 to 2021 confirmed that the KDOC has not housed any inmates under the age of eighteen.</p> <p>Based on a review of the PAQ, IMPP 10-103D and population reports, this standard appears to be not applicable and as such, compliant.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 12-103 – Offender and Facility Searches 3. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 4. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention 5. LCMHF General Order 09-108 – Searches and Contraband 6. Cross Gender Announcement Logs 7. Female on Duty Poster 8. Offender Pat Searches Training Curriculum & Handouts 9. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy Barriers <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates and that no searches of this kind were conducted at the facility over the past twelve months. IMPP 12-103, page 4 states that a strip search shall be performed by, and only in the presence of, employees of the same gender as the offender being searched, except in exigent circumstances. Absent exigent circumstances, any staff person witnessing the search, whether in person or via remote view camera observation, shall be of the same gender as the offender being searched. Additionally, page 4 states that strip searches be conducted in a private place which prevents the search from being observed by those not assigned 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. Page 5 also states that body cavity searches may be conducted by appropriate medical personnel and shall not be conducted by KDOC staff or contract medical staff.</p> <p>115.15 (b): The PAQ indicated that LCMHF does not house female inmates and as such there have been no searches of this nature and this provision does not apply.</p> <p>115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that the facility does not house female inmates and as such no cross gender pat searches of female inmates required documentation. LCMHF General Order 09-108, page 2 states that a strip search shall be performed by, and only in the presence of, employees of the same gender as the offender being searched, except in exigent circumstances. Absent exigent circumstances, any staff person witnessing the search, whether in person or via remote view camera observation, shall be of the same gender as the offender being searched. In exigent circumstances, any cross gender strip searches shall be documented by use of an incident report.</p> <p>115.15 (d): IMPP 10-103D, page 3 states that staff must be aware of offenders' state of undress. The presence of staff of the opposite gender must be announced prior to entering a housing unit and the announcement is documented in the chronological log by the person making the announcement. In addition, the presence of staff of the opposite gender must also announce their presence before entering restroom/shower areas that are not part of a housing unit (i.e. education, work areas, recreation areas) where an offender might be undressed. Page 3 additionally states that an offender must be able to shower and perform bodily functions without non-medical staff of the opposite gender viewing them, except in exigent circumstances or when such viewing is incidental to routine security checks. The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without</p>

non-medical 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. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. A review of cross gender announcement logs confirmed that staff of the opposite gender announce when entering housing units. Additionally, the facility has a poster (in both English and Spanish) that is placed in the housing units when a female staff member is working in the unit. Interviews with random staff indicated that all twelve stated that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve stated that opposite gender staff announce their presence when entering an inmate housing unit. All 32 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and they have privacy when showering, using the restroom and changing their clothes. Additionally, 21 of the 32 inmates stated that staff of the opposite gender announce when they enter housing units. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. The auditor observed that inmates were provided privacy through curtains, walls, doors with security windows and solid doors. It should be noted that the auditor observed that the infirmary cells had large windows which did not allow for privacy when using the toilet and changing clothes; however the infirmary is only staffed with medical health care staff due to the condition of the inmates housed in the area. As such, the privacy issue is exempt for medical health care staff under this provision.

115.15 (e): LCMHF General Order 09-108, page 2 state that a strip search shall not be conducted on offenders for the sole purpose of determining the offender's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with twelve random staff indicated that nine were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. There were no transgender inmates housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): The Offender Pat Searches training curriculum pages 5-7 outline how to conduct pat searches of male offenders, female offenders and transgender offenders. Additionally, the curriculum also includes a handout for male offender pat search techniques and female offender pat search techniques. The PAQ indicated that 100% of staff had received this training. Interviews with twelve random staff indicated that eleven of the twelve had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. A review of fifteen staff training records indicated that all fifteen had received the search training.

Based on a review of the PAQ, IMPP 12-103, IMPP 10-103D, LCMHF General Order 01-114, LCMHF General Order 09-108, cross gender announcement logs, female on duty poster, the Offender Pat Search training curriculum and handouts, a random sample of staff training records, observations made during the tour to include curtains, walls, doors with security windows and solid doors and the opposite gender announcement as well as information from interviews with random staff and random inmates indicate this standard appears to be compliant.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 10-138D – Assistance for Offenders and/or Victims with Limited English Proficiency 4. Big Word Translation Service Training 5. Memorandum on Translation Services 6. PREA Brochure 7. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Inmates with Disabilities 3. Interview with LEP Inmates 4. Interview with Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. IMPP 10-103D, page 6 states that the facility must provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offender who have limited reading skills. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. Additionally, that agency has posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled inmates 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. She stated that the agency provides offenders PREA orientation, written materials, posters, videos, and reporting processes in translated and subtitled formats. She also stated that facilities are able to identify a competent staff member that are fluent in languages other than English and that the agency also provides language interpretation services through Big Word for other interpretive needs. He further stated that the agency will assess on a case by case basis any specific need an offender may have related to a disability or impairment. Interviews with five disabled inmates indicated that three had received information in a format that they could understand. Two of the five indicated they never received any information on sexual abuse or sexual harassment. No LEP inmates were identified during the on-site portion of the audit as all Spanish speaking inmates also understood English. During the tour the auditor observed that information was posted in the housing units in bright colors and larger font.</p> <p>115.16 (b): The PAQ indicated that the agency has established procedures to provide inmates with limited English proficiency 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. IMPP 10-103D, page 6 states that the facility must provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offender who have limited reading skills. Additionally, IMPP 10-138D, page 1 states that KDOC staff may utilize one of the following options for oral translation: KDOC bilingual employee or outside interpreter service. The policy indicates that the department has established access codes and interpretation services with Big Word. The facility has a list of staff that are bilingual and can assist in translation when needed. The agency also utilizes Big Word Translation Service to provide translation services for inmates who are LEP. This is a service the facility can call that will</p>

translate information between the staff member and LEP inmate. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He stated that the agency provides offenders PREA orientation, written materials, posters, videos, and reporting processes in translated and subtitled formats. She also stated that facilities are able to identify a competent staff member that are fluent in languages other than English and that the agency also provides language interpretation services through Big Word for other interpretive needs. She further stated that the agency will assess on a case by case basis any specific need an offender may have related to a disability or impairment. Interviews with five disabled inmates indicated that three had received information in a format that they could understand. Two of the five indicated they never received any information on sexual abuse or sexual harassment. No LEP inmates were identified during the on-site portion of the audit as all Spanish speaking inmates also understood English. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. The PAQ further stated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. IMPP 10-138D, page 1 states that the agency shall not rely on offender interpreters, offender readers, or other types of offender assistants during investigations 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 responder duties, or the investigation of the allegation(s). Interviews with twelve random staff indicated that six were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. Interviews with five disabled inmates indicated that three of the five had received information in a format that they could understand. Two inmates stated they did not receive any information on sexual abuse or sexual harassment at the facility. None of the five indicated another inmate was utilized to interpret, translate, read or provide assistance for sexual abuse.

Based on a review of the PAQ, IMMP 10-103D, IMPP 10-138D, Big Word information, PREA posters, the PREA brochure, memorandum of translation services, observations made during the tour to include the PREA posters as well as interviews with the Agency Head Designee, random staff and inmates with disabilities indicates that this standard appears to be compliant.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1302 645" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 02-126D – Recruitment and Selection Process 3. LCMHF General Order 03-106 – KDOD Employee Security Clearances and Reference Investigations 4. Mandatory Pre-Service PREA Questions Form 5. Personnel Files of Staff 6. Contractor Background Files <p data-bbox="240 674 363 701">Interviews:</p> <ol data-bbox="240 734 667 761" style="list-style-type: none"> 1. Interview with Human Resource Staff <p data-bbox="240 790 504 817">Findings (By Provision):</p> <p data-bbox="240 846 1485 1272">115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. IMPP 02-126D, page 9 states that in compliance with the U.S. Department of Justice, National Standards to Prevent, Detect and Respond to Prison Rape, 42 U.S.C. 15601, et. seq. and 28 C.F.R. 115.17, 115.76, 115.317 and 115.376, the KDOC shall not hire or promote anyone in position who may have contact with offender that: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The policy indicates that the term staff member when used within the context of the policy refers to all employees, contract personnel, and volunteers. A review of personnel files for five staff who were hired in the previous twelve months confirmed that all five had a criminal background records check completed. Additionally, all four contractors reviewed had a criminal background records check completed.</p> <p data-bbox="240 1305 1485 1529">115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. IMPP 02-126D, page 9 states that all incidents of sexual harassment perpetrated by an applicant against offenders shall be considered in making hiring and promotional decisions. The policy indicates that the term staff member when used within the context of the policy refers to all employees, contract personnel, and volunteers. The interview with Human Resource staff indicated that there is zero-tolerance against sexual harassment and that any sexual harassment would result in staff or contractors not being hired or rehired.</p> <p data-bbox="240 1563 1485 2123">115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. IMPP 02-126D, page 9 states that a criminal history record information check shall be completed on each candidate offered employment with the Department of Corrections including new hires and promotional candidates and on all current employees at least annually. Minimally, criminal history checks shall include a name search in the National Crime Information Center (NCIC) information systems including Intersex Identification Index (III) and wants/warrants searches as well as a state driver's license check. Page 10 further states that a fingerprint check shall be completed on all new hires either in the Automated Palm and Fingerprint Identification System (APFIS) or through submission of fingerprints to the Kansas Bureau of Investigations (KBI) to complete the check. The PAQ indicated that 71 or 100% of those hired in the past twelve months that may have contact with inmates had a criminal background records check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and when applicable, prior institutional employers were contacted related to prior sexual abuse and sexual harassment. Human Resource staff stated that all new employees have a background check completed and the agency makes sure they have information about PREA. The staff stated that they conduct criminal background record checks annually on employees and that all contractors have a criminal background records check and information is reviewed through EAI.</p>

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. IMPP 02-126D, page 9 states that a criminal history record information check shall be completed on each candidate offered employment with the Department of Corrections including new hires and promotional candidates and on all current employees at least annually. The policy indicates that the term staff member when used within the context of the policy refers to all employees, contract personnel, and volunteers. The PAQ indicated that there have been fourteen contracts at the facility within the past twelve months. Further clarification indicated there was only one contract. A review of four contractor personnel files indicated that a criminal background records check had been conducted for all four. The Human Resource staff stated that they conduct criminal background record checks annually on employees and that all contractors have a criminal background records check completed.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. IMPP 02-126D, page 9 states that a criminal history record information check shall be completed on each candidate offered employment with the Department of Corrections including new hires and promotional candidates and on all current employees at least annually. Minimally, criminal history checks shall include a name search in the National Crime Information Center (NCIC) information systems including Interstate Identification Index (III) and wants/warrants searches as well as a state driver's license check. Page 10 further states that a fingerprint check shall be completed on all new hires either in the Automated Palm and Fingerprint Identification System (APFIS) or through submission of fingerprints to the Kansas Bureau of Investigations (KBI) to complete the check. LCMHF General Order 03-106, page 1 states that EAI shall conduct a criminal history review on each employee annually, including contract employees. A review of five staff hired prior to 2010 indicated that all staff had a background check completed in 2021. The PCM stated all staff have an annual background records check, however the prior years background check is destroyed once the current year background records check is completed. The interview with Human Resource staff confirmed that criminal background records checks are completed annually through EAI.

115.17 (f): IMPP 02-126D, page 9 states that in compliance with the U.S. Department of Justice, National Standards to Prevent, Detect and Respond to Prison Rape, 42 U.S.C. 15601, et. seq. and 28 C.F.R. 115.17, 115.76, 115.317 and 115.376, the KDOC shall not hire or promote anyone in position who may have contact with offender that: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the Mandatory Pre-Service PREA Questions indicated that the form requires staff to answer the required questions under this provision. The form includes the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; have you 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?; have you been civilly or administratively adjudicated to have engaged in the activity described in number one and two above?; and have you ever been a substantiated finding of sexual harassment of an offender, resident or student in prison, jail, lockup, community confinement facility, juvenile facility, or other institution?. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had answered the questions via the required form. The interview with Human Resource staff confirmed that they have a checklist that goes through PREA to make sure there was not prior misconduct and if staff lie on the security form they will not be hired. The staff member further stated that when going through the promotion process staff have to refile all the paperwork to make sure there are no issues.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. IMPP 02-126D, page 11 states that candidates for any position shall be disqualified from further consideration for employment, and if hired, there shall be grounds for termination of employment, if: the candidate refuses to execute or provides any false response to a question on the Kansas Department of Corrections Security and Employment Information form or makes any material false statements to any questions during the application, screening, or interview process while seeking employment or promotion. The interview with the Human Resource staff member confirmed that if there is ever misconduct it has to be reported to EAI.

115.17 (h): The interview with the Human Resource staff indicated that this information is requested she would fill out the form and return it.

Based on a review of the PAQ, IMPP 02-126D, LCMHF General Order 03-106, the Mandatory Pre-Service PREA Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1489 562" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 01-123D – Authorization for Construction, Renovation or Demolition of Physical Structures 3. Camera Location Listing 4. Meeting Minutes/Notes Related to Construction/New Unit <p data-bbox="240 595 363 622">Interviews:</p> <ol data-bbox="240 656 711 734" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p data-bbox="240 768 528 795">Site Review Observations:</p> <ol data-bbox="240 828 887 907" style="list-style-type: none"> 1. Observations of Modification to the Physical Plant/New Unit 2. Observations of Video Monitoring Technology <p data-bbox="240 940 504 967">Findings (By Provision):</p> <p data-bbox="240 1001 1493 1626">115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. IMPP 01-123D, page 2 states that new construction, renovation, or expansion of a facility shall comply with recognized professional correctional standard and applicable to federal and state statues, rules and regulations. This shall include the Prison Rape Elimination Act (PREA) standards and consideration of the effect of such changes to protect offenders from sexual abuse. The interview with the Agency Head Designee confirmed that any plan to design, acquire or modify an agency facility would include consideration of protecting staff and offenders from any form or abuse. He stated that the staff member for KDOC Capital Improvements asserts that it is include in program statements for projects that are completed. The Warden stated that they have had modifications since the last PREA audit. He stated they have opened the South Unit and closed the West Unit and just like when they complete the annual staffing plan review, leadership staff sat down and discussed opening the South Unit and reviewed everything to ensure safe operation during the planning phase to include adequate staffing to protect inmates from sexual abuse. A review of documentation indicated that the facility reviewed the physical layout of the South Unit prior to opening and completed a camera system upgrade. Additionally, meeting minutes indicated that cameras were needed in housing units and program areas of the South Unit. During the tour the auditor observed that the South Unit was not new construction but rather was a building that was previously utilized by another state agency. The auditor also observed that renovations were being completed in the kitchen. While the construction will expand the kitchen and video monitoring and staffing will ensure adequate protection of inmates, the space had numerous blind spots during construction and a staff member was not assigned to the area. As such the auditor recommended that video monitoring be added to the construction area or a security staff post be added during the construction.</p> <p data-bbox="240 1659 1493 2051">115.18 (b): The PAQ stated that the agency/facility has 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. A review of the camera listings indicated that the South Unit had limited cameras while the East Unit has cameras throughout the facility in housing units and commons areas. The interview with the Agency Head Designee confirmed that the KDOC Capital Improvements staff ensure that the use of new monitoring technology to enhance the protection of inmates from incidents of sexual abuse is included in program statements for projects that are completed. The Warden stated that when they look at adding cameras, the two main factors they consider are the safety of the staff and the safety of the offenders. Camera addition is considered in areas that staff and offenders go into and need additional supervision. The Warden stated if there is not a staff member assigned to an area they would add a camera to assist with supervision. He further stated that if there are any off the beaten path areas that events could happen, such as sexual assault, they would definitely want cameras in those areas because they recognize they are areas of vulnerability. During the tour, the auditor observed video monitoring technology throughout the facility East Unit and in a few places in the South Unit.</p> <p data-bbox="240 2085 1453 2141">Based on a review of the PAQ, IMPP 01-123D, camera listings, information related to construction/new unit, observations made during the tour and information from interviews with the Agency Head Designee and Warden indicates that this</p>

standard appears to be compliant.

Recommendation

The auditor observed that renovations were being completed in the kitchen. While the construction will expand the kitchen and video monitoring and staffing will ensure adequate protection of inmates, the space had numerous blind spots during construction and a staff member was not assigned to the area. As such the auditor recommended that video monitoring be added to the construction area or a security staff post be added during the construction. Additionally, the auditor recommends that the facility add video monitoring technology to the South Unit to assist with monitoring and supervision.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1302 757" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Enforcement, Apprehensions & Investigations (EAI) Investigations Protocol Manual 4. Kansas Statue 65-448 5. List of Sexual Assault Nurse Examiner (SANE) Locations 6. Memorandum of Understanding with the Family Crisis Center, Inc. 7. Qualified Staff Advocacy Training Documents 8. Forensic Medical Examination Documentation <p data-bbox="240 790 363 817">Interviews:</p> <ol data-bbox="240 851 810 1048" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with SAFE/SANE 4. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 1081 507 1108">Findings (By Provision):</p> <p data-bbox="240 1137 1489 1429">115.21 (a): The PAQ indicated that the agency is responsible for conducting and criminal investigations. It further indicates that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. IMPP 22-103, page 3 states that all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. A review of the EAI Investigations Protocol Manual confirms that it covers crime scene investigations, sexual assault investigation protocol, evidence storage rooms, death investigations, escape protocol, staff misconduct and internal investigations and forms. Interviews with twelve random staff indicated all twelve were aware of and understood the protocol for obtaining usable physical evidence. Additionally, eight of the twelve staff indicated that EAI would be responsible for conducting the sexual abuse investigation.</p> <p data-bbox="240 1462 1477 1653">115.21 (b): The PAQ indicates that the evidence protocol is developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". A review of the EAI Investigations Protocol Manual confirms that it covers crime scene investigations, sexual assault investigation protocol, evidence storage rooms, death investigations, escape protocol, staff misconduct and internal investigations and forms. The sexual assault investigations protocol section and crime scene investigation section cover the appropriate evidence protocol.</p> <p data-bbox="240 1686 1489 2145">115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated that where possible, examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. IMPP 10-103D, page 9 states that when medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner, at no cost to the offender. Additionally, Kansas Statute 65-448 states that upon the request of any law enforcement officer and with the written consent of the reported victim, or upon the request of the victim, any physician, a license physician assistant, who has been specially trained in performing sexual assault evidence collection, on call or on duty at a medical care facility of this state, as defined by subsection (h) of K.S.A. 65-425, and amendments thereto, shall examine persons who may be victims of sexual offenses cognizable as violations of K.S.A 21-5503, 21-5504, 21-5506 or 21-5604, and amendments thereto, using Kansas bureau of investigation sexual assault evidence collection kits or similar kits approved by the Kansas bureau of investigations, for the purposes of gathering evidence of any such crime. The PAQ indicated that during the previous twelve months there have been zero forensic medical examinations. A list of SANE hospitals in Kansas indicated that Hays Medical Center it utilized for</p>

LCMHF. A review of investigations indicated there was one inmate transported to Hays Medical Center in April 2021 for a forensic medical examination. The auditor contacted Hayes Medical Center related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations through a Sexual Assault Nurse Examiners (SANE). The staff member stated that the SANE are on call and they contact them when an examination is needed.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. IMPP 10-103D, page 10 states each facility must attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. If this is not possible, efforts must be made to provide victim advocacy services through a community-based organization or by a qualified staff member. Page 10 further states that each facility must attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory process. The facility has a Memorandum of Understanding with Family Crisis Center, Inc. The MOU states that the Family Crisis Center, Inc. will provide advocacy services to accompany and support the offender victim through the forensic medical examination process and investigatory interviews. The MOU further states that the Family Crisis Center, Inc. shall provide a uniform evidence protocol that maximizes the potential for obtaining useable physical evidence for administrative proceeding and criminal prosecutions. Additionally, the facility has two qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has a signed agreement with the Family Crisis Center to provide victim advocates anytime an offender goes out for an examination. He stated they would contact Family Crisis Center and coordinate to have the SANE and the victim advocate. He confirmed this had just occurred last month where victim advocate accompanied an inmate victim during a forensic medical examination. The interviews with the inmates who reported sexual abuse indicated that one involved penetration, however he was not able to contact anyone after he reported the allegation. A review of documentation confirmed that a victim advocate from the Family Crisis Center was present during the forensic medical examination completed in April 2021.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. IMPP 10-103D, page 10 states each facility must attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. If this is not possible, efforts must be made to provide victim advocacy services through a community-based organization or by a qualified staff member. Page 10 further states that each facility must attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory process. The facility has a Memorandum of Understanding with Family Crisis Center, Inc. The MOU states that the Family Crisis Center, Inc. will provide advocacy services to accompany and support the offender victim through the forensic medical examination process and investigatory interviews. The MOU further states that the Family Crisis Center, Inc. shall provide a uniform evidence protocol that maximizes the potential for obtaining useable physical evidence for administrative proceeding and criminal prosecutions. Additionally, the facility has two qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has a signed agreement with the Family Crisis Center to provide victim advocates anytime an offender goes out for an examination. He stated they would contact Family Crisis Center and coordinate to have the SANE and the victim advocate. He confirmed this had just occurred last month where victim advocate accompanied an inmate victim during a forensic medical examination. The Family Crisis Center is the local rape crisis center for the area. The interviews with the inmates who reported sexual abuse indicated that one involved penetration, however he was not able to contact anyone after he reported the allegation. A review of documentation confirmed that a victim advocate from the Family Crisis Center was present during the forensic medical examination completed in April 2021.

115.21 (f): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations and as such this provision is not applicable.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, IMPP 10-103D, EAI Investigations Protocol Manual, Kansas Statue 65-448, the MOU with the Family Crisis Center, Inc., list of SANE locations, the qualified staff member documents, forensic medical examination documentation and information from interviews with the PREA Compliance Manager, random staff, staff from Hayes Medical Center and inmates who reported sexual abuse indicate that this standard appears to be compliant.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1129 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 22-103 – Investigation Procedures 3. PREA Checklists 4. Investigative Reports <p data-bbox="242 560 363 589">Interviews:</p> <ol data-bbox="242 618 711 701" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p data-bbox="242 730 504 759">Findings (By Provision):</p> <p data-bbox="242 788 1485 1216">115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. IMPP 22-103, page 3 states that all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. The PAQ indicated that there were eight allegations reported within the previous twelve months, three of which resulted in an administrative investigation. Further clarification confirmed that three allegations involved a criminal investigation, while five had an administrative investigation completed. After a review the auditor determine that one allegation did not rise to the level of PREA and three had inmates stated that they lied or the allegation did not occur. A review of documentation for the eight allegations indicated that all eight had an investigation completed. The interview with the Agency Head Designee indicated that as specified in agency policy, as well as in practice, all allegations of sexual abuse and sexual harassment are investigated. He stated each facility has a criminal investigations unit (EAI) and the KDOC does its own investigations internally. The Agency Head Designee further stated that KDOC investigations are guided by policy and the EAI Investigations Manual and that investigations include; preservation of direct and circumstantial evidence, interviews with victim, alleged perpetrator and witnesses, review of prior complaints and an investigative outcome.</p> <p data-bbox="242 1247 1493 1576">115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. IMPP 22-103, page 3 states that all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. A review of the agency website (https://www.doc.ks.gov/facilities/prea) indicates that EAI staff members throughout the agency have received specialized training to conduct administrative and criminal investigations regarding allegations of sexual abuse and harassment in confinements. A review of sexual abuse and sexual harassment allegations indicated that eight were referred for investigation through EAI. All eight had a completed administrative investigation. The interview with the investigator confirmed that all allegations are referred to an investigator with the authority to conduct criminal investigations. He stated that EAI conducts both criminal and administrative investigations.</p> <p data-bbox="242 1608 1485 1668">115.22 (c): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations and as such this provision is not applicable.</p> <p data-bbox="242 1700 847 1729">115.22 (d): The auditor is not required to audit this provision.</p> <p data-bbox="242 1760 847 1789">115.22 (e): The auditor is not required to audit this provision.</p> <p data-bbox="242 1821 1417 1872">Based on a review of the PAQ, IMPP 22-103, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator indicate that this standard appears to be compliant.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Basic PREA Training Curriculum 4. Sample of Staff Training Records (PREA Training Acknowledgment and/or Training Roster) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on the requirements under this provision. IMPP 10-103D, page 4 states that all newly hired staff must receive the KDOC staff booklet “PREA, What Staff Need to Know”. All staff must review this policy and receive training on the following: how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, offenders’ right to be free from sexual abuse and sexual harassment, the right of offenders to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with offenders, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders and how to comply with relevant laws related to mandatory reporting. A review of the Basic PREA training curriculum confirms that the training includes information on: the agency’s zero-tolerance policy (slide six), how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures slides 32-37), the inmates’ right to be free from sexual abuse and sexual harassment (slide two), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide two), the dynamics of sexual abuse and sexual harassment in a confinement setting (slide sixteen), the common reactions of sexual abuse and sexual harassment victims (slide 23), how to detect and respond to signs of threatened and actual sexual abuse (slide 22), how to avoid inappropriate relationship with inmates (slides thirteen to fifteen), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slide seventeen and eighteen) and how to comply with relevant laws related to mandatory reporting (slide 40). A review of fifteen staff training records indicated that 100% of those completed received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training and they receive it every year around the end of the calendar year. Staff also stated they receive training when they are initially hired and they discuss PREA during shift briefings. All twelve staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated that the training goes over who the PCM is at the facility, what role staff have in PREA, how to respond to an allegation, first responder duties, ways to prevent an incident (i.e. securing all closets, door, etc) and how inmates can report an allegation.</p> <p>115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. IMPP 10-103D, page 4 states that such training must be tailored to the gender of the offender at the facility. Staff must receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The same applies for staff that are reassigned from an adult to a juvenile facility or vice versa. LCMHF houses male inmates and as such staff are provided regular KDOC training.</p> <p>115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. IMPP 10-103D, page 4 states that sexual abuse and harassment intervention must be a part of Orientation/Basic Training. Mandatory training must be provided annually. Training must include a review of this policy and staff responsibilities to prevent and report sexual assaults, and other relevant PREA related material. IMPP 03-104D, page 2 of Attachment D confirms that “Offender Sexual Assault Prevention/PREA” is required for all categories of staff. A review of documentation confirmed that all fifteen staff reviewed had completed PREA training. Eleven of the fifteen had PREA training the previous two years. The four that did not have it during the previous two years were new hires and had PREA training during the year they were hired.</p> <p>115.31 (d): The PAQ indicates that the agency documents that employees who may have contact with inmates understand</p>

the training they have received through employee signatures or electronic verification. IMPP 10-103D, page 4 states that the facility must document, through staff signatures or electronic verification that they understand the training they have received. A review of the training records indicate that all staff sign a PREA training acknowledgement that states "I have had the opportunity to ask any questions regarding any portion of the PREA training that I did not understand". A review of a sample of fifteen staff training records indicated that all fifteen signed the acknowledgment form and/or training roster.

Based on a review of the PAQ, IMPP 10-103D, Basic PREA training curriculum, PREA training acknowledgment form, a review of a sample of staff training records as well as interviews with random staff indicate that the facility appears to meet this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 13-101D – Volunteering 4. Volunteer and Contractor PREA Brochure 5. Volunteer Basic Training Curriculum 6. Basic PREA Training Curriculum 7. Sample of Contractor Training Records (PREA Training Acknowledgment and/or Training Roster) 8. Sample of Volunteer Training Records (PREA Training Acknowledgment and/or Training Roster) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. IMPP 10-103D, pages 4-5 state that each facility must ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. IMPP 13-101D, page 16 confirms that volunteers receive annual training and that the training covers offender sexual assault prevention/PREA. The PAQ indicated that 56 volunteers and contractors had received PREA training, which is equivalent to less than 100% of the total volunteers and contractors (409). Further discussion with facility staff indicated that while there were 409 contractors and volunteers, the majority of these individuals are contractors who are escorted in, out and around the facility and are never left without staff supervision. A review of the Volunteer Basic training plan confirms that slides 36-39 discuss PREA, including the zero-tolerance policy and reporting mechanisms. Additionally, the volunteer and contractor PREA brochure contains information on policies, procedures, law, definitions, red flags and reporting duties. All contractors are considered staff and receive the Basic PREA training curriculum. A review of a sample of training documents for ten contractors and six volunteers indicated that all sixteen had received PREA training. Additionally, interviews with the two contract staff confirmed that they had received training on their responsibilities on sexual abuse and sexual harassment prevention, detection and response. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.</p> <p>115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. IMPP 10-103D, page 5 states that the level and type of training provided to volunteer and contractors must be based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders must be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A review of the Volunteer Basic training plan confirms that slides 36-39 discuss PREA, including the zero-tolerance policy and reporting mechanisms. Additionally, the volunteer and contractor PREA brochure contains information on policies, procedures, law, definitions, red flags and reporting duties. All contractors are considered staff and receive the Basic PREA training curriculum. A review of a sample of training documents for ten contractors and six volunteers indicated that all sixteen had received PREA training. Interviews with two contract staff indicated that they receive annual PREA training similar to KDOC staff. Both stated that they were informed of the agency's zero-tolerance policy and how they should report such incidents. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.</p> <p>115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. IMPP 10-103D, page 5 states that each facility must maintain documentation confirming that volunteers and contractors understand the training they have received. A review of sixteen training documents for contractors and volunteers indicated that 100% of those reviewed had either the PREA Training</p>

Acknowledgment form or the Mentor/Volunteer Acknowledgment Regarding PREA Training form and/or the KDOC's Sexual Assault Prevention and Intervention Program. Both forms have a section above the signature line indicating that the signee acknowledges and understands the information.

Based on a review of the PAQ, 10-103D, 10-101D, Volunteer Basic Training curriculum, PREA Basic Training curriculum, Volunteer and Contractor brochure, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicate that this standard appears to be compliant.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 10-138D – Assistance for Offenders and/or Victims with Limited English Proficiency 4. Offender Orientation Packet 5. Kansas Department of Corrections PREA Video 6. PREA Brochure 7. PREA Poster 8. Inmate Training Records (LCMHF Orientation Acknowledgment) 	
Interviews:	
<ol style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Inmates 	
Site Review Observations:	
<ol style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Posters 	
Findings (By Provision):	
<p>115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 722 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months. IMPP 10-103D, page 5 states that information about department/facility policy and procedure regarding sexual abuse/harassment must be included in each facility’s orientation program and must be provided in a manner that is clearly understood by offenders. During the intake process, offenders must receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. A review of the PREA brochure confirms that it includes information on the zero-tolerance policy and methods to report sexual abuse. A review of 24 inmate files of those received in the previous twelve months indicated that 23 of the 24 received PREA information at intake, however six of the 23 had initial information provided past the first few days of arrival. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates receive the initial education and the comprehensive education on the same day. Inmates are provided the offender orientation packet, which includes the PREA brochure, and they watch the KDOC PREA video. The interview with intake staff indicated the information related to the zero-tolerance policy and how to report sexual abuse is part of the orientation. The staff member stated that they show a video on how to report, how to use #50 and they provide inmates pamphlets that have a toll free number and the #50 information. The staff member further stated that inmates watch the PREA video and get a pamphlet regardless of if they are new or they transfer from another facility. Interviews with 32 inmates indicated that 28 were provided information on the agency’s sexual abuse and sexual harassment policies.</p>	
<p>115.33 (b): IMPP 10-103D, page 6 states that within 30 days of intake, the facility must provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. The PAQ indicated that 292 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. Inmates receive the offender orientation packet and watch the KDOC PREA video as part of comprehensive PREA education. A review of the information and PREA video confirm that it contains information on how to report sexual abuse, the inmates right to be free from sexual abuse or sexual harassment and the inmates right to be free from retaliation for reporting sexual abuse or sexual harassment. A review of 24 inmate files of those that arrived in the previous twelve months indicated that 23 were documented with comprehensive PREA education. Of the 23, 22 had the comprehensive education completed within 30 days of arrival. During the interim report period the facility ensured the one inmate missing PREA education received the</p>	

education. The facility forwarded the auditor confirmation of the completed education. The interview with intake staff indicated the comprehensive PREA education includes information on inmates rights and how to report sexual abuse. The staff member stated that they show a video on how to report, how to use #50 and they provide inmates pamphlets that have a toll free number and the #50 information. The staff member further stated that this is typically completed within 72 hours of the inmates arrival and that buses usually arrive on Tuesday and Thursday and orientation is completed on Wednesday and Friday. Interviews with 32 inmates indicated that 28 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. Inmates stated that they received the information during orientation, which they indicated ranged from a few days after they arrived to a week after they arrived.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA within a week of arrival. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. IMPP 10-103D, page 6 states that offenders must receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility. All inmates are educated upon transfer, whether policies and procedures differ or not. Inmates are provided the offender orientation and watch the PREA video. A review of 24 inmate files of those that arrived in the previous twelve months indicated that 23 were documented with comprehensive PREA education. Of the 23, 22 had the comprehensive education completed within 30 days of arrival. During the interim report period the facility ensured the one inmate missing PREA education received the education. The facility forwarded the auditor confirmation of the completed education. The interview with intake staff indicated that inmates are provided information on the zero-tolerance policy, how to report sexual abuse and/or sexual harassment and their rights under PREA during orientation and that all inmates, whether they are new or they transfer, go through orientation.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient. The facility has staff members who are able to provide accommodations for inmates who are LEP. IMPP 10-103D, page 6 states that the facility must provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offender who have limited reading skills. Additionally, IMPP 10-138D, page 1 states that KDOC staff may utilize one of the following options for oral translation: KDOC bilingual employee or outside interpreter service. The policy indicates that the department has established access codes and interpretation services with Big Word. A review of PREA posters, the PREA brochure and inmate distributed information confirmed that information can be provided in large font and bright colors, can be read to inmates in terminology that they understand and is available in Spanish with the capability of translation to other languages. Additionally, that agency has posters for opposite gender staff and blinking colored lights in specific housing units for deaf inmates. The facility has a list of staff that are bilingual and can assist in translation when needed. The agency also utilizes Big Word Translation Service to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of six disabled inmate files indicated that all six had signed that they received and understood the PREA information.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. IMPP 10-103D, page 6 states that the Offender Orientation attendance must be documented and acknowledgment of receipt must be signed. A review of 24 inmate files of those that arrived in the previous twelve months as well as ten additional inmates that were at the facility prior to the twelve months indicate that 33 were documented to have received PREA education. All 33 signed the orientation acknowledgment form indicating they received and understood the education. The one inmate that was not documented with PREA education was provided the education during the interim report period. The facility ensured the inmate received the education and forwarded the auditor confirmation of the education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of the PREA brochure and PREA posters confirmed information is accessible to inmates through these avenues. Additionally, during the tour, the auditor observed the PREA posters and other posted PREA information in each housing unit and in common areas.

Based on a review of the PAQ, IMPP 10-103D, IMPP 10-138D, the offender orientation packet, the KDOC PREA video, the PREA brochure, the PREA poster, observations made during the tour to include the availability of PREA information via signage as well as information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

115.34	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1300 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Kansas Department of Corrections Specialized Investigator Training Outline 4. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting 5. Investigator Training Records <p data-bbox="242 616 363 645">Interviews:</p> <ol data-bbox="242 674 616 703" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="242 732 504 761">Findings (By Provision):</p> <p data-bbox="242 790 1493 1216">115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. IMPP 10-103D, page 5 states that specialized training must be provided to special agents and must include training in conducting such investigations in confinement settings. This training is completed through the KDOC specialized investigator training and the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the KDOC specialized investigator training outline indicates that the training includes record keeping/data collection, use of Miranda and Garrity warning, compelled interviews, crime scene management and probable cause arrests. A review of the NIC training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of documentation indicated that two facility staff were documented with the NIC specialized investigator training. The interview with the investigator indicated he received specialized training for conducting sexual abuse in a confinement setting. He indicated that they have a KDOC training as well as the NIC training. The investigator indicated that the training goes over responsibilities for responding staff, procedures and different topics.</p> <p data-bbox="242 1247 1493 1641">115.34 (b): IMPP 10-103D, page 5 states that specialized training must be provided to special agents and must include training in conducting such investigations in confinement settings. This training is completed through the KDOC specialized investigator training and the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the KDOC specialized investigator training outline indicates that the training includes record keeping/data collection, use of Miranda and Garrity warning, compelled interviews, crime scene management and probable cause arrests. A review of the NIC training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of documentation indicated that two facility staff were documented with the NIC specialized investigator training. The interview with the investigator confirmed that the specialized investigator training covered the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="242 1673 1433 1769">115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two facility investigators have completed the specialized training. A review of documentation indicated that two facility staff were documented with the NIC specialized investigator training.</p> <p data-bbox="242 1800 847 1830">115.34 (d): The auditor is not required to audit this provision.</p> <p data-bbox="242 1861 1422 1957">Based on a review of the PAQ, IMPP 10-103D, the KDOC specialized training, the NIC training curriculum, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.</p>

115.35	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1300 645" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Corizon Specialized Medical and Mental Health Training Curriculum 4. Centurion PREA Overview Training Curriculum 5. KDOC Specialized Medical and Mental Health Training Curriculum 6. Medical and Mental Health Staff Training Records <p data-bbox="242 674 363 703">Interviews:</p> <ol data-bbox="242 732 758 761" style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p data-bbox="242 790 504 819">Findings (By Provision):</p> <p data-bbox="242 848 1485 1375">115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. IMPP 10-103D, 5 states that specialized training must be provided to medical and behavioral health staff and must include the following: how to detect and assess for signs of sexual abuse and sexual harassment and preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training consists of the Corizon Specialized Medical and Mental Health training, the Centurion PREA Overview training and the KDOC specialized medical and mental health training. A review of the three training curriculums confirmed that all three included the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 38 medical and mental health staff and that 100% of these staff received the specialized training. A review of six medical and mental health staff training records indicated that all six had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the specialized training and that they receive PREA training annually through the agency and through the contractor (Centurion, previously Corizon). Both staff confirmed that the required topics under this provision were discussed during the training. They indicated the training covered how to respond, the roles of staff, who to report information to and basic follow-up.</p> <p data-bbox="242 1404 1436 1498">115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.</p> <p data-bbox="242 1527 1485 1657">115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. IMPP 10-103D, page 5 states that the facilities must maintain documentation that medical and behavioral health practitioners have received the training. A review of training documents for a sample of six medical and mental health care staff confirm that all six were documented with completing the training via an acknowledgment and/or a sign in sheet.</p> <p data-bbox="242 1686 1485 1816">115.35 (d): IMPP 10-103D, page 5 states that medical and behavioral health care practitioners must also receive the training mandated for staff members under 28 C.F.R. §§ 115.31, 115.331, 115.32, or 115.332, depending upon the practitioner's status at the agency. All medical and mental health staff are contracted through Centurion (previously Corizon). All six medical and mental health staff were documented with contractor PREA training under 115.32.</p> <p data-bbox="242 1845 1485 1939">Based on a review of the PAQ, IMPP 10-103D, the three training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1422 640" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-139D – Screening for Sexual Victimization and Abusiveness 3. PREA Application User Manual 4. Sexual Victimization Assessment Form (SVA) 5. Internal Classification Checklist 6. Inmate Assessment and Reassessment Documents <p data-bbox="240 674 363 703">Interviews:</p> <ol data-bbox="240 732 804 931" style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p data-bbox="240 965 528 994">Site Review Observations:</p> <ol data-bbox="240 1023 780 1104" style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p data-bbox="240 1137 507 1167">Findings (By Provision):</p> <p data-bbox="240 1196 1493 1753">115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. IMPP 10-139D, page 2 states that within 72 hours of intake and prior to placement into a multi-occupancy housing, an offender receives an initial sexual victimization and abusiveness assessment (SVA); ensuring that no victim or potential victim of sexual abuse is housed with a sexual aggressor or potential sexual aggressor. Additionally, page 2 states that the SVA must be completed for inter-facility transfers within 72 hours of arriving at the facility. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office setting. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness via the sexual victimization tool within 72 hours. Interviews with 22 inmates that arrived within the previous twelve months indicated that seventeen were asked questions related to risk of victimization and abusiveness. During the on-site portion of the audit, the auditor identified eight inmates that left the facility ranging from a few weeks to a few months, most due to COVID-19. Upon transfer back to LCMHF the inmate was not provided a risk screening. Additionally, the current agency policy indicates that if an offender returns to the same facility from court or a medical appointment and has had a SVA completed within the prior six months, it is not administered again. This contradicts the requirement under this standard. If the inmate is out of the custody of the facility, where a few days, a few weeks or a few months, inmates are required to have a risk assessment. While a full assessment may not be required, a condensed assessment to determine if the inmate has experienced any sexual victimization or abusiveness while out of the facility custody is required.</p> <p data-bbox="240 1787 1477 2145">115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. IMPP 10-139D, page 2 states that within 72 hours of intake and prior to placement into a multi-occupancy housing, an offender receives an initial sexual victimization and abusiveness assessment (SVA); ensuring that no victim or potential victim of sexual abuse is housed with a sexual aggressor or potential sexual aggressor. Additionally, page 2 states that the SVA must be completed for inter-facility transfers within 72 hours of arriving at the facility. The PAQ indicated that 292 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours, however the auditor determined that the numbers did not match up as the facility reported 430 inmates stayed over 30 days. Further discussion with the facility staff indicated that they filled out the PAQ incorrectly and that 722 inmates were at the facility over 72 hours and all had received an initial risk screening. A review of 24 inmate records of those that arrived within the previous twelve months indicated that all 24 had an initial risk screening, however seven were past the 72 hour</p>

timeframe. Additionally, one of the 24 did not have a full risk assessment completed, rather a condensed version via paper was provided to the auditor, which did not include the required criteria under this provision. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness via the sexual victimization tool within 72 hours. Interviews with 22 inmates that arrived within the previous twelve months indicate that seventeen were asked the questions related to risk of victimization and abusiveness the first day they arrived or the second day after their arrival.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Internal Classification Checklist and the SVA indicated that inmates are asked yes or no questions and information is reviewed related to the inmates history and demographics. If the inmate answers yes to certain questions or a certain number of questions the inmate is designated as a victim incarcerated or victim potential. The same is relevant for the sections for abusiveness, certain questions or a certain number of questions designates the inmate as an aggressor incarcerated or aggressor potential.

115.41 (d): A review of the SVA and the PREA Application User Manual (pages 60-75) indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The checklist takes into consideration whether the inmate has been a victim of sexual predatory or aggressive acts in an institutional setting and if they identify as LGBTI. While the checklist had information related to prior sexual victimization in an institutional setting, the auditor identified that the risk screening did not take into consideration prior sexual victimization that occurred outside of an institutional setting over the inmates lifetime. The staff who perform the risk screening indicated that the initial risk screening includes whether the inmate feels they could be a victim of sexual abuse, if they have ever been a victim of sexual abuse, whether they identify as LGBTI, if they have any disabilities, their age, crime, stature, disciplinary history related to sexual activity and whether they have ever perpetrated sexual abuse. The staff member stated the risk screening is yes or no questions with follow-up information on any yes responses as well as a file review.

115.41 (e): A review of the SVA and the PREA Application User Manual (pages 45-59) confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. The staff who perform the risk screening indicated that the initial risk screening includes whether the inmate feels they could be a victim of sexual abuse, if they have ever been a victim of sexual abuse, whether they identify as LGBTI, if they have any disabilities, their age, crime, stature, disciplinary history related to sexual activity and whether they have ever perpetrated sexual abuse. The staff member stated the risk screening is yes or no questions with follow-up information on any yes responses as well as a file review.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. IMPP 10-139D, page 2 states that within 30 days of intake, every offender is to have another SVA completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression. The PAQ indicated that the facility requires inmates to be reassessed and that 430 inmates were reassessed within 30 days. This is equivalent to 100% of those inmates whose length of stay was for 30 days or more. The interview with the staff responsible for the risk screening indicated that inmates are reassessed within 30 days to make sure nothing has changed and then it is done again annually for every inmate. Interviews with 22 inmates that arrived within the previous twelve months indicated that nine have been asked questions related to their risk of victimization and abusiveness more than once. Most of the nine stated they have been asked the risk screening questions and don't remember the timeline or they stated it is done annually. A review of 24 inmate files of those that arrived in the previous twelve months indicated that all 24 had a reassessment, however seven were not completed within the 30 day timeframe. Additionally, one of the 24 did not have a full risk assessment completed, rather a condensed version via paper was provided to the auditor, which did not include the required criteria under this provision.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. IMPP 10-139D, page 3 states that reassessments must be completed at least annually by assigned counselors or designees using the SVA. Policy further states that a reassessment is also completed when the facility's PCM notifies the counselor that a triggering event, such as a substantiated PREA related incident has occurred or the offender self-discloses an act of sexual aggression or victimization. The interview with staff responsible for the risk screening confirmed that they would complete a risk assessment needed due to qualifying event. Interviews with 22 inmates that arrived within the previous twelve months indicated that nine have been asked questions related to their risk of victimization and abusiveness more than once. Most of the nine stated they have been asked the risk screening questions and don't remember the timeline or that it is done annually. A review of 24 inmate files of those that arrived in the previous twelve months indicated that all 24 had a reassessment, however seven were not completed within the 30 day timeframe.

Additionally, one of the 24 did not have a full risk assessment completed, rather a condensed version via paper was provided to the auditor, which did not include the required criteria under this provision. There were no substantiated allegations of sexual abuse within the previous twelve months and as such there were no reassessments required related to incidents of sexual abuse.

115.41 (h): The PAQ indicated that The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. The PREA Application User Manual, page 47 states that offenders cannot be punished for refusing to answer or for not disclosing complete information in response to questions. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening and that if they decline or refuse they just do a thorough documentation review.

115.41 (i): The PREA Application User Manual, page 47 states that only classification staff, PCM's, EAI and facility administration can have access to the answers on the SVA. The interview with the PREA Coordinator indicated that risk assessments are completed within the secure PREA web-based system with specific rights established for groups of individuals. She stated that currently the case management staff are the ones completing the risk assessments and that custody supervisors, program staff and work supervisors can have access to view the internal classification score but not the additional information on why they scored a certain way. The PCM stated that the information is restricted to the shift supervisors, unit team and the PCM and the information is only available on a need to know basis. The staff responsible for risk screening stated information is only available to those with a need to know.

Based on a review of the PAQ, IMPP 10-139D, the PREA Application User Manual, the Internal Classification Checklist, the SVA, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard requires corrective action. While the risk screening asks about prior sexual victimization in an institutional setting, the auditor identified that the risk screening does not take into consideration prior sexual victimization that occurred outside of an institutional setting over the inmates lifetime. As such there are inmates that may have had prior sexual victimization or abusiveness that is not identified, meaning there are inmates who may be misclassified as not being at risk. During the on-site portion of the audit, the auditor identified eight inmates that left the facility ranging from a few weeks to a few months, most due to COVID-19. Upon transfer back to LCMHF the inmate was not provided a risk screening. Additionally, the current agency policy indicates that if an offender returns to the same facility from court or a medical appointment and has had a SVA completed within the prior six months, it is not administered again. This contradicts the requirement under this standard. If the inmate is out of the custody of the facility, where a few days, a few weeks or a few months, inmates are required to have a risk assessment. While a full assessment may not be required, a condensed assessment to determine if the inmate has experienced any sexual victimization or abusiveness while out of the facility custody is required. In addition, interviews with 22 inmates that arrived within the previous twelve months indicated that nine have been asked questions related to their risk of victimization and abusiveness more than once. A review of 24 inmate files of those that arrived in the previous twelve months indicated that all 24 had a reassessment, however seven were not completed within the 30 day timeframe. Additionally, one of the 24 did not have a full risk assessment completed, rather a condensed version via paper was provided to the auditor, which did not include the required criteria under this provision.

Corrective Action:

The facility will need to modify the risk screening tool to include prior sexual victimization that occurred outside a correctional institution and over the inmate's lifetime. Once the risk screening is updated, all current inmates across the agency will need to have an updated assessment completed. Additionally, the agency will need to update policy related to screenings for inmates that leave the facility/agency custody for any time frame. The agency will need to develop a process for screening inmates who leave the facility/agency for court, medical, etc. for more than a day. Once the policies are updated the agency will need to forward them to the auditor for review. A sample of updated assessments for inmates at LCMHF will also need to be provided to the auditor showing the utilization of the updated risk screening tool. Additionally, the facility will need to provide the auditor with lists of inmates arriving at the facility during the corrective action period. The auditor will select inmate files for review to ensure that all inmates receive an initial risk screening within 72 hours and a reassessment within 30 days.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Revised Sexual Victimization Assessment (SVA) Form

2. Revised PREA Application User Manual
3. Revised Internal Management Policy & Procedure (IMPP) 10-139D – Screening for Sexual Victimization and Abusiveness
4. Risk Screenings Utilizing the Revised SVA for Inmates Assessed Prior to November 18, 2021
5. List of Inmates that Arrived During the Corrective Action Period
6. Reassessments for Inmates that Arrived During the Corrective Action Period

On November 18, 2021 the agency provided confirmation that they updated their Sexual Victimization Assessment Form. The question related to prior sexual abuse had language removed and was updated to include a question related to any history of sexual abuse. This replaced the question that asked about sexual abuse that occurred in an institutional setting. This language was updated to capture all sexual abuse, regardless of whether it occurred in an institution or in the community. The PREA Application User Manual was also updated to reflect that "Yes" should be the score if the resident has been a victim of any sexual abuse throughout their lifetime. On December 13, 2021 documentation was provided indicating that IMPP 10-139D was revised to state that if a resident leaves the facility to go out to court, to a medical appointment, etc. and returns within 24 hours, a new SVA is not administered again. If the resident returns after 24 hours, an event-driven SVA is to be completed by staff within 72 hours of the resident's return, to determine if any changes occurred during that time in measuring the risk for sexual victimization and/or sexual aggression. On December 20, 2021 the facility provided the auditor with confirmation that all inmates at the facility had been reassessed utilizing the updated SVA. Additionally, the facility provided the auditor with a list of inmates that arrived during the corrective action period (September through December). The documentation confirmed that 97 inmates arrived and all had an initial risk screening and a 30 day reassessment. Six of the 97 initial assessments were over the 72 hours and two of the 30 day reassessments were completed past the 30 days. Thirteen of the reassessments were not yet due at the time of the final report, three inmates were released and did not have a reassessment and one inmate was out to court and had not yet returned. Based on the documentation provided, this standard has been corrected and is compliant.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-139D – Screening for Sexual Victimization and Abusiveness 3. Internal Management Policy & Procedure (IMPP) 10-143D – Transgender and Intersex Offender Placement 4. Centurion Policy Number P-F-06b – Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria 5. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness 6. Transgender/Intersex Housing Determination Documents 7. Transgender/Intersex Biannual Reassessments 8. LGBTI Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Gay, Lesbian and Bisexual Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Location of Inmate Records 2. Shower Area in Housing Units <p>Findings (By Provision):</p> <p>115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. IMPP 10-139D, page 1 states that as a measure of enhanced safety and security for all offenders, there are two components of screening for victimization and abusiveness; an initial screening within 72 hours of intake and a full assessment within 30 days of intake. This screening is conducted on all offenders and information obtained is then used to make determinations regarding housing, bed, work, education and program assignments. Page 3 further states that offenders with an internal classification of victim incarcerated and victim potential must only be housed with others classified as the same or those classified as unrestricted and offenders with an internal classification of known aggressor or aggressor potential must only be housed with others classified as the same or those classified as unrestricted. During the tour the auditor observed that inmate files are electronic with limited access to ensure sensitive information is not exploited. The interview with the PREA Compliance Manager indicated that inmates are placed into one of five categories (ranging from victim to aggressor) and housing is based on their designation. Additionally, he stated that they review jobs as well and keep victims and aggressors out of jobs together that do not have direct supervision. The interview with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to house inmates. If the inmate is determined to be a victim they are not placed with an aggressor. A review of housing documents for inmates at high risk of victimization and inmates at high risk of abusiveness confirmed that information from the risk screening is utilized to house inmates appropriately. Inmates at high risk of victimization were not housed with inmate who were at a high risk of being sexually abusive. While documentation and interviews illustrate this provision is met, the deficiency with the risk screening tool indicates that there may be unidentified inmates at high risk of victimization or abusiveness that were not accounted for during housing, bed, work, education and program assignments.</p> <p>115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. IMPP 10-139D, page 3 further states that offenders with an internal classification of victim incarcerated and victim potential must only be housed with others classified as the same or those classified as unrestricted and offenders with an internal classification of known aggressor or aggressor potential must only be housed with others classified as the same</p>

or those classified as unrestricted. The interview with the staff responsible for the risk screening indicate that the information from the risk screening is utilized to house inmates. If the inmate is determined to be a victim they are not placed with an aggressor.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. IMPP 10-143D, page 2 states that transgender and intersex offenders must not be assigned to gender specific facilities based solely on their external genitalia. While determining facility placement, the Department must consider physical layout and offender privacy issues. The policy further states that in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the Department must consider, on a case-by-case basis, whether placement would ensure the offender's health, safety and security; and whether the placement would present management or other safety and security concerns. Additionally, P-F-06b, pages 2 and 3 state that transgender patients will be in male or female facilities as determined on a case-by-case basis, and this placement will not be based solely on the individual's genitalia. Policy indicates that transgender and intersex inmates have a Transgender Evaluation Form completed and forwarded to the PC who will then convene with the PREA Accommodation Committee (PAC) to complete the placement review. The agency as a whole, houses 62 inmates who identify as transgender or are intersex. The auditor reviewed the housing assignment for one of the transgender inmates to ensure housing is individualized on a case-by-case basis. The inmate was reviewed in 2019 related to her housing assignment, shower preference and personal hygiene accommodations. The interview with the PCM indicated male/female housing determinations are made at the receiving unit. The housing at the facility level is based on their job or what their case may be. He indicated they do not have any transgender inmates currently but that any transgender housing would be reviewed on a case-by-case basis and would take into consideration their needs and any concerns there may be for the inmate. The PCM confirmed the placement would take into consideration the safety of the inmate and any security or management problems the placement may cause. There were no transgender or intersex inmates housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (d): IMPP 10-143D, page 4 states that for each transgender or intersex offender, the reassessment must be completed at least twice per calendar year (January to July) to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the offender. The agency as a whole, houses 62 inmates who identify as transgender or are intersex while LCMHF houses zero inmates who identifies as transgender or are intersex. A review of the one transgender inmate documentation confirmed that the inmate was assessed once in 2019, twice in 2020 and twice in 2021. The PCM confirmed that transgender and intersex inmates are reviewed every six months to assess any threats to the inmates safety. The staff responsible for the risk screening also confirmed that transgender and intersex inmates are reassessed every six months.

115.42 (e): IMPP 10-143D, page 4 states that during the biannual assessments, offenders will be interviewed regarding their views on their placement and programming assignments as well as any threats to safety. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The staff responsible for the risk screening stated that they talk to the inmate during orientation and at reviews to make sure they are comfortable. There were no transgender or intersex inmates housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (f): IMPP 10-143D, page 3 states that a transgender or intersex offender must be given the opportunity to shower separately from other offenders. The offer and refusal or acceptance of separate shower times must be documented in a case note. During the tour the auditor observed that the showers at the South Unit are behind a door with a security window, while the showers at the East Unit (with the exception of housing unit E) have a wall and a curtain at the entrance. The E housing unit showers are caged with a curtain at the entrance. Transgender inmates shower at a separate time from the rest of the population, if wanted, and the doors, walls and curtains provide adequate privacy. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are able to shower separately. The PCM stated that transgender inmates shower during a specific time that has been set up when the unit is locked down. There were no transgender or intersex inmates housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.42 (g): IMPP 10-143D, page 3 states that facilities must not place transgender or intersex offender in dedicated buildings, units or wings solely on the basis of such identified status. Additionally, IMPP 10-139D, page 4 indicates that the facility must not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated facilities or wings solely based on such identification status, unless such placement is in a dedicated facility, unit or wing established relating to a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. The interview with the PC confirmed that offenders are placed in facilities according to the external classification setting (based on custody level) and based on bed space. She stated that LGBTI offenders are not placed in dedicated facilities and the gender identify of an offender is considered on a case-by-case basis. The PCM stated that the facility does not house LGBTI inmates in a designated facility, unit or wing based on their gender identify/sexual preference. A review of housing assignments for LGBTI inmates confirmed that they were housed throughout the facility.

Based on a review of the PAQ, IMPP 10-143D, IMPP 10-139D, P-F-06b , a list of inmates at risk of sexual abusiveness and

sexual victimization, a review of inmate housing assignments, a review of transgender or intersex inmate house determinations, transgender or intersex biannual assessments and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard appears to require corrective action. The risk screening asks about prior sexual victimization in an institutional setting, the auditor identified that the risk screening does not take into consideration prior sexual victimization that occurred outside of an institutional setting over the inmates lifetime. As such there are inmates that may have had prior sexual victimization or abusiveness that is not identified, meaning there are inmates who may be misclassified as not being at risk that were not accounted for during housing, bed, work, education and program assignments.

Corrective Action:

The facility will need to modify the risk screening tool to include prior sexual victimization that occurred outside a correctional institution and over the inmate's lifetime. Once the risk screening is updated, all current inmates across the agency will need to have an updated assessment completed. Once all risk assessments are updated, the facility will need to review housing assignments for inmates at high risk of victimization and abusiveness to ensure they are housed appropriately and subsequently forward the auditor with the lists and current housing assignments.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Revised Sexual Victimization Assessment Form
2. Revised PREA Application User Manual
3. Risk Screenings Utilizing the Revised SVA for Inmates Assessed Prior to November 18, 2021
4. Housing Assignments for Inmates at the Facility

On November 18, 2021 the agency provided confirmation that they updated their Sexual Victimization Assessment Form. The question related to prior sexual abuse had language removed and asked about any history of sexual abuse. This replaced the question that asked about sexual abuse that occurred in an institutional setting. This language was updated to capture all sexual abuse, regardless of whether it occurred in an institution or in the community. The user manual was also updated to reflect that "Yes" should be the score if the resident has been a victim of any sexual abuse throughout their lifetime. On December 20, 2021 the facility provided the auditor with confirmation that all inmates at the facility had been reassessed utilizing the updated SVA. The facility also provided updated housing assignments for all inmates at the facility. The auditor reviewed the information and confirmed that none of the inmates that were deemed victim incarcerated were housed with known aggressor. The PCM confirmed that these housing assignments were reviewed individually and there was not any concern related to the potentials in the same housing unit. There were a few victim potentials housed in the same housing units as aggressive potential inmates, but they were not housed in the same cell. Based on this information this standard has been corrected and as such compliant.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 1422 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-139D – Screening for Sexual Victimization and Abusiveness 3. LCMHF General Order 10-102 – Special Management Offenders: Segregation Offenders 4. Inmates at High Risk of Victimization Housing Assignments <p data-bbox="240 560 363 586">Interviews:</p> <ol data-bbox="240 616 959 701" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p data-bbox="240 730 528 757">Site Review Observations:</p> <ol data-bbox="240 786 748 813" style="list-style-type: none"> 1. Observations in the Segregated Housing Unit <p data-bbox="240 844 505 871">Findings (By Provision):</p> <p data-bbox="240 902 1484 1296">115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If further indicated that indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. IMPP 10-139D, page 4 states that offenders at high risk for sexual victimization must not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The policy further states that if an assessment cannot be immediately made the offender may be housed for less than 24 hours in restrictive housing while the assessment is completed and that offenders placed in involuntary restrictive housing must not ordinarily remain for more than 30 days. The interview with the Warden confirmed that inmates at high risk for sexual victimization would not be involuntarily segregated unless there were no other alternatives. A review of housing assignments for inmates at risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization.</p> <p data-bbox="240 1328 1489 1789">115.43 (b): IMPP 10-139D, page 4 states that offenders at high risk for sexual victimization must not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The policy further states that if an assessment cannot be immediately made the offender may be housed for less than 24 hours in restrictive housing while the assessment is completed and that offenders placed in involuntary restrictive housing must not ordinarily remain for more than 30 days. LCMHF General Order 10-102 outlines the guidelines for inmates in segregated housing. It specifically details what inmates have access to when placed in segregation. During the tour the auditor observed that the segregated housing unit had the same physical plant as the general population units. It has a separate recreation area with enclosures. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education and work opportunities to the extent possible. He stated that would do everything they could to ensure they have access and that they typically place the perpetrator in segregation rather than the victim. The staff member confirmed they would document any restriction for inmates in involuntarily segregated housing and why they had to restrict access. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.</p> <p data-bbox="240 1821 1489 2148">115.43 (c): The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would only be placed in involuntary segregated housing until the threat could be minimized and that they would do this very quickly. He indicated there is no reason they couldn't remove the threat and place the aggressor in segregation rather than the victim. He stated there was one inmate placed in involuntary segregation initially due to an offender trying to establish a relationship with a staff member, however once it was determined to be a PREA allegation he was released from segregation. The interviews with the staff who supervise inmates in segregated housing indicated that they would only temporarily be placed in involuntary segregated housing until they could get one of the inmates moved to another pod or transferred out of the facility. He stated the average timeframe would depend on the situation but that typically it would be the</p>

next day until they could come up with an alternative solution. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization.

115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. IMPP 10-139D, page 4 states that offenders at high risk for sexual victimization must not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The policy further states that if an assessment cannot be immediately made the offender may be housed for less than 24 hours in restrictive housing while the assessment is completed and that offenders placed in involuntary restrictive housing must not ordinarily remain for more than 30 days. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed twice a week with regard to their segregation placement. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, IMPP 10-139D, LCMHF General Order 10-102, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. PREA Brochure 4. PREA Posters 5. PREA Booklet 6. Memorandum of Understanding with Legal Services for Prisoners 7. Memorandum Related to Emotional Support Services and Legal Services for Prisoners <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Posted PREA Reporting Information <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. IMPP 10-103D, page 6 states that there are multiple methods for an offender to report allegations of sexual abuse or harassment. Such allegations may be reported verbally to any staff member or in writing using a Form-9 or Offender Request to Staff. Policy further states that inmates can report confidentially by dialing #50 on any offender phone free of charge and they can have a family member or other individual report by calling 785-296-0200. A review of additional documentation to include the PREA brochure, PREA booklet and PREA posters indicated that there are multiple ways for inmates to report. These methods include: dialing #50 from any inmate phone, reporting to any staff member, volunteer, contractor or medical or behavioral staff member, through a grievance or sick call form, to the PC or PCM, to a family member, friend, legal counsel, or anyone else outside the facility, through a Form-9 and through the external reporting option, Legal Services for Prisoners. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. The auditor tested the #50 reporting hotline during the on-site portion of the auditor. The hotline was not a live person and as such the auditor left a message. As of the date of the interim report, the auditor was not provided confirmation that the message was received. Interviews with 32 inmates confirm that all 32 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a staff member, through a Form-9 or through #50. Interviews with twelve random staff indicate that inmates can report through a Form-9 (which can be anonymous), through any staff member, via #50 (the hotline) and/or through their family.</p> <p>115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that KDOC does not house inmates solely for civil immigration purposes. IMPP 10-103D, page 6 states that there are multiple methods for an offender to report allegations of sexual abuse or harassment. Such allegations may be reported verbally to any staff member or in writing using a Form-9 or Offender Request to Staff. Policy further states that inmates can report confidentially by dialing #50 on any offender phone free of charge and they can have a family member or other individual report by calling 785-296-0200. The MOU with Legal Services for Prisoners (LSP) indicates that LSP will accept both oral and written reports of sexual abuse or sexual harassment allegations from offenders incarcerated within KDOC and LSP will immediately forward the information to the KDOC PREA Coordinator who will subsequently forward the information to EAI for investigation. The memo to the offender population states that in compliance with the Federal Prison Rape Elimination Act (PREA), the KDOC offers services of Legal Services for Prisoners for residents to report an incident of sexual abuse or sexual harassment to an outside entity not part of the KDOD. The memo provides the mailing address and phone number to Legal Services for Prisoners. In</p>

addition to the memo, the PREA brochure includes the external reporting number and mailing address for Legal Services for Prisoners. The PCM advised that if an inmate wanted to anonymously report to LSP, they could write via the mailing address and not include return contact information. Additionally, the mail room is required to supply postage for any correspondence to LSP that is missing a stamp. While the information on how to contact the outside reporting mechanism was distributed and posted, there was not any information related to allowing inmates to remain anonymous and how they can remain anonymous with the current contact methods. The auditor sent a letter to LSP during the on-site portion of the audit to test the functionality of the outside reporting mechanism. At the date of the interim report the auditor had still not received confirmation that the letter was received. The PC indicated that the letter may have been lost in the transition as the old PC transitioned from the position a week after the on-site portion of the audit. The facility sent a second letter to LSP for the auditor. Additionally, the auditor contacted the phone number, left a message and received a return call confirming that inmates could report through LSP and are able to remain anonymous upon request. During the tour, it was observed that the memo related to LSP was posted in the housing units with the phone number and mailing address. While the information was posted, there was limited information on how to specifically contact the service and how inmates can remain anonymous. The interview with the PCM indicated that inmates can report through Legal Services for Prisoners via the 800 number or through writing to them. He stated that LSP would notify the PC who would then notify the facility about the allegation to ensure it was investigated. Interviews with 32 inmates indicated that four were aware of the outside reporting entity and 24 were aware they could anonymously report. KDOC does not house inmates detained solely for immigration services and as such this part of the provision is not applicable.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. IMPP 10-103D, page 6 states that there are multiple methods for an offender to report allegations of sexual abuse or harassment. Such allegations may be reported verbally to any staff member or in writing using a Form-9 or Offender Request to Staff. Policy further states that inmates can report confidentially by dialing #50 on any offender phone free of charge and they can have a family member or other individual report by calling 785-296-0200. Interviews with 32 inmates indicate that 30 knew they could report verbally or in writing and 27 knew they could report through a third party. Interviews with twelve staff indicate that inmates can report verbally, in writing and through a third party. Eleven of the twelve staff stated inmates could report anonymously. The staff stated if an inmate reported verbally they would document it as soon as possible/right away.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It further states that staff can report through the hotline number and that staff are informed of this method through staff training, the staff handbook and through PREA posters around the facility. Interviews with twelve staff indicate that all twelve were aware that they could privately report sexual abuse of an inmate. Most staff stated they would report through #50 or through EAI, the Warden or their supervisor privately, in person.

Based on a review of the PAQ, IMPP 10-103D, the PREA brochure, the PREA booklet, PREA posters, the MOU with Legal Services for Prisoners, the memo related to Legal Services for Prisoners, observations from the facility tour related to posted reporting information and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. The auditor tested the #50 reporting hotline during the on-site portion of the auditor. The hotline was not a live person and as such the auditor left a message. As of the date of the interim report, the auditor was not provided confirmation that the message was received. Facility staff indicated that prior to and during the on-site portion of the audit the hotline was not working appropriately and the facility initiated a work order. The auditor sent a letter to LSP during the on-site portion of the audit to test the functionality of the outside reporting mechanism. At the date of the interim report the auditor had still not received confirmation that the letter was received. The PC indicated that the letter may have been lost in the transition as the old PC transitioned from the position a week after the on-site portion of the audit. The facility sent a second letter to LSP for the auditor. During the tour, it was observed that the memo related to LSP was posted in the housing units with the phone number and mailing address. While the information on how to contact the outside reporting mechanism was distributed and posted, there was not any information related to allowing inmates to remain anonymous and how they can remain anonymous with the current contact methods. In addition to the on-site observations and the distributed information, interviews with inmates indicated only four inmates were aware of the outside reporting entity.

Corrective Action:

The facility will need to ensure that the hotline is functional for inmates to report sexual abuse. Once it is confirmed the hotline is functional the facility will need to test the reporting hotline in numerous housing units for functionality. The facility will need to forward the auditor confirmation of the received calls. With regard to the outside reporting mechanism, the facility will need to provide the auditor with confirmation that the second letter sent to LSP was received. The facility will also need to update documents to include the methods to contact LSP, that inmates can remain anonymous and how inmates can remain anonymous (to include that they do not have to put a name and return address on the correspondence) when reporting. Once the information has been updated, the facility will need to educate all current inmates, post the information and/or distribute the information and provide confirmation of both.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Confirmation of Outside Reporting Mechanism Functionality
2. Memorandum Related to Legal Services for Prisoners
3. Photos of the Memo in Living Units
4. Confirmation that the Memo Language was Provided via GTL Message
5. Documentation of #50 Hotline Functionality

On August 16, 2021 KDOC staff sent a second letter to Legal Services for Prisoners to confirm functionality of the outside reporting mechanism. On August 20, 2021 a staff member from Prisoner Legal Services sent an email to the KDOC staff confirming that the test letter was received. The email contained a copy of the letter that was sent on August 16, 2021. The facility forwarded the confirmation and test letter to the auditor on August 20, 2021. On September 3, 2021 the facility provided the auditor a memo that was distributed to staff and inmates indicating that Legal Services for Prisoners is for resident to report incidents of sexual abuse or sexual harassment to an outside entity not part of KDOC. The memo further stated that Legal Services for Prisons can be contacted by calling or writing and that the sender could remain anonymous by leaving the return address on the envelop blank. The facility provided documentation indicating that the memo message was sent to all inmates via a GTL message (the electronic message system for inmate kiosks and tablets). Additionally, photos of the memo posted in the inmate housing units were also provided to the auditor. On August 20, 2021 the PCM provided the auditor with documentation confirming that the #50 hotline was back up and running and had been tested on numerous occasions to confirm functionality. Based on the documentation provided this standard has been corrected and as such is compliant.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Kansas Administrative Regulation 44-15-106 3. Kansas Administrative Regulation 44-15-204 4. Offender Orientation Packet 5. Sexual Abuse Grievances 6. Grievance Log <p>Interviews:</p> <ol style="list-style-type: none"> 1. Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.52 (a): Kansas Administrative Regulation 44-15-204 are the is the policy related to grievance procedures for inmates. The PAQ indicated that the agency is not exempt from this standard.</p> <p>115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 44-15-204, section (g)(1) states that there shall be no time limit for submission of a grievance regarding an allegation of sexual abuse. Section (b)(2) further states that inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse by a staff member, contractor, or volunteer or a grievance in which it is alleged that sexual abuse by another inmate or by a staff member, contractor, or volunteer was the result of staff neglect or violation of responsibilities. A review of offender orientation packet confirms that information on grievances is provided to inmates through the packet and the Kansas Administrative Regulation.</p> <p>115.52 (c): The PAQ stated that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 44-15-204, section (b)(4) indicates that any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance shall not be referred to a staff member who is the subject of the complaint. A review of offender orientation packet confirms that information on grievances is provided to inmates through the packet and the Kansas Administrative Regulation.</p> <p>115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there was one grievance of sexual abuse filed in the previous twelve months and the grievance reached a final decision in 90 days. The PAQ further indicates that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 44-15-204, section (c)(2) states that each grievance alleging sexual abuse shall be returned to the inmate, with an answer, within ten working days from the date of receipt. A review of the grievance log and ten sample grievances indicated there were five sexual abuse grievances and all five had a response within 90 days indicating the allegation was forwarded for investigation and that further notification would be made related to the outcome of the investigation. All five were also documented with the second notification with the investigative outcome. The interviews with inmates who reported sexual abuse indicated neither reported via a grievance. Both of the inmates indicated they were provided a paper with the outcome of the investigation. One inmate stated the notification was received a week after the allegation, while the other stated the notification came about 20 days after the allegation was reported. Neither of the inmates filed a grievance as the method of reporting.</p> <p>115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It further indicated that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse,</p>

the agency documents the inmate's decision to decline. 44-15-204, section (h) states that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist any inmate in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file these requests on behalf of any inmate. It further states that if the inmate declines to have the request processed on that individual's behalf, the facility shall document the inmate's decision. The PAQ indicated there was one third-party grievance filed in the previous twelve months where the inmate declined assistance and contained the inmate's decision to decline. Further discussion with the facility staff indicated that the allegation was reported via third party, not via a third party grievance. A review of the grievance long and a sample of ten grievances indicated there were no third party sexual abuse allegations reported via grievance.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 44-15-204, section (e) states that each inmate submitting a grievance concerning imminent sexual abuse shall state that inmate's intentions by writing "Emergency Sexual Abuse Grievance" clearly on the grievance form. After receiving an emergency grievance alleging imminent sexual abuse, the Warden or Designee shall provide an initial response within 48 hours and shall issue a final decision within five calendar days. 44-15-106 further describes the handling of emergency grievances including that they shall be expedited at every level. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance long and a sample of ten grievances indicated there were no imminent risk of sexual abuse grievances filed during the audit period.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. 44-15-204, section (i) states that any inmate may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the inmate filed the grievance in bad faith. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 44-15-204, 44-15-106, offender orientation packet, the grievance log, sexual abuse grievances, sample grievances and the interviews with inmates who reported sexual abuse, this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1302 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Memorandum of Understanding with the Family Crisis Center, Inc. 4. Sexual Assault Victim and Emotional Support Services Memorandum <p data-bbox="240 562 363 589">Interviews:</p> <ol data-bbox="240 622 810 703" style="list-style-type: none"> 1. Interview with Random Inmates 2. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 736 528 763">Site Review Observations:</p> <ol data-bbox="240 797 732 824" style="list-style-type: none"> 1. Observation of Victim Advocacy Information <p data-bbox="240 857 507 884">Findings (By Provision):</p> <p data-bbox="240 913 1485 1704">115.53 (a): The PAQ did not have responses related to this provision, however further correspondence with the facility indicated that the facility provides inmates access to outside advocates for emotional support by providing mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations. The correspondence indicated that the facility provides inmates with access to such services enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The PAQ also stated that inmates are not detained solely for civil immigration purposes. IMPP 10-103, page 10 states that victims of sexual abuse must be provided the brochure on community sexual assault programs and that each facility must attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. The MOU with Family Crisis Center, Inc. indicates that they shall respond to notification by 24-hour crisis line, email or in person. A review of the sexual assault victim and emotional support services memo confirms that inmates are provided the address and phone number to the Family Crisis Center, Inc. The PCM indicated that inmates are able to send correspondence to the advocacy service and the correspondence is treated like legal mail. Additionally, inmates can make telephone calls to the advocacy center through classification staff. During the tour the auditor observed that the sexual victim and emotional support services memo was posted throughout the facility. Interviews with 32 inmates indicated that eighteen were familiar with victim advocacy information and were provided telephone numbers and mailing addresses to local, state or national rape crisis centers. The interviews with the inmates who reported sexual abuse indicated that neither were provided a mailing address or telephone number to a local, state, or national rape crisis center. The auditor contacted Family Crisis Center, Inc. related to victim advocacy services at LCMHF. The staff member confirmed that they have an MOU with the facility and that it was signed on April 1, 2021. She indicated that they provide inmates services through a 24 hours hotline, an emergency shelter, outreach services, support groups, court accompaniment and training. The staff member stated they have provided services to inmates at LCMHF and that they do not have any concerns with the facility's PREA compliance. She did indicate that she had one inmate reach out and indicate that they were not being able to contact their therapist, but she spoke with the PCM who looked into the issue and provided her a response. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at LCMHF.</p> <p data-bbox="240 1738 1485 2159">115.53 (b): The PAQ did not have responses related to this provision, however further correspondence with the facility indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further states that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. IMPP 10-103, page 10 states that victims of sexual abuse must be provided the brochure on community sexual assault programs and that each facility must attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. The MOU with Family Crisis Center, Inc. indicates that they shall respond to notification by 24-hour crisis line, email or in person. A review of the sexual assault victim and emotional support services memo confirms that inmates are provided the address and phone number to the Family Crisis Center, Inc. The PCM indicated that inmates are able to send correspondence to the advocacy service and the correspondence is treated like legal mail. Additionally, inmates can make telephone calls to the advocacy center through classification staff. During the tour the auditor observed that the sexual victim and emotional support services memo was posted throughout the facility. Interviews with 32 inmates indicated that eighteen</p>

were familiar with victim advocacy information and were provided telephone numbers and mailing addresses to local, state or national rape crisis centers. The interviews with the inmates who reported sexual abuse indicated that neither were provided a mailing address or telephone number to a local, state, or national rape crisis center.

115.53 (c): The PAQ did not have responses related to this provision, however further correspondence with the facility indicated that the agency or facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. A review of documentation confirms that the facility has an MOU with the Family Crisis Center, Inc. This organization is the local rape crisis center for the area. The MOU was signed April 1, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, IMPP 10-103D, the MOU with the Family Crisis Center, Inc., sexual assault victim and emotional support services memo, the victim advocacy poster and interviews with random inmates and inmates who reported sexual abuse, this standard appears to be compliant.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 376 297">Documents:</p> <ol data-bbox="244 331 1302 472" style="list-style-type: none"> <li data-bbox="244 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="244 387 1302 414">2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse <li data-bbox="244 443 427 470">3. PREA Poster <p data-bbox="244 504 504 530">Findings (By Provision):</p> <p data-bbox="244 564 1485 790">115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. IMPP 10-103D, page 7 states that staff, offender family members or others may report incidents or suspected incidents of sexual abuse by calling 785-296-0200. A review of the agency's website (https://www.doc.ks.gov/facilities/prea/reporting) confirms that the public is provided a phone number 7865-213-4551 and an email link to report incidents of sexual assault or sexual abuse. Additionally, PREA posters in the visitation area direct family and friends to report incidents at www.doc.ks.gov.</p> <p data-bbox="244 819 1426 880">Based on a review of the PAQ, IMPP 10-103D, the PREA poster and the agency's website this standard appears to be compliant.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1302 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Investigative Reports <p data-bbox="240 506 363 533">Interviews:</p> <ol data-bbox="240 566 759 757" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p data-bbox="240 790 504 817">Findings (By Provision):</p> <p data-bbox="240 848 1485 1240">115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. IMPP 10-103D, page 6 states that staff must immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, whether it is in regard to an offender or another staff member. Staff may report to their supervisor, appointing authority or EAI. The policy further states that failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Page 7 states that all staff must report any allegation of retaliation to EAI or the facility PCM either verbally or in writing. Interviews with twelve staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report the information to their supervisor.</p> <p data-bbox="240 1274 1485 1568">115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing 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. IMPP 10-103D, page 6 states that apart from reporting to designated supervisors, staff must not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Interviews with twelve staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report the information to their supervisor.</p> <p data-bbox="240 1601 1485 1861">115.61 (c): IMPP 10-103D, page 6 states that staff must immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, whether it is in regard to an offender or another staff member. Staff may report to their supervisor, appointing authority or EAI. The policy further states that failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Interviews with medical and mental health care staff confirm that they disclose their limitations of confidentiality and duty to report at the initiation of services with inmates. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. One staff member stated that an inmate had reported information to her and that she reported the information to security staff.</p> <p data-bbox="240 1895 1485 2114">115.61 (d): IMPP 10-103D, page 6 states that staff must immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, whether it is in regard to an offender or another staff member. Staff may report to their supervisor, appointing authority or EAI. The policy further states that failure to report is a violation of policy and may result in administrative or disciplinary sanctions. The interview with the PREA Coordinator indicated that reports of abuse of an offender under the age of eighteen is reported via the Division of Children and Family Services Prevention and Protective Services call centers; however none of the adult facilities house youthful offenders. The Warden stated that they do not house offenders under eighteen so he is not aware of any reporting requirements.</p>

115.61 (e): IMPP 10-103D, page 6 states that staff must immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or harassment, whether it is in regard to an offender or another staff member. Staff may report to their supervisor, appointing authority or EAI. The policy further states that failure to report is a violation of policy and may result in administrative or disciplinary sanctions. The interview with the Warden confirmed that all allegations are reported to the facility investigator. A review of investigative reports indicate that all allegations were reported to EAI for investigation.

Based on a review of the PAQ, IMPP 10-103D, investigative report and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). IMPP 10-103D, page 7 states that each facility must utilize the Coordinated Response (Attachment A) as a written facility plan to coordinate actions taken in response to an incident of sexual abuse and harassment. The response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. The policy further states that any offender who alleges that he or she has been a victim of sexual abuse must be offered immediate protection from the assailant. LCMHF General Order 01-114, page 5 states that the Shift Supervisor shall ensure the reported victim of sexual abuse is offered immediate protection from the assailant and that the perpetrator and victim may be separated by different living units, different wings, different cells, segregation or transfer to a different facility. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse, however if there ever are, the allegation is immediately addressed. The interview with the Agency Head Designee indicated that any inmate at imminent risk of sexual abuse would receive immediate protection and immediate and on-going medical and behavioral health care and support services. He further stated that the agency/facility would ensure that investigators are allowed to obtain useable evidence. Interviews with twelve staff confirmed that they would remove the inmate from the area and contact their supervisor. Staff stated they could move the inmates housing, request protective custody or just take the inmate to medical or the supervisor to ensure they are safe.</p> <p>Based on a review of the PAQ, IMPP 10-103D, LCMHF General Order 01-114 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. IMPP 10-103D, page 8 states that when a report is received that an offender has been the victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another office. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were abused while confined at another facility. A review of documentation indicated there were no inmates who reported sexual abuse that occurred at another facility.</p> <p>115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. IMPP 10-103D, page 8 states as soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that has received the allegation must notify the head of the office/facility where the alleged abuse occurred. A review of documentation indicated there were no inmates who reported sexual abuse that occurred at another facility.</p> <p>115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. A review of documentation indicated there were no inmates who reported sexual abuse that occurred at another facility.</p> <p>115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. IMPP 10-103D, page 8 states that the head of the office/facility receiving the notification must ensure the allegation is investigated pursuant to this policy. The PAQ indicated that during the previous twelve months, the facility has not had any allegations reported to them from another facility. The Agency Head Designee stated that the designated point of contact would, depending on the course, generally be the Director of EAI, PC or facility Warden. He indicated that all allegations would be referred to EAI for investigation and that the agency has examples of these allegations and all are maintained in the agency's investigations database. The interview with the Warden indicated that any allegations would be reported to EAI for investigation. The Warden stated he was not aware of any of these reports over the previous twelve months. A review of investigative reports confirmed all eight allegations were reported at the facility.</p> <p>Based on a review of the PAQ, IMPP 10-103D, investigative reports and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 327 1299 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention 4. Investigative Reports <p data-bbox="240 560 360 586">Interviews:</p> <ol data-bbox="240 616 608 701" style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff <p data-bbox="240 732 504 759">Findings (By Provision):</p> <p data-bbox="240 788 1493 1686">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. IMPP 10-103D, page 8 states that the response must ensure that victim receive immediate protection and immediate on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. IMPP 10-103D, Attachment A (Coordinated Response) directs the first responder to call for immediate assistance, keep the victim(s) and alleged perpetrator(s) separate and secure the scene. LCMHF General Order 01-114, page 5 further states that the Shift Supervisor shall ensure the perpetrator and victim are immediately separated and to facilitate evidence collection, the victim shall not be allowed to shower, wash, drink, eat, use the restroom or change any clothing until examined. The PAQ indicated that during the previous twelve months, there were eight allegations of sexual abuse, seven of which involved the separation of the alleged victim and abuser and seven that still allowed for the collection of physical evidence and as such staff protected the crime scene and request that the victim and ensure that the perpetrator not take any action to destroy physical evidence. A review of investigations indicated there were actually six sexual abuse allegations reported (two allegations were sexual harassment). Of the six, one involved the separation of the inmates through a housing change and one occurred within a time period that still allowed for evidence collection. Five of the allegations involved a staff member and did not require separation based on the investigators initial interview with the victims. The security staff first responder indicated that he would separate the alleged victim from the alleged perpetrator, not let the inmates shower, isolate the area, get the inmate medical attention, notify the supervisor and not let anyone come in contact with evidence. The interviews with inmates who reported sexual abuse indicated that one inmate reported the allegation and it was handled that day. He stated the alleged inmate perpetrator was at another facility. The second inmate indicated he reported through #50 and someone came a few days after he called. He further stated that EAI came to speak to him and he told them that he made up the information because he was just trying to get transferred.</p> <p data-bbox="240 1718 1493 2145">115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. The PAQ indicated that during the previous twelve months, there was one allegation of sexual abuse that involved a non-security staff first responder and the non-security staff first responder requested that the alleged victim and ensured that the alleged perpetrator not take any actions to destroy physical evidence. IMPP 10-103D, page 8 states that the response must ensure that victim receive immediate protection and immediate on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence. IMPP 10-103D, Attachment A (Coordinated Response) directs the first responder to call for immediate assistance, keep the victim(s) and alleged perpetrator(s) separate and secure the scene. A review of investigations indicated there was one allegation that was initially reported to a non-security first responder who immediately notified security staff. The security staff first responder indicated that he would separate the alleged victim from the alleged perpetrator, not let the inmates shower, isolate the area, get the inmate medical attention, notify the supervisor and not let anyone come in contact with evidence. The</p>

non-security first responder stated that she would get an officer, report the information to the supervisor and EAI, get the inmate to the clinic and coordinate with mental health for services. The interviews with the twelve random staff indicated that all staff would separate the inmates/get the victim out of the area and contact the supervisor. A third of the staff indicated they would preserve the crime scene and ensure that evidence at the scene and on the inmate are not destroyed. A few of the staff also indicated they would get the inmate to medical/the clinic for services. It should be noted that the auditor initially advised that this provision was not compliant due to lack of language related to non-security first responders. Further communication with the PCM during the interim report period indicated that all staff, regardless of whether they are uniform or non-uniform (security or non-security) are trained under the security requirements under this standard. Communication as well as documentation confirm that all staff (security and non-security) are trained to separate the inmates, notify the supervisor, PCM and investigator, preserve and protect the crime scene, escort the victim to the clinic, escort the perpetrator to the shift office and ensure that both inmates do not shower, brush their teeth, change clothes, use the restroom, drink or eat. Thus because all staff are trained to perform these duties, the agency goes above and beyond what is required for non-security first responders. As such the auditor changed this standard to compliant, as it did not require corrective action and was compliant during the on-site portion of the audit and during the interim report period.

Based on a review of the PAQ, IMPP 10-103D, LCMHF General Order 01-114, investigative reports and interviews with random staff and first responders, this standard appears to be compliant.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 376 297">Documents:</p> <ol data-bbox="244 331 1302 472" style="list-style-type: none"> <li data-bbox="244 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="244 387 1302 414">2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse <li data-bbox="244 443 1106 470">3. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention <p data-bbox="244 504 363 530">Interviews:</p> <ol data-bbox="244 564 555 591" style="list-style-type: none"> <li data-bbox="244 564 555 591">1. Interview with the Warden <p data-bbox="244 622 507 649">Findings (By Provision):</p> <p data-bbox="244 680 1477 936">115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. A review of IMPP 10-103D, Attachment A showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for first responders, shift supervisors, medical, behavioral health, EAI and the PCM. Additionally, LCMHF General Order 01-114, pages 5-7 describe duties for Shift Supervisors, clinical staff (medical), behavioral health staff (mental health), Unit Team and investigators. The Warden confirmed that the facility has a coordinated response plan that goes over initial reporting, separating the inmates, reporting to the supervisor, medical and mental health care, investigations and leadership notifications.</p> <p data-bbox="244 967 1401 1025">Based on a review of the PAQ, IMPP 10-103, LCMHF General Order 01-114 and the interview with the Warden, this standard appears to be compliant.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Memorandum of Agreement with Kansas Organization of State Employees (KOSE) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Page 70 of the MOU between the State of Kansas and the Kansas Organization of State Employees indicates that an employee who has completed the original probationary period required by KAR may be reprimanded, suspended, demoted or dismissed because of deficiencies in work performance as provided in KSA 75-2949e or because of personal conduct detrimental to state services as provided in KSA 75-2949f or because of both such reasons. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement, however the current KOSE agreement allows the agency to remove the alleged staff abuser from contact with any offender pending an investigation or determination of whether and to what extent discipline is warranted.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the MOU between the State of Kansas and the Kansas Organization of State Employees and the interview with the Agency Head Designee, this standard appears to be compliant.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1302 701" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention 4. Investigative Reports 5. PREA 90 Day Offender Monitoring Form 6. PREA 90 Day Staff Monitoring Form 7. Reported Retaliation Documents <p data-bbox="240 730 363 757">Interviews:</p> <ol data-bbox="240 790 1054 987" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 1016 504 1043">Findings (By Provision):</p> <p data-bbox="240 1077 1493 1267">115.67 (a): The PAQ indicated that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. IMPP 10-103D, page 7 indicated that retaliation against offenders or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. The policy further states that all staff must report any allegations of retaliation to EAI or the facility PCM either verbally or in writing. The PAQ indicated that the agency designated staff members charged with monitoring for retaliation are the correctional counselors and unit team supervisors.</p> <p data-bbox="240 1301 1493 2130">115.67 (b): IMPP 10-103D, page 7 states that each facility must employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that the agency prohibits any form of retaliation toward staff or offenders and reports of retaliation are investigated. The Agency Head Designee further stated the several measures of protection are available including; housing changes or inter-facility transfers, removal or isolation of abusers and emotional support and/or referrals through behavioral health staff. He further confirmed that facility General Orders designate a staff member to monitor for retaliation for a period of 90 days following a report of sexual abuse. The Warden stated that if the allegation was against a staff member, the facility could move the staff member to another unit, could place the staff member on leave or terminate the staff, if applicable. If the allegation is against another offender, the facility could move the offenders around to different housing units and offer the offender victim mental health services. He additionally stated that they would be in regular communication with the offender to determine if he/she was suffering retaliation. The staff responsible for monitoring stated that they make sure the inmate is safe, they get the inmate to mental health, they move the inmates housing, if needed, and they ensure the allegation is investigated. He stated that he follows up with the inmate through in person status checks and that possible protective measures include moving the inmate to another housing unit, moving one of the inmates to segregation, allowing them to do things separate from the other inmates and getting them emotional support services through the Family Crisis Center, Inc. The staff member further stated that monitoring includes completing the paper work and meeting the inmates periodically. Interviews with two inmates who reported sexual abuse indicated that both felt protected against retaliation because they have not had any issues. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted. A review of documentation indicated there was no reported retaliation. One inmate had a housing change upon his request and all inmates were offered emotional support services through the facility.</p>

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ did not indicate the length of time that the agency/facility monitors the conduct or treatment, however correspondence with facility staff indicated that monitoring is completed for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. IMPP 10-103D, page 7 states that for at least 90 days following a report of sexual abuse, each facility must monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offender or staff, and must act promptly to remedy any such retaliation. Policy further states that items to monitor include any offenders' disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. This must also include periodic status checks, for offenders. In addition, page 7 states that monitoring must continue beyond 90 days if the initial monitoring indicates a continuing need. LCMHF General Order 01-114, page 7 indicates that for a minimum of 90 days following a report of sexual abuse, the conduct and treatment of staff or offenders (as well as any other individual who cooperates with the investigation process) making a report, shall be monitored for changes that may suggest possible retaliation. It further states that the case manager assigned to the offender victim shall complete the PREA 90 Day Offender Monitor form and that EAI shall monitor the conduct and treatment of staff who reported sexual abuse through the PREA 90 Day Staff Monitor form. The PAQ indicated that there have been two times an incident of retaliation has occurred in the previous twelve months. Further clarification from the facility indicated that this was interpreted incorrectly and that there was no reported retaliation, but rather two instances where monitoring was required. The interview with the Warden indicated that depending on the level, they could put staff on leave or pursue termination or discipline. He stated if it was an offender they would separate the two through transfers or housing changes and they would ensure any retaliation was investigated. The interview with the staff member responsible for monitoring retaliation indicated that he was not sure of the exact timeframe that he monitors the inmates, but that it can go up to twelve months if needed. He stated that he looks at the inmates behavior, interaction with other inmates and staff and monitors the inmate's disciplinary reports and housing changes. He further stated for staff he would monitor any progress reviews and any post assignment changes. A review of investigative reports indicated that two allegations required monitoring (both had unsubstantiated outcomes). Of the two, one had an initial monitoring check completed 30 days after the allegation was reported. The inmate was subsequently transferred to another facility and no further monitoring was required at the facility. The second inmate did not have monitoring for retaliation completed as the facility believed the monitoring was not necessary as the staff member that the allegation was against was terminated and the staff member did not work at the facility but at the state hospital where the inmate worked.

115.67 (d): IMPP 10-103D, page 7 states that items to monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This must also include periodic status checks, for offenders. The interview with the staff member responsible for monitoring retaliation indicated that he was not sure of the exact timeframe that he monitors the inmates, but that it can go up to twelve months if needed. He stated that he looks at the inmates behavior, interaction with other inmates and staff and monitors the inmate's disciplinary reports, housing changes. He further stated for staff he would monitor any progress reviews and any post assignment changes. He stated that he meets with them periodically and there is not an exact timeframe. A review of investigative reports indicated that two allegations required monitoring (both had unsubstantiated outcomes). Of the two, one had an initial monitoring check completed 30 days after the allegation was reported, which included an in-person status check. The inmate was subsequently transferred to another facility and no further monitoring was required at the facility. The second inmate did not have monitoring for retaliation completed as the facility believed the monitoring was not necessary as the staff member that the allegation was against was terminated and the staff member did not work at the facility but at the state hospital where the inmate worked.

115.67 (e): IMPP 10-103D, page 7 states that if any other individual who cooperates with an investigation expresses fear of retaliation, the facility must take appropriate measures to protect that individual against retaliation. The Agency Head Designee stated that the agency policy requires an investigation of any report of retaliation and that each facility has General Orders that designate a staff member to monitor retaliation for a period of 90 days following a report of sexual abuse. The Warden stated that if the allegation was against a staff member, the facility could move the staff member to another unit, could place the staff member on leave or terminate the staff, if applicable. If the allegation is against another offender, the facility could move the offenders around to different housing units and offer the offender mental health services. He additionally stated that they would be in regular communication with the offender to determine if he/she was suffering retaliation. The Warden further indicated that depending on the level, they could put staff on leave or pursue termination or discipline. He stated if it was an offender they would separate the two through transfers or housing changes and they would ensure any retaliation was investigated.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, IMPP 10-103D, LCMH General Order 114, investigative reports, monitoring documents (90 Day Offender Monitoring form and 90 Day Staff Monitoring form) and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. While the facility completed appropriate monitoring of one of the two required sexual abuse allegations, one was not completed due to staff

interpretation of the necessary requirements. A review of investigative reports indicated that two allegations required monitoring (both had unsubstantiated outcomes). Of the two, one had an initial monitoring check completed 30 days after the allegation was reported. The inmate was subsequently transferred to another facility and no further monitoring was required at the facility. The second inmate did not monitor for retaliation completed as the facility believed the monitoring was not necessary as the staff member that the allegation was against was terminated and the staff member did not work at the facility but at the state hospital where the inmate worked.

Corrective Action:

Since the facility staff are already aware of the requirements on how to complete monitoring and they completed necessary monitoring on one of the two sexual abuse allegations the facility will need to train appropriate staff that all allegations of sexual abuse, except those that are deemed unfounded, are required to have monitoring completed, regardless of where the alleged perpetrator is or isn't. Once training is completed the facility will need to forward the training along with staff signatures to the auditor. If there are any examples of monitoring retaliation during the corrective action period the facility should send those to the auditor as well.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Documents

On September 3, 2021 the facility provided documentation confirming that sixteen staff were provided training related to the requirements under this standard. Based on the documentation provided, this standard has been corrected and is compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse
3. LCMHF General Order 01-114 – Offender Sexual Assault Prevention/Intervention
4. Inmate Victim Housing Assignments

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. General Order 01-114, page 5 states that the Shift Supervisor shall ensure the perpetrator and victim are immediately separated. The perpetrator and victim may be separated by a different living unit with Central Unit or a different wing at West Unit (now South Unit). The perpetrator and victim may be separated by different cells within the living unit. If no other alternative, the perpetrator and victim may be separated by segregation. This placement shall only be used as a last resort. The perpetrator and victim may be separated by a transfer to a different facility. Additionally, IMPP 10-103D, Attachment A, page 4 states that in conjunction with EAI, and other staff as needed, must ensure the victim is placed in the least restrictive housing possible. During the tour the auditor observed that the segregated housing unit had the same physical plant as the general population units. It has a separate recreation area with enclosures. A review of housing documents for the six inmate who reported sexual abuse indicated that none were placed in involuntary segregated housing due to their reported allegation. Three of the inmates remained in their current housing assignment, one inmate was already in segregated housing when the allegation was reported and once discovered it was a PREA allegation was released and one inmate requested to be placed in segregated housing. The interview with the Warden confirmed that inmates who reported sexual abuse would not be involuntarily segregated unless there were no other alternatives. The Warden also confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would only be placed in involuntary segregated housing until the threat could be minimized and that they would do this very quickly. He indicated there is no reason they couldn't remove the threat and place the aggressor in segregation rather than the victim. The Warden further stated there was one inmate placed in involuntary segregation initially due to an offender trying to establish a relationship with a staff member, however once it was determined to be a PREA allegation he was released from segregation. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education and work opportunities to the extent possible. He stated they would do everything they could to ensure inmates have access and that they typically place the perpetrator in segregation rather than the victim. The staff member confirmed they would document any restriction for inmates in involuntarily segregated housing and why they had to restrict access. The staff who supervise inmates in segregated housing further indicated that they would only temporarily be placed in involuntary segregated housing until they could get one of the inmates moved to another pod or transferred out of the facility. He stated the average timeframe would depend on the situation but that typically it would be the next day until they could come up with an alternative solution and that inmates would be reviewed twice a week with regard to their segregation placement. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted. It should be noted the auditor initially indicated that this standard required corrective action due to policy language. Further communication with the PCM as well as language in General Order 01-114 determined that current policy meets this standard and no corrective action was needed. The policy was effective during the on-site portion of the audit and during the interim report period and as such this standard was compliant initially at the issuance of the interim report.

Based on a review of the PAQ, IMPP 10-103D, General Order 01-114, housing documentation for inmates who reported sexual abuse and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 331 1299 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 22-103 – Investigation Procedures 4. Enforcement, Apprehensions & Investigations (EAI) Investigations Protocol Manual 5. Investigative Reports <p data-bbox="240 618 360 645">Interviews:</p> <ol data-bbox="240 678 807 931" style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with the Warden 4. Interview with the PREA Coordinator 5. Interview with the PREA Compliance Manager <p data-bbox="240 965 504 992">Findings (By Provision):</p> <p data-bbox="240 1025 1490 1413">115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. IMPP 22-103, page 3 states that all allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegations and shall follow a uniform evidence protocol as set forth in the EAI Manual. There were eight allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months, all of which were closed. A review of the eight investigations confirmed that all were forwarded to EAI for investigation. Three investigations were completed within 30 days and five were completed within 60 days. All eight were thorough and objective and included interviews, evidence collection, when applicable, phone call, email and video reviews, when applicable and reviews of prior complaints. The interview with the investigator confirmed EAI completes all administrative and criminal investigations and that all reports, whether reported anonymously or through a third party, would include the same investigative procedures.</p> <p data-bbox="240 1447 1490 1839">115.71 (b): IMPP 10-103D, page 5 states that specialized training must be provided to special agents and must include training in conducting such investigations in confinement settings. This training is completed through the KDOC specialized investigator training and the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the KDOC specialized investigator training outline indicates that the training includes record keeping/data collection, use of Miranda and Garrity warning, compelled interviews, crime scene management and probable cause arrests. A review of the NIC training curriculum confirmed it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of documentation indicated that two facility staff were documented with the NIC specialized investigator training. The interview with the investigator confirmed that the specialized investigator training covered the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="240 1872 1490 2161">115.71 (c): IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. There were five allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, all five of which were closed. IMPP 22-103, pages 4-6 describe investigative requirements, including; preservation of evidence/crime scene, evidence collection, interviews, audio/video surveillance and computer forensics. A review of the eight investigations confirmed that all included statements and/or interviews. Four involved video monitoring review, one included evidence collection (including DNA from a forensic examination) and two involved other evidence review (staff rosters, emails and phone calls). The investigator stated that following an allegation the initial first responder duties are typically completed prior to their arrival but if they were not they would ensure the scene was secure and make sure the inmates were separated. He indicated this would be done</p>

immediately. The investigator further stated that once on scene they would work the crime scene and collect any possible evidence and then interview the victim, suspect and any possible witnesses. He stated after that they would review any other evidence such as video monitoring. The investigator stated they collect any and all evidence, including: DNA, bodily fluids on clothing, sheets, anything through the forensic medical examination, video footage, pictures, statements, etc.

115.71 (d): IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The investigator stated they have a good relationship with the county attorney and they would consult with him/her prior to conducting compelled interviews. A review of investigative reports indicated none involved compelled interviews.

115.71 (e): IMPP 10-103D, page 7 states that KDOC staff must not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse. Page 8 further states that no offender who alleges sexual abuse must be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interview with the investigator confirmed that the agency does not require inmate victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He further stated all allegations are treated as a new incident and they do not judge credibility ahead of time. He stated credibility is based on where the investigation goes. Both of the inmates who reported sexual abuse indicated they were not required to take a polygraph examination or other truth-telling device test.

115.71 (f): IMPP 10-103D, page 3 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. IMPP 22-103, page 8 states that investigation reports shall be submitted on the Standard Investigation Report form and will be completed within seven calendar days of the conclusion of the investigation. A review of the eight investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and include all the facts of the case, including; a summary, interviews, camera review, facts and finding and an investigative outcome. The investigator stated that the sexual abuse incident review team, which he is part of, reviews the information to determine if any staff actions or failure to act contributed to the abuse. He stated they make recommendations and determine if there is fault and how to fix the issue.

115.71 (g): IMPP 22-103, page 8 states that investigation reports shall be submitted on the Standard Investigation Report form and will be completed within seven calendar days of the conclusion of the investigation. There were three criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports and include the same elements as an administrative report. He indicated the format would be different but the report would include all the facts of the case, including; a summary, interviews, camera review, facts and finding and an investigative outcome.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. IMPP 10-103D, page 8 states that in keeping with the Department's zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution. The PAQ indicated that there have been two allegations referred for prosecution since the last PREA audit. A review of documentation indicated there had been no substantiated sexual abuse allegations over the audit period and as such none were referred for prosecution. The interview with the investigator indicated that an allegation would be referred for prosecution if there was enough evidence to support a criminal charge.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. IMPP 10-103D, page 3 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): IMPP 10-103D, page 3 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody. He stated they would find the staff member or prior inmate in the community and try to interview them for the investigation.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The PREA Coordinator stated that there are investigative staff at each facility and that the only time an outside investigation would be conducted is if something occurred while the offender was in county jail or another correctional placement. The Warden stated that the KDOC completes all investigations and that there are no outside investigators. The PCM and the investigator stated they conduct all investigations therefore this would not be applicable.

Based on a review of the PAQ, IMPP 10-103D, IMPP 22-103, investigative reports, training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, indicate that this standard appears to be compliant.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 22-103 – Investigation Procedures 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): IMPP 22-103, page 4 states that 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 activities or documented violations. A review of the documentation indicated there were eight sexual abuse or sexual harassment investigations completed within the previous twelve months. A review of the investigations indicated that all were completed with findings of unsubstantiated or unfounded. The review confirmed the findings were accurate based on the evidence. The interview with the investigator indicated the level of evidence required to substantiate an allegation is preponderance of evidence or 51%.</p> <p>Based on a review of the PAQ, IMPP 22-103, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1302 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Investigative Reports 4. Notification of Investigation Status <p data-bbox="240 562 363 589">Interviews:</p> <ol data-bbox="240 622 810 757" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 790 507 817">Findings (By Provision):</p> <p data-bbox="240 851 1489 1305">115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. IMPP 10-103D, page 8 states that following an investigation of sexual abuse allegation, EAI, or designated facility staff, must inform the offender of the disposition of the investigation (substantiated, unsubstantiated or unfounded). The PAQ indicated that there were three criminal and/or administrative investigation of alleged sexual abuse completed within the previous twelve months and all three included a notification, either verbally or in writing, of the results of the investigation. Further communication with the PCM indicated this was incorrect and there were eight allegations of sexual abuse or sexual harassment and all included a notification of investigation status. A review of the eight completed investigations confirmed that all eight included a written notification of investigation status form signed by the inmate. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The investigator stated that they require the inmates to sign the notice of investigation form. The interviews with the inmates who reported abuse indicated that both knew they were required to be informed of the outcome of the investigation and both were provided a paper with the outcome.</p> <p data-bbox="240 1339 1489 1429">115.73 (b): The PAQ indicate that the agency/facility is responsible for conducting administrative and criminal investigations and as such this provision is not applicable. A review of investigations confirmed all are completed by KDOC and as such this provision does not apply.</p> <p data-bbox="240 1462 1489 2056">115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months and the inmates were notified of the requirements under this provision. IMPP 10-103, pages 8 and 9 state following the report of staff sexual abuse of an offender, the facility must inform the offender (unless it is determined to be unfounded) when: the staff member is no longer posted in the offender's living unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. A review of the investigations indicated there were five staff-on-inmate sexual abuse allegations. None of the five were substantiated, however, one staff member was terminated due to undue familiarity/inappropriate relationship. The inmate was notified of the staff members termination on the same day he was notified of the investigative outcome (documented on the same form). Interviews with the two inmates who reported sexual abuse indicated both allegations were against a staff member, however neither were informed of any information related to the staff member. One inmate knew the staff member didn't get fired or anything because they were still working.</p> <p data-bbox="240 2089 1489 2145">115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser</p>

has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. IMPP 10-103D, page 9 states that following the report of offender sexual abuse of another offender, the facility must inform the offender when: the alleged abuser is indicted on a charge related to sexual abuse within the facility and/or the alleged abuser is convicted on a charge related to sexual abuse within the facility. A review of investigative reports indicated there was one inmate-on-inmate unsubstantiated sexual abuse allegation and it did not require notification under this provision. Interviews with the inmates who reported sexual abuse indicated both their allegations involved a staff member and a such notifications under this provision would not apply.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. IMPP 10-103D, page 9 states that at the conclusion of the investigation, these status updates must be completed by the special agent and formalized on the Notification of Investigation Status form. The PAQ indicated that there were eight notification pursuant to this standard made during the previous twelve months and all eight were documented. A review of the eight completed investigations confirmed that all eight included a written notification of investigation status form signed by the inmate. Additionally, one inmate was notified of the staff members termination on the same day he was notified of the investigative outcome (documented on the same form).

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, IMPP 10-103D, IMPP 22-103, investigative reports, notification of investigative status and information from interviews with the Warden, the investigator and the inmates who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1300 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Investigative Reports 4. Staff Disciplinary Documents <p data-bbox="242 560 504 589">Findings (By Provision):</p> <p data-bbox="242 618 1493 775">115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The policy further states that in keeping with the Department’s zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution.</p> <p data-bbox="242 806 1493 1066">115.76 (b): IMPP 10-103D, page 8 states that the presumptive disciplinary sanctions for staff who have engaged in sexual abuse of an offender is termination. The PAQ indicated there were two staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and that zero staff were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. A review of investigative reports and disciplinary document indicated that two staff were dismissed from their position as correctional officer, however only one was within the previous twelve months. The one that occurred within the previous twelve months involved an unsubstantiated sexual abuse allegation, however the staff member was found to have violated policy of undue familiarity with offenders and was terminated based on the totality of the investigation.</p> <p data-bbox="242 1097 1493 1393">115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The PAQ indicated there were two staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. A review of investigative reports and disciplinary document indicated that two staff were dismissed from their position as correctional officer, however only one was within the previous twelve months. The one that occurred within the previous twelve months involved an unsubstantiated sexual abuse allegation, however the staff member was found to have violated policy of undue familiarity with offenders and was terminated based on the totality of the investigation.</p> <p data-bbox="242 1424 1493 1818">115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. IMPP 10-103D, page 8 states that all termination for violations of agency sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, must be reported to relevant licensing bodies, as applicable. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports and disciplinary document indicated that two staff were dismissed from their position as correctional officer, however only one was within the previous twelve months. The one that occurred within the previous twelve months involved an unsubstantiated sexual abuse allegation, however the staff member was found to have violated policy of undue familiarity with offenders and was terminated based on the totality of the investigation but was not referred to local law enforcement.</p> <p data-bbox="242 1850 1493 1908">Based on a review of the PAQ, IMPP 10-103D, investigative reports and staff disciplinary documents, this standard appears to be compliant.</p>

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1300 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 01-106D – Denial of Entry for Contract Personnel 4. Internal Management Policy & Procedure (IMPP) 13-101D – Volunteering 5. Investigative Reports <p data-bbox="242 616 363 645">Interviews:</p> <ol data-bbox="242 674 555 703" style="list-style-type: none"> 1. Interview with the Warden <p data-bbox="242 732 504 761">Findings (By Provision):</p> <p data-bbox="242 790 1485 1384">115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The policy further states that in keeping with the Department's zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution. Additionally, it states that all termination for violations of agency sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, must be reported to relevant licensing bodies, as applicable. IMPP 01-106D, page 2 states upon order of the appointing authority, contract personnel may be ordered and, if necessary, forcibly removed, from the grounds of any KDOC facility. IMPP 13-101D, page 9 states that any volunteer in a correctional facility who engages in sexual abuse of an offender by a volunteer as defined in this policy shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been contractors or volunteers who violated the sexual abuse or sexual harassment policies and who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. Further clarification with facility staff indicated this was an error and there were no volunteers or contractors who violated the sexual abuse or sexual harassment policies and as such none were reported to relevant licensing bodies or law enforcement. A review of investigative reports confirmed there were no contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1415 1485 1673">115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. IMPP 13-101D, page 9 states that the facility shall take appropriate remedial measures and consider whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being gate stopped (restricted access to the facility). He stated that the contractor or volunteer would not be allowed back into the facility and the information would be forwarded to prosecutors, if applicable. The Warden stated there have been no violations by contractors or volunteers.</p> <p data-bbox="242 1704 1461 1767">Based on a review of the PAQ, IMPP 10-103D, IMP 01-106D, IMP 13-101D, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 331 1299 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Kansas Administrative Regulations Inmate Rule Book 4. Investigative Reports <p data-bbox="240 562 360 589">Interviews:</p> <ol data-bbox="240 622 759 701" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p data-bbox="240 734 504 761">Findings (By Provision):</p> <p data-bbox="240 795 1485 1149">115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The KAR inmate rule book, page 19 outlines the offense of sexual activity, aggravated sexual activity, sodomy and aggravated sodomy and states that any violation of the regulation shall be a class I offense. It further describes the disciplinary hearing process. The PAQ indicated there have been two administrative findings of inmate-on-inmate sexual abuse and zero criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. Further clarification indicated that the wording in the PAQ does not have administrative finding of guilt and as such the facility indicated there were two inmate-on-inmate sexual abuse allegation but neither were substantiated. Thus there were no administrative or criminal finding of guilt for inmate-on-inmate sexual abuse allegations. A review of investigative reports confirmed there have been no substantiated inmate-on-inmate allegations.</p> <p data-bbox="240 1182 1485 1507">115.78 (b): IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The KAR inmate rule book, page 19 outlines the offense of sexual activity, aggravated sexual activity, sodomy and aggravated sodomy and states that any violation of the regulation shall be a class I offense. Pages 34 and 35 outline the sanctions appropriate for class I, class II and class III offenses. The Warden stated that an inmate would be in violation of Kansas Administrative Regulations and that he/she would be placed in disciplinary segregation. He indicated they could lose good time and privileges and that if it were criminal they would submit charges to the State Attorney. The Warden further stated the inmate would be classified as an aggressor which would influence his housing for the duration of his incarceration. The Warden confirmed that they are consistent in the disciplinary process and that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p data-bbox="240 1541 1485 1664">115.78 (c): IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The interview with the Warden confirmed that the he disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1697 1485 1854">115.78 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interviews with medical and mental health staff indicated that they do offer mental health services to both the victim and the perpetrator but that they do not have any type of sex offender treatment. The staff further stated they do not require inmates to participate in any mental health services and that everything is voluntary.</p> <p data-bbox="240 1888 1485 1977">115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted.</p> <p data-bbox="240 2011 1485 2134">115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. There have been no instances</p>

where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. It further indicated that if the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. IMPP 10-103D, page 8 states that all incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted. The KAR inmate rule book, page 19 outlines the offense of sexual activity, aggravated sexual activity, sodomy and aggravated sodomy and states that any violation of the regulation shall be a class I offense.

Based on a review of the PAQ, IMPP 10-103D, KAR inmate rule book, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Internal Management Policy & Procedure (IMPP) 10-139D – Screening for Sexual Victimization and Abusiveness 4. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observation of Inmate Medical and Classification Files <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IMPP 10-103, page 9 states that if the screening for victimization and abusiveness indicate that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within fourteen days of the screening. Page 10 further states that the offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner. IMPP 10-139D, page 4 also contains the same policy information as IMPP 10-103. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. A review of medical and mental health files for two inmates identified who disclosed prior sexual victimization revealed that both were seen by mental health care staff within the required fourteen days. Most of the inmates were seen within a few days by mental health care staff. The interview with the staff responsible for the risk screening confirmed that inmates who disclose prior victimization during the risk screening are offered a follow-up with mental health care within 72 hours. The interviews with three inmates who disclosed prior victimization during the risk screening indicated that two were offered a follow-up with mental health staff. One inmate indicated he was offered the services a week after the screening and the other stated he was offered services two days after the screening. While all areas of this provision are met based on procedure and timelines, the auditor determined that the risk screening pursuant to 115.41 does not meet the requirements as it does not account for victimization that occurred outside of a correctional setting during the inmates lifetime. As such, inmates who should have been offered a follow-up with mental health due to prior sexual victimization may not have been offered services because the appropriate question was not asked.</p> <p>115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IMPP 10-103, page 9 states that if the screening for victimization and abusiveness indicate that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within fourteen days of the screening. Page 10 further states that the offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner. IMPP 10-139D, page 4 also contains the same policy information as IMPP 10-103. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. A review of documentation identified four inmates with prior sexual perpetration, however they were prior charges and LCMHF was not the first facility they arrived at and as such the follow-up was offered at a prior facility. The interview with the staff responsible for the risk screening confirmed that inmates who are identified during the risk screening with previously perpetrating sexual abuse are offered a follow-up with mental health care within 72 hours.</p>

115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. IMPP 10-103, page 9 states that if the screening for victimization and abusiveness indicate that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within fourteen days of the screening. Page 10 further states that the offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner. IMPP 10-139D, page 4 also contains the same policy information as IMPP 10-103. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. A review of medical and mental health files for two inmates identified who disclosed prior sexual victimization revealed that both were seen by mental health care staff within the required fourteen days. Most of the inmates were seen within a few days by mental health care staff. The interview with the staff responsible for the risk screening confirmed that inmates who disclose prior victimization during the risk screening are offered a follow-up with mental health care within 72 hours. The interviews with three inmates who disclosed prior victimization during the risk screening indicated that two were offered a follow-up with mental health staff. One inmate indicated he was offered the services a week after the screening and the other stated he was offered services two days after the screening.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further correspondence with facility staff indicated this should have been marked no. The PAQ further indicated that the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. IMPP 10-139D, page 4 states that all notifications to necessary facility staff must be made by the staff member completing the screening, all necessary to ensure that the information is used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-up can be provided. During the tour the auditor observed that all inmate medical files and classification files are maintained electronically with limited access. Additionally, the auditor observed that the risk screening is conducted in a private office setting and medical and mental health areas provide privacy through solid doors, doors with security windows and curtains.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. IMPP 10-103D, page 10 states that informed consent must be obtained from offenders before reporting information about prior sexual victimization that did not occur in a facility setting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Additionally, they indicated that they do not serve anyone under eighteen and as such would not encounter that issue.

Based on a review of the PAQ, IMPP 10-103D, IMPP 10-139D, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, the standard appears to require corrective action. With regard to provision (a), while all areas of this provision are met based on procedure and timelines, the auditor determined that the risk screening pursuant to 115.41 does not meet the requirements as it does not account for victimization that occurred outside of a correctional setting during the inmates lifetime. As such, inmates who should have been offered a follow-up with mental health due to prior sexual victimization may not have been offered services because the appropriate question was not asked.

Corrective Action:

The agency will need to update their current risk screening tool and reassess all current inmates with the updated tool. Once completed, the facility will need to provide the auditor a list of inmates who disclosed prior sexual victimization as well as their corresponding medical/mental health follow-up documentation. If the list is long due to the updated question asking about all victimization over a lifetime, then the auditor will select a sample to review.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Revised Sexual Victimization Assessment Form
2. Revised PREA Application User Manual
3. Risk Screenings Utilizing the Revised SVA for Inmates Assessed Prior to November 18, 2021

4. List of Inmate who Reported Prior Victimization During the Revised Risk Screening
5. Mental Health Documentation

On November 18, 2021 the agency provided confirmation that they updated their Sexual Victimization Assessment Form. The question related to prior sexual abuse had language removed and asked about any history of sexual abuse. This replaced the question that asked about sexual abuse that occurred in an institutional setting. This language was updated to capture all sexual abuse, regardless of whether it occurred in an institution or in the community. The user manual was also updated to reflect that "Yes" should be the score if the resident has been a victim of any sexual abuse throughout their lifetime. On December 20, 2021 the facility provided a list of inmates who during the updated SVA indicated they had prior sexual victimization (22). A review of documentation indicated that all 22 were offered a follow-up with mental health. Further review of a sample of seven inmates from the list confirmed that they were all offered a follow-up within fourteen days. Based on the documentation provided, this standard has been corrected and is compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Centurion Policy Number P-F-06 – Response to Sexual Abuse 4. Kansas Administrative Regulation 44.5.115 5. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. IMPP 10-103D, page 9 states that access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse.. Centurion Policy P-F-06, page 3 states that healthcare staff will respond immediately to a request for assistance in the event of a sexual assault, sexual abuse and/or sexual harassment report. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors with security windows, curtains and/or solid doors with not windows that allowed for adequate confidentiality. A review of documentation indicated that there were six sexual abuse allegations reported in the previous twelve months. Of the six victims, two were seen by medical and mental health care staff, two were seen by only mental health care staff and two refused services (one inmate indicated he lied about the allegation and didn't need services). Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that medical services would be offered immediately and that mental health would be provided immediately if they were on-site during the reported allegation. Both staff stated that the nature and scope of services would be based on their professional judgment and the one staff stated it would also be based on the confines of her license. Interviews with inmates who reported sexual abuse indicated they both were seen by medical and/or mental health the same day they reported or staff became aware of the allegation.</p> <p>115.82 (b): IMPP 10-103D, page 9 states that access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse. Policy further states that when medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender. The facility has a 24 hour medical department and staff are always on-site. The security staff first responder indicated that he would separate the alleged victim from the alleged perpetrator, not let the inmates shower, isolate the area, get the inmate medical attention, notify the supervisor and not let anyone come in contact with evidence. The non-security first responder stated that she would get an officer, report the information to the supervisor and EAI, get the inmate to the clinic and coordinate with mental health for services.</p> <p>115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are 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. IMPP 10-103D, page 9 states that victims of sexual abuse while incarcerated must be offered emergency contraception and pregnancy tests when deemed medically necessary,</p>

for female offenders and prophylaxis for sexually transmitted infections. Centurion Policy P-F-06, page 1 states that emergency contraception is available to female victims of sexual assault, while page 2 states that prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases are offered to all victims, as appropriate. A review of documentation indicated of the six sexual abuse allegations, only one involved penetration. The inmate victim was transported to the local hospital for a forensic medical examination and was provided testing and prophylaxis at the hospital on the same day. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicated that both were seen by medical and/or mental health, however only one involved penetration. The inmate stated he was offered information and access to sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. KAR 44-5-115 states that each inmate in custody of the Secretary of corrections shall be assessed a fee of \$2.00 for each primary visit initiated by the inmate to an institutional sick call. Inmate shall not be charged for the following: medical visits initiated by medical or mental health staff and facility requested mental health evaluations.

Based on a review of the PAQ, IMPP 10-103D, P-F-06, KAR 44-4-115, a review of medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Centurion Policy Number P-F-06 – Response to Sexual Abuse 4. Kansas Administrative Regulation 44.5.115 5. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. IMPP 10-103D, page 9 states that access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse. Additionally, page 9 states that if the screening for victimization and abusiveness indicate that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within fourteen days of the screening. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors with security windows, curtains and/or solid doors with not windows that allowed for adequate confidentiality.</p> <p>115.83 (b): IMPP 10-103D, page 9 states that access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse. A review of documentation indicated that there were six sexual abuse allegations reported in the previous twelve months. Of the six victims, two were seen by medical and mental health care staff, two were seen by only mental health care staff and two refused services (one inmate indicated he lied about the allegation and didn't need services). Interviews with medical and mental health care staff confirm that they provide ongoing and follow-up services to inmate victims. A few of the services include treatment of injuries, follow-up related to HIV and STIs, mental health symptom management, active listening, treatment plans and mental health follow-up care. The interviews with the inmates who reported sexual abuse indicate both were offered follow-up services with medical and/or mental health.</p> <p>115.83 (c): The facility provides 24/7 medical care and access to mental health care during extended business hours. All medical and mental health care staff are required to have the appropriate licensures and credentials. A review of documentation indicated that there were six sexual abuse allegations reported in the previous twelve months. Of the six victims, two were seen by medical and mental health care staff, two were seen by only mental health care staff and two refused services (one inmate indicated he lied about the allegation and didn't need services). Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care. One staff member stated she believed they actually exceeded the community level of care.</p> <p>115.83 (d): The PAQ indicated that this provision is not applicable as the facility does not house female inmates. The facility does not house cisgender female offenders.</p> <p>115.83 (e): The PAQ indicated that this provision is not applicable as the facility does not house female inmates. The facility does not house cisgender female offenders.</p> <p>115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. IMPP 10-103D, page 9 states that victims of sexual abuse while incarcerated must be offered emergency contraception and pregnancy tests when deemed medically necessary, for female offenders and prophylaxis for sexually transmitted infections. Centurion Policy P-F-06, page 1 states that emergency contraception is</p>

available to female victims of sexual assault, while page 2 states that prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases are offered to all victims, as appropriate. A review of documentation indicated of the six sexual abuse allegations, only one involved penetration. The inmate victim was transported to the local hospital for a forensic medical examination and was provided testing and prophylaxis at the hospital on the same day. The interviews with the inmates who reported sexual abuse indicate that both were seen by medical and/or mental health, however only one involved penetration. The inmate stated he was offered tests for sexually transmitted infections.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. KAR 44-5-115 states that each inmate in custody of the Secretary of corrections shall be assessed a fee of \$2.00 for each primary visit initiated by the inmate to an institutional sick call. Inmate shall not be charged for the following: medical visits initiated by medical or mental health staff and facility requested mental health evaluations. The interviews with the inmates who reported sexual abuse confirmed that neither were charged for their medical and/or mental health services related to the reported sexual abuse.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. IMPP 10-103D, page 10 states that the facility must attempt to conduct a behavioral health evaluation of all known offender-on-offender abusers within 60 day of discovery of such abuse history. There was one inmate-on-inmate sexual abuse allegation reported during the previous twelve months, however the allegation was unsubstantiated. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered a mental health evaluation within fourteen days.

Based on a review of the PAQ, IMPP 10-103D, P-F-06, KAR 44.5.115, medical and mental health documents, observations made during the tour and information from interviews with the inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1422 562" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 12-118D – Serious Incident Review Board Actions Pending and Subsequent to Incident Reviews, Sexual Incident Review 3. Investigative Reports 4. Sexual Abuse Incident Review Format <p data-bbox="240 595 363 622">Interviews:</p> <ol data-bbox="240 656 756 792" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p data-bbox="240 826 504 853">Findings (By Provision):</p> <p data-bbox="240 887 1485 1140">115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. IMPP 12-118, page 4 states that each facility shall conduct a sexual abuse incident review coordinated by the facility PCM at the conclusion of every sexual abuse investigation, including those in which the allegations has been substantiated, unless the allegation has been determined to be unfounded. The PAQ indicated there were two reviews completed within the previous twelve months. A review of investigative reports confirmed only two sexual abuse incident reviews were required to be completed (the other four sexual abuse allegations were deemed unfounded). Both had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1173 1474 1464">115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. IMPP 12-118, page 4 states that each facility shall conduct a sexual abuse incident review coordinated by the facility PCM at the conclusion of every sexual abuse investigation, including those in which the allegations has been substantiated, unless the allegation has been determined to be unfounded. The policy further states such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that two reviews were completed within the previous twelve months. A review of investigative reports confirmed only two sexual abuse incident reviews were required to be completed (the other four sexual abuse allegations were deemed unfounded). Both had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1498 1485 1756">115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. IMPP 12-118, page 4 states that the sexual abuse incident review team shall include, at a minimum; the PCM or other staff designated by the Warden/Superintendent as chairperson, EAI, a Lieutenant or higher, a health care or mental health professional and additional staff as appointed by the Warden/Superintendent. The two sexual abuse incident reviews included the PCM, security supervisor, EAI, medical and/or mental health care staff, Warden and assistant PCM. The interview with the Warden confirmed that these reviews are being completed and they include upper level management officials, line supervisors, medical and/or mental health staff and the facility investigator.</p> <p data-bbox="240 1789 1485 2148">115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. IMPP 12-118, page 4 states that utilizing the Sexual Abuse Incident Review Format (Attachment B), the sexual abuse incident review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; 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 was motivated or otherwise cause by other group dynamics; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enabled abuse; assess the adequacy of staffing levels; and assess whether video monitoring technology should be deployed or augmented to supplement supervision by staff. The policy further states that the sexual abuse incident review team shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this policy, and any</p>

recommendations for improvement. The report shall be submitted to the facility Warden/Superintendent and KDOC PC within ten business days of the completion of the review. A review of the two reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden stated that the reviews determine if there are any shortcomings and they make recommendations related to facility infrastructure, staffing, video, etc. He stated that they try to make changes to reduce the chances of the incident occurring again in the future. The PCM stated he chairs the meetings and they include the Warden, Deputy Warden, EAI and medical. He stated that they review and make recommendations and that after the report is submitted he follows up to ensure the recommendations are followed. He stated that they have installed cameras previously based on one of the reviews.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. IMPP 12-118, page 4 states that the sexual abuse incident review team shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this policy, and any recommendations for improvement. The policy further states that the facility shall implement the recommendation for improvement or shall document its reason for not doing so. A review of the sexual abuse incident reviews indicated that a section exists for recommendations and corrective action, however neither included recommendations.

Based on a review of the PAQ, IMPP 12-118, investigative report, sexual abuse incident review formats and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1300 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Survey of Sexual Victimization (SSV) 4. Annual PREA Reports <p data-bbox="242 560 504 589">Findings (By Provision):</p> <p data-bbox="242 618 1492 842">115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. A review of collected data confirmed that the agency utilizes the definitions set forth in the SSV. Data is collected from numerous sources to include investigative reports, PREA checklists, sexual abuse incident reviews and documentation on monitoring for retaliation.</p> <p data-bbox="242 875 1485 1066">115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. A review of the SSV from 2019, 2018 and 2017 confirm that the agency collects data annually related to sexual abuse and sexual harassment. Additionally, a review of the annual reports indicates that reports include agency sexual abuse and sexual harassment data and the data is broken down by incident type and investigative outcome.</p> <p data-bbox="242 1099 1458 1357">115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. A review of collected data confirmed that the agency utilizes the definitions set forth in the SSV. Data is collected from numerous sources to include investigative reports, PREA checklists, sexual abuse incident reviews and documentation on monitoring for retaliation. The review of documentation and the agency website confirmed that the agency has submitted SSV data from 2016 through 2019.</p> <p data-bbox="242 1391 1463 1514">115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.</p> <p data-bbox="242 1547 1484 1738">115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data from private facilities complies with SSV reporting regarding content. IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. A review of the agency website confirms that data for each facility that contracts for the confinement of KDOC inmates is included at https://www.doc.ks.gov/facilities/prea/contracts.</p> <p data-bbox="242 1771 1492 1861">115.87 (f): The PAQ indicated that the Department of Justice has not requested this for the current calendar year and the last one was submitted in 2019. The review of documentation and the agency website confirms that the agency has submitted SSV data from 2016 through 2019.</p> <p data-bbox="242 1895 1436 1951">Based on a review of the PAQ, IMPP 10-103D, SSV data, Annual PREA Reports and the agency website, this standard appears to be compliant.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse
3. Annual PREA Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. A review of the annual reports indicates that reports include agency sexual abuse and sexual harassment data. The data is broken down by incident type and investigative outcome. The report compares data from prior years (2020 has data comparison from 2017 through 2020). The report also includes an executive summary indicating actions KDOC has taken during the year and goals for upcoming years, PCM information for each KDOC facility, staff PREA training data, PREA grant actions and information related to PREA audits. The interview with the Agency Head Designee indicated all investigations are maintained via an electronic case database (EAI case log) and that each facility enters information immediately after initiating an investigation. This data is then aggregated and analyzed by the agency PC to identify potential problem areas and corrective action. The PC stated that data is collected and gathered through the PREA web-based application and the EAI case log. She stated that each facility PCM is responsible for collecting their facility data annually to provide to her to complete the SSV. The PC stated that paper data is retained in a locked filing cabinet in her office and also securely stored electronically in the PREA web-based application and only those with the rights to view the information have access. She further stated that if trends are noted during the review that they are addressed through discussion with facility management, EAI, Human Resources and the Legal Counsel. The PC indicated that an annual report is prepared and placed on the agency's public website. The interview with the PCM confirmed that the facility provides sexual abuse and sexual harassment allegation/incident numbers to central office and that if there are trends or anything that shows up the facility would make any necessary changes.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. A review of the annual reports indicates that reports include agency sexual abuse and sexual harassment data. The data is broken down by incident type and investigative outcome. The report compares data from prior years (2020 has data comparison from 2017 through 2020).

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the website: https://www.doc.ks.gov/facilities/prea/PREA_Annual confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. A review of annual reports confirmed that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that they do not place personal identifiers in the annual report therefore there is no reason to redact information. She further stated that before the annual report is published on the public website it is reviewed by the Secretary of Corrections and Legal Counsel.

Based on a review of the PAQ, IMPP 10-103D, Annual PREA Reports, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Internal Management Policy & Procedure (IMPP) 10-103D – Coordinated Response to Sexual Abuse 3. Annual PREA Reports 4. Survey of Sexual Victimization (SSV) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained IMPP 10-103D, page 10 states that the KDOC PC must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. The interview with the PREA Coordinator indicated that data is collected and gathered through the PREA web-based application and the EAI case log. She stated that each facility PCM is responsible for collecting their facility data annually to provide to her to complete the SSV. The PC stated that paper data is retained in a locked filing cabinet in her office and also securely stored electronically in the PREA web-based application and only those with the rights to view the information have access.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. A review of the agency website confirms that data for private facilities is found at https://www.doc.ks.gov/facilities/prea/contracts, while data for KDOC facilities if found via the SSV and annual PREA reports at https://www.doc.ks.gov/facilities/prea.</p> <p>115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers and that all sexual abuse data collected pursuant to §115.87 is maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. A review of annual reports confirmed that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. Additionally, the SSV does not include any personal identifying information and as such no information was redacted.</p> <p>115.89 (d): A review of historical annual PREA reports and SSV data indicated that aggregated data is available from 2014 to present.</p> <p>Based on a review of the PAQ, IMPP 10-103D, annual PREA reports, SSVs, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Kansas Department of Corrections. All facilities were audited in the previous three-year audit cycle.</p> <p>115.401 (b): The facility is part of the Kansas Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on May 22-24, 2018. The final audit report is publicly available via their website: https://www.doc.ks.gov/publications/kdoc-facilities-management/prea/audits.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	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
	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
	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

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes