

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Norton Correctional Facility	
Physical address:		11130 Road E4, Norton, KS 67654	
Date report submitted:		8/12/16	
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Date of facility visit:		July 12, 13 & 14 2016	
Facility Information		Norton Correctional Facility	
Facility mailing address: (if different from above)		P.O. Box 546, Norton, KS 67654-0546	
Telephone number:		(785) 877-3389	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Agency Information			
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Governing authority or parent agency: (if applicable)		Kansas Department of Corrections	
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit at the Norton Correctional Facility was conducted on July 12-14, 2016. The audit team consisted of the Audit Chair, Shea Carlson Kentucky Department of Corrections and DOJ Certified PREA Auditor with one support staff consisting of Debra Banks Kentucky Department of Corrections and DOJ Certified PREA Auditor. During the Pre-Audit phase, the team reviewed the documentation provided prior to the site visit. Follow-up documentation requirements were provided to the team on-site.

An entrance meeting was held at the beginning of our on-site visit with the following staff in attendance: Kansas DOC PREA Coordinator Elisabeth Copeland, Warden Jay Shelton, Deputy Warden Joel Hrabe, PREA Compliance Manager Terry Petrie, Administrative Assistant Wendy Jacobs, Human Resource Manager Philip Meyer, EAI Terry Smothers. Introductions were given and discussion was held of the team's responsibility and plans to tour the facility following the recommended tour guide from the PREA Resource Center website and then interviewing selected staff and inmates for specialized and random interviews.

During the three day on-site portion of the audit, the team completed necessary file review follow-up including additional documentation review that was requested during the pre-audit phase. The team toured the institution and conducted formal staff and inmate interviews. The team interviewed (22) Inmates consisting of (10) random (from each housing unit), (3) Who Disclosed Sexual Victimization During the Risk Screening, (3) Disabled and Limited English Proficient, (3) LGBTI, and (3) Who Reported a Sexual Abuse. In addition, the team interviewed (35) staff consisting of the Agency Director, the Warden, the PREA Compliance Manager, (1) Investigator, (2) Who Serve on the Incident Team, (10) Random Officers covering all shifts, (4) Intermediate to Higher Level Supervisors covering all shifts, (0) staff who have acted as First Responders, (4) Medical and Mental Health staff, (3) staff who perform the Screening for Risk of Victimization and Abusiveness, (1) Human Resource staff, (3) Volunteer and Contracted staff, (3) Intake Staff and (1) staff who Supervises Inmates in Segregated Housing.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Norton Correctional Facility is an adult male institution that houses 835 medium/minimum security custody inmates. The current inmate population for the facility is 810. Norton Correctional Facility offers programs that include: Thinking for a Change, Parenting Inside Out, Inside Out Dad, OWDS, Unlock Your Thinking, Employment Services, Career Success, Tenant Training, Work and Life Skills, GED/Academic Improvement, Carpentry, NCCER Core Curriculum, Wheels for the World, Vocational

Food Service, Manufacturing Skills, Second Chance Dog Program, Behavior Health Modification and Reaching Out From Within.

SUMMARY OF AUDIT FINDINGS:

Staff and inmate interviews were performed and showed good overall knowledge was possessed of staff knowing their responsibilities and inmates knowing their rights and what services were available to them.

A debriefing was held by the Audit Team to the Norton staff to discuss their findings. All standards were reviewed. There were (11) standards found to be in non-compliance and were noted on the interim report. There was a (60) day Corrective Action Plan (CAP) issued so the facility could demonstrate compliance with required actions. The (60) day CAP ended on October 30, 2016. The facility addressed each non-compliant standard by revising policy and procedures, as well as, making appropriate physical plant changes. All standards besides (1) not applicable standard are now found to be in compliant due to the diligent work that Norton Correctional Facility put in during the CAP period. Each standard below will have justifications for compliance comments for each.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Not Applicable: 1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D outlines this standard. The Kansas Department of Corrections has an agency-wide PREA Coordinator while each facility has a designated PREA Compliance Manager. Staff interviews showed the facility compliance manager has sufficient authority to coordinate the facilities efforts to be PREA compliant.

§115.12 - Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Kansas Department of Corrections contracts with local jails for the housing of inmates. KDOC has dedicated staff to ensure compliance that includes on-site monitoring. Staff interviews showed knowledge and practice of ensuring compliance with PREA standards.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard 115.13 (d) states, “Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.”

Norton Correctional Facility General Orders 09-102 states, “Each corrections officer assigned to a post requiring a log shall maintain an electronic daily post log that accurately reflects events which occurred during the shift. (1) staff shall log “Unannounced Supervisory Check” made by supervisors. KDOC IMPP 10-103D addresses prevention as well by stating; “Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to legitimate operational functions of the facility.” Documentation was provided and reviewed.

§115.14 – Youthful Inmates

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

Not Applicable - They do not house youth inmates at this facility.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Agency policies IMPP 12-0103 and 10-103 D cover the components from this standard. This standard covers (6) sections. NCF reported all security staff had been trained in searches including searches of transgender and intersex inmates. The Lesson Plan was provided and reviewed along with documentation that officers had received the training. Staff interviews corroborated they had received this training.

Appropriate physical barriers were placed in the restrooms, such as half walls around toilets/urnials and appropriate shower curtains that allow for staff, male or female, assigned to the unit to make security rounds. Staff training regarding announcing ones' presence when entereng a restroom was conducted and added to the annual training curriculum, as well as to policy.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

Agency policies IMPP 01-103, IMPP 10-138 and IMPP 10-103 incorporate language from this standard. NCF has Interpretational Services available and has staff that is fluent in Spanish. Staff interviews showed that all inmates are educated on the agencies PREA policies and written materials is readily available. NCF shows PREA videos to all inmates. Inmate interviews corroborated that all inmates are educated on PREA.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The standard has (8) different sections regarding the hiring and promotion decisions of staff. Criminal background checks shall be conducted prior to employment and at least every five years of there after. Agencies policies IMPP 02-126 A, IMPP 02-126 D and IMPP 02-118 cover the language from this standard. NCF provided logs which include staff criminal background records check during hiring process, as well as for current employees within timeframe stated within the standard. KDOC job applications incorporate direct language of questions asked as outlined in section (a).

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 01-123 D incorporates language from this standard. No expansions or modifications were noted.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D incorporates languages from this standard. KDOC has an investigative unit responsible for conducting criminal investigations. NCF has a Memorandum of Understanding (MOU) with the Options Domestic and Sexual Violence Services located close by which serves as a Victim Advocacy Center for the inmate population. NCF also has staff that serves in this role in their Mental Health Department.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 22-103 uses language from this standard. KDOC's website has link to their policy that describes responsibilities of investigations.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103 D uses language from this standard. NCF provided the department's lesson plan that incorporates all components from section (a). NCF completes this training annually and documentation was provided of staff acknowledgment forms. Staff interviews corroborated training within the guidelines of this standard.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 13-101 D uses language from standard directed towards training for volunteers. IMPP 10-103 D uses language from standard directed towards contractors. NCF provided documentation of their training manual for volunteers and contractors which covered their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D outlines the components of this standard. Inmates are educated on their rights to be free from sexual abuse and/or sexual harassment and how to report allegations. They are also educated on the KDOC's policy of zero tolerance. NCF provided acknowledgment forms showing inmates receive PREA education. Inmate Interviews corroborated this practice has been institutionalized.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMP 10-103 D directs this standard. All NCF PREA Investigators have received the specialized training as required.

§115.35 – Specialized training: Medical and mental health care

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

Agency policy IMPP 10-103D directs this standard. NCF reported all their medical and mental health staff had received this training. The lesson plan was provided and it incorporates all the components from section (a). NCF provided documentation of certificates from the training provided and staff interviews corroborated this training has been institutionalized.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Policy IMPP 10-139 details specified components of the screening tool. It further addresses screening during intake (upon transfer) and time frames for initial screenings and reassessments. Triggering events are also addressed in policy, following the guidelines of a required reassessment.

Policy all outlines that offenders may not be disciplined for refusing to answer, or for not disclosing complete information. Policy all incorporates measures to ensure appropriate control of the dissemination of sensitive information.

Staff interviews and practice revealed that inmates are assessed by the arriving institution and are now fully screened upon intake at NCF. The specific components of the screening tool are utilized upon intake interviews as well. Documents were reviewed and policy and practice was determined to be in compliance with the standard requirements.

§115.42 – Use of Screening Information

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

Policies IMPP 10-139 and IMPP 11-106 address the sections of this standard, incorporating risk screening for housing, bed, work, education and program assignments for the safety of each inmate.

Policy IMPP 10-139 also contains language in regards to placement, programming and assessment of threats to safety of transgender or intersex offenders. It further outlines reassessment of such inmates at least twice a year.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy IMPP 10-139 uses language outlined for involuntary segregation, noting assessment of all available alternatives. It further outlines the 24 hour time frame.

Policeis IMP 20-101, IMP 20-105, IMPP 20-108, IMPP 20-106, and IMPP 20-104 contains language for the remainder of the standard.

Staff interviews and questions asked during the tour verified report of zero occurrences of involuntary segregation. Staff further exhibited knowledge of this standard. It should be noted that staff questions during the tour verified programming opportunities for segregated inmates.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy IMPP 10-103D addresses multiple internal ways that an inmate can report privately, verbally, in writing, anonymously or from third parties. Policy futher addresses that staff are to immediately report if information is received from any of the above channels. A toll free hotline number is available for staff to privately report.

Staff and inmate interviews supported knowledge of reporting avenues. Posters, Support Services and pamphlets are made available to inmate population as posted throughout the institution or as given in orientation packets.

Recommend additional inmate education (particularly those housed in segregation) on how to contact support services and report to private entities.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

KAR 4-15-204 addresses language outlined in standard. Timelines are not imposed as to when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency does not require informal resolution or to attempt to resolve with staff. Grievances may be submitted without submission to the staff member who is the subject of the complaint. Further, they are not referred to that staff member. Administrative regulation allows for time frames and third party assistance. Emergency greivances of alleged risk of imminent sexual abuse are addressed, with time lines noted.

Interviews with staff and inmates support knowledge of the grievance process. PREA orientation further addresses such grievances. Grievances provided exhibit the facility's use of time frame and ultimate protection of the inmate. Documentation of EAI's internal procedure was also provided. EAI has the ability to effectively investigate the grievance for disposition.

§115.53 – Inmate Access to Outside Confidential Support Services

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

Policy IMPP 10-103D allows acces to outside victim services. Phamplets given to inmates, as outlined in policy, addresses extent to which reports of abuse will be forwarded to outside agencies. Memorandums of Agreements with Legal Services for Prisoners and Family Centers are active. Third party reporting is addressed through a hot line number.

Tour verified support services and posters available for review by the inmate population. Staff and inmate interviews demonstrated knowledge of this standard. PREA orientation packet also provided information as specified.

Recommend additional inmate education (particularly those housed in segregation) on how to contact support services and report to private entities.

§115.54 – Third-Party Reporting

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

Policy IMPP 10-103D provides a toll free third-party hotline. Third party information is publicly displayed through a web link to KDOC facilities. Staff and Inmate interviews demonstrated third party reporting is known as a method to make PREA reports.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy IMPP 10-103D addresses immediate reporting of knowledge, suspicion, retaliation, neglect to report and confidentiality of reports. Reporting guidelines are incorporated.

Staff interviews supported knowledge and practice of this standard.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy IMPP 10-103D outlines protection, mandating staff intervention and immediate reporting.

Staff interviews support knowledge and practice of this standard and the importance of protecting inmates who are at a substantial risk of being sexually abused.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy IMPP 10-103D addresses notification, documentation, and investigative procedure. Documentation and interviews supported practice and understanding of this standard.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies IMPP 10-103D and IMP 22-103 outlines first responder's duties to protect the alleged victim and preserve evidence.

Documentation and staff interviews confirmed knowledge and practice of this standard.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

General Orders 9-130 Facility has a written institutional plan in place to address actions taken in response to an incident of sexual abuse that includes first responders, medical and mental health staff, investigators and facility leadership.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Memorandum of Agreement Between the State of Kansas and the Kansas Organization of State Employees is compliant with this standard.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

NCF General Orders 08-106 addresses retaliation and outlines protection and monitoring practices. (a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.

(b) The agency shall 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.

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) In the case of inmates, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Norton Correctional Facility has a designated staff member to monitor retaliation. Documentation was provided and all areas in the standard are monitored in accordance with timelines in addition to any follow-up or additional time needed past the 90-day.

§115.68 – Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies IMPP 10-139 and IMPP 20-106 addresses outline of standard. Staff and inmate interviews confirmed understanding of standard.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard has 12 sections regarding Criminal and administrative agency investigation. Standard addresses that when the agency conducts its own investigations into allegations of sexual abuse and harassment it shall do so promptly, thoroughly, and objectively for all allegations. The investigators shall have special training. Investigators shall gather and preserve direct and circumstantial evidence, including available physical and DNA evidence. Investigators shall review prior complaints and reports of sexual abuse. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis. Regarding administrative investigations, they shall include an effort to determine whether staff actions or the failures to act contributed to the abuse. Criminal investigations shall be documented in a written report and contain a thorough description of evidence with copies of all documentary evidence attached where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Agency is required to maintain written reports referenced in (f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. An investigation shall not be terminated based on the departure of the alleged abuser or victim from the employment or control of the facility or agency. Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When an outside agency investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Per Norton Correctional Facility policy IMPP 22-103, NCF shall respond, conduct investigation in accordance to sound investigative techniques including but not limited to properly securing

the crime scene, providing medical and mental health services to the victim, and preserving evidence to ensure admissibility in administrative and criminal court. Investigators conduct both the administrative and criminal investigations. Investigators have been trained in compliance with standard 115.34. Investigations that were reviewed indicated they were done in a prompt, thorough and objective manner. The investigative reports are documented and included examples of collection and preservation of evidence and included an example of a case that was referred for prosecution. Credibility of alleged victims, suspects or witnesses are addressed on an individual basis. NCF policy prohibits requiring an inmate who alleges sexual abuse to submit to a polygraph examination. Interviews confirmed investigators would try to continue the investigation regardless of the employment status or control of the facility. Section K and L are non-applicable.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard addresses that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy IMPP 22-103 discusses the preponderance of evidence standard. Enforcement, Apprehension and Investigation Unit, (EAI) investigators have attended investigation training and seek the input of the District Attorney's Office regarding whether an investigation is criminal or administrative. Interviews supported investigators knowledge of this standard and the requirements.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard has 6 sections, with part (b) and (f) noted as non-applicable. The standard addresses the requirements of reporting to inmates. The standard states the agency shall inform the inmate of the investigative determination (substantiated, unsubstantiated, or unfounded) after alleging suffered sexual abuse in a facility. Following an inmate's allegation that a staff member has committed sexual abuse, the agency shall inform the inmate, unless unfounded, whenever the staff member is no longer posted within the inmate's unit; no longer employed at the facility; has been indicted or convicted on a charge related to sexual abuse within the facility. Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall inform the alleged victim that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications are documented.

NCF policy, IMPP 10-103D covers this standard; the facility also has a form that is to be completed to provide the victim notification of the status of the investigation.

NCF provided documentation of notification to the inmates when the staff member is no longer posted within the inmate's unit; no longer employed at the facility; indicted on a charge related to sexual abuse within the facility; or learns that the staff member has been convicted on a charge related to sexual abuse within the facility and notification of the status of the investigation.

NCF also has a form for when an inmate makes an allegation against another inmate that they were sexually abused. The form covers notification to an alleged victim if the alleged abuser has been indicted on a charge or convicted of a charge related to sexual abuse within the facility. During the visit there were no reports of inmate on inmate abuse that required notification.

§115.76 – Disciplinary sanctions for staff

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

This standard addresses Disciplinary sanctions for staff. Standard states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Further, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policy (other than actually engaging in sexual abuse) shall consider the nature and circumstances of the act, the staff member's disciplinary history and comparable sanctions imposed for comparable offenses by other staff with similar histories. All terminations and resignations by staff for violations of agency sexual abuse and sexual harassment policies shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.

NCF addresses disciplinary actions and sanctions of staff through policy IMPP 10-103D. Documentation was provided of not allowing someone entry into the institution. NCF reported no incident of disciplinary action or sanctions for anyone currently employed during this review period. Staff interviews showed knowledge of disciplinary sanctions and procedures are in place if an incident occurs.

§115.77 – Corrective action for contractors and volunteers

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

This standard corrective action for contractors and volunteers and states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. Reporting to law enforcement and relevant licensing bodies shall occur, unless the activity was clearly not criminal. The facility will also take appropriate remedial measures when considering whether to prohibit further inmate contact in the case of any other agency violation of sexual abuse or sexual harassment.

NCF addresses disciplinary actions and sanctions of contractors and volunteers through policy IMPP 02-118. NCF reported no instances of contractor or volunteer sexual misconduct during the review period. Procedures and policies are in place for compliance should there be an incident.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard has 7 sections and addresses Disciplinary sanctions for inmates. The standard states, inmates shall be subject to disciplinary sanctions through a formal disciplinary process following administrative or criminal findings of inmate-on-inmate sexual abuse. 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. An inmate's mental disabilities or mental illness shall be considered in the disciplinary process and when issuing sanctions. The facility shall consider whether to require the offending inmate to participate in therapy, counseling or interventions as a condition of access to programming or other benefits. The agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. Reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish substantiation. An agency may in its discretion prohibit all sexual activity between inmates and issue disciplinary action upon determination that the activity was not coerced.

NCF addresses disciplinary actions and sanctions of inmates through policy IMPP 10-103D. There were not any incidents reported by NCF of inmate on inmate abuse however NCF has procedures in place that holds inmates accountable and will impose disciplinary sanctions following an administrative or criminal finding that the inmate engaged in inmate-on- inmate sexual abuse.

Interviews and review of policy confirms that disciplinary sanctions would occur and be based upon the circumstances of the incident, inmate's disciplinary history and similar sanctions imposed on other inmates with comparable offenses. NCF would consider the mental health of an inmate and will consult with the mental health staff prior to imposing discipline. NCF has procedures in place to refer inmates to mental health staff to address any underlying reasons or motivations for sexual abuse and will determine if the inmate's participation is a condition for access to programming or other benefits.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard addresses Medical and Mental Health Screening and states that pursuant to 115.41 that an inmate who has experienced prior sexual abuse victims and perpetrators (whether abuse or victimization occurred in an institutional setting or in the community) shall be offered a follow-up meeting with a mental health practitioner within 14 days of intake screening. If sexual victimization is identified at screening, a follow-up with a medial practitioner shall also occur within 14 days. Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary for security and management decisions. The standard further directs medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Referrals were reviewed. Information is limited to the staff on a need to know basis.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard addresses Access to emergency medical and mental health services and states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the appropriate medical and mental health practitioners of the abuse when they are not on duty at the time of the report. Inmate victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis in accordance with professional standards of care and when medically appropriate. Treatment services shall be provided to the victim without cost regardless if the victim names the abuser or cooperates with the investigation.

NCF policy, IMPP 10-103D, addresses this standard and requires immediate and ongoing medical and mental health service be provided for the victim. Staff knows how to obtain emergency medical and mental health services in a timely manner. Staff is aware they are to immediately take the appropriate steps to protect the victim. NCF did not report an incident of sexual abuse; however procedures are in place if an incident occurs.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard has 8 sections, with d and e being non-applicable. This standard addresses ongoing medical and mental health care for sexual abuse victims and abusers. The standard states that the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Evaluations and treatment of such victims shall include follow-up services, treatment plans and referrals for continued care upon the inmate's departure from the facility. Services provided by the facility shall be consistent to the community level of care. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections. Treatment will be provided at no cost regardless whether the victim names the abuser or cooperates with the investigation. The standard further states that all prisons attempt to conduct a mental health evaluation and offer treatment (if appropriate) to all known inmate-on-inmate abusers within 60 days of learning of abuse history.

NCF policy, IMPP 10-103D, addresses this standard and requires immediate protection of the victim, immediate and ongoing medical and mental health service is provided for the victim and ongoing treatment is provided as needed per the medical and mental health staff. NCF reported that there have been no incidents of inmate on inmate sexual abuse.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard has five sections and addresses sexual abuse incident reviews. The standard states that a facility shall conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, including allegations that have not been substantiated, unless determined unfounded. The review shall ordinarily occur within 30 days of the investigation's conclusion. The review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health professionals. The review team shall (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race or ethnicity, gender identity, status or perceived status, gang affiliation, or other facility group dynamics. (3) Examine the area of the facility where the incident allegedly occurred, assessing physical barriers that may enable abuse. (4) Assess the adequacy of staffing levels. (5) Assess monitoring technology. (6) Prepare a report of its improvements. Reports will be submitted to the facility head and PREA compliance manager. The standard further states that the facility shall implement the recommendations for improvements, or documents its reasoning for not doing so. NCF Policy IMPP 12-118 addresses the incident reviews. Reviews are taking place and the mandatory information was being considered.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard has six sections; (e) and (f) address private facilities and are not applicable. This standard addresses data collection and states that the agency shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The agency shall aggregate the data at least annually. The data collected shall include, at a minimum, necessary data to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. It shall also maintain, review and collect data as needed from all available incident-based documents. The annual report was completed and reviewed.

§115.88 – Data Review for Corrective Action

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

This standard states that the agency shall review data collected pursuant to 115.87 in order to assess and improve effectiveness of sexual abuse prevention, detection, response policies, practices and training. In doing so, the agency shall identify problem areas, take corrective action on an ongoing basis and prepare a report of its findings and corrective actions for each facility, as well as the agency as a whole. Such reports shall include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public. Specific material from the reports may be redacted when publication of such would present a threat to the safety and security of a facility. However, the agency must indicate the nature of the material redacted. The annual report was completed and reviewed.

§§115.89 – Data Storage, Publication, and Destruction

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

This standard states that the agency shall ensure the data collected pursuant to 115.87 is securely retained. The agency shall make the data readily available to the public at least annually, with personal identifiers removed. The collected data shall be maintained for at least 10 years after the date of the initial collection. Annual report was completed and reviewed.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Shea Carlson 12/16/16

Auditor Signature Date