

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]	
Name of facility: Topeka Correctional Facility	
Physical Address: 815 SE Rice Road Topeka KS 66607	
Date report submitted: August 31, 2017	
Auditor Information	
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Telephone number: 318-927-0475	
Date of facility visit: July 24-25 th 2017	
Facility Information	
Facility mailing address: (if different from above)	
Telephone number: 785 296-3432	
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	
Name of PREA Compliance Manager: Colene Fischli	
E-Mail Address: Colene.Fischli@doc.ks.gov	
Title: PREA Compliance Manager	
Phone Number: 785-559-9102	
Agency Information	
Name of agency: Kansas Department of Corrections	
Governing authority or parent agency: (if applicable)	
Physical address: 714 Southwest Jackson Suite 300 Topeka, KS. 66603	
Mailing address: (if different from above)	
Telephone Number: 785-296-3310	
Agency Chief Executive Officer	
Name: Joe Norwood	
Title: Secretary	
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Telephone Number: 785-296-0449	
Agency-Wide PREA Coordinator	
Name: Elisabeth Copeland	
Title: PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE:

The audit of the Topeka Correctional Facility was conducted on July 24th-25th by Michele Dauzat, Certified PREA Auditor and Shirley Coody, PREA Compliance Manager/ La. Department of Corrections.

The Notice of Audit was posted throughout the facility 6 weeks prior to the scheduled onsite audit. The team received a total of 3 letters as a result of this posting. The Pre Audit material arrived July 14th, which provided ample time for the audit team to conduct a thorough review of the documentation prior to the onsite audit.

The audit team arrived at TCF on July 24th at 9:00 am and met with the facility executive staff. An entrance meeting was held to introduce the audit team to the facility staff. Following the entrance meeting, the audit team began the facility tour which included all areas accessible to offenders: housing areas, segregated housing, programming areas, etc.

An offender roster was obtained and a random sampling of offenders were chosen for interview. A total of 22 offenders were interviewed. The offender interviews consisted of 14 random offenders, 1 Transgender/ Gender non- conforming offenders, 1 Limited English, 1 Disabled, 2 offenders who reported sexual abuse, 3 offenders who requested to speak with PREA auditor. A total of 40 staff interviews were completed. The staff interviews consisted of 4 random officers off of each shift, 1 volunteer, 3, intake staff, 2 Investigators, 1 staff who monitors for retaliation, 1 member of Sexual Abuse Incident Review, 2 Medical staff, 1 SAFE/SANE, 2 Mental Health staff, 1 Human Resource Director, 2 upper level Management Staff, 1 Contract Administrator, 1 Staff who supervises segregated housing, 3 screening officers. Interviews were also conducted with PREA Coordinator, PREA Compliance Manager, Facility Warden and Secretary of Corrections. All PREA standards and policies were reviewed for compliance. Questions were clarified and suggestions were made to enhance TCF procedures.

To ensure TCF practices follow the Agency's Regulation, a review of randomly selected personnel files, investigative files, training records and mental health records were conducted.

DESCRIPTION OF FACILITY CHARACTERISTICS

TCF has three different housing units to include:

I Cell House (Maximum Custody/RDU/Segregation)

J Cell House (High and Low Medium Custody)

Central Unit (Minimum and Medium Custody)

I Cell House was opened in April 1995 with the Maximum Custody being 127.

J Cell House opened in 1962 as the Kansas Reception and Diagnostic Center for males that were sentenced to DOC. In 2001, the RDU function for males was moved and in 2002, JCH was opened for medium custody women offenders.

Central Unit was opened as the Kansas Correctional Vocational Training Center for youthful, non-violent male offenders. Emphasis was for education and/or vocational training. By 1990, it housed only women offenders. Originally designed to hold 180 offenders, Central Unit has a capacity of 580.

The total population the morning of the audit was 867. The facility has a total of 447 cameras.

Number of standards exceeded: 4

Number of standards met: 39

Number of standards not met:

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 10-103D mandates TCF to a zero tolerance policy against sexual abuse and harassment, discusses the position of PREA Coordinator and the responsibilities associated with the position. Statewide PREA Coordinator indicates she has sufficient time and authority to develop and oversee compliance with the PREA standards. Ms. Copeland works closely with the PREA Compliance Managers at each institution within the Kansas Department of Corrections in developing policies and ensuring the proper practices are followed. In addition, the facility Compliance Manager, Colene Fischli, interviewed and voiced she has sufficient time to devote to her responsibilities as the Topeka Correctional Facility PREA Compliance Manager.</p> <p>During the onsite portion of the audit staff and offender interviews indicated the facility maintains a zero-tolerance culture toward sexual abuse and harassment. It was evident during the interviews that each staff member understands their role regarding prevention, detection and response.</p>	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 10-103D authorized KDOC to enter into a contractual agreement with other entities to confine offenders. All contracts were reviewed and include the necessary language to be compliant with this standard.</p>	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 12-137D has a staffing plan to include but not limited to the number of the post, the filling of the post or the lack of filling of the post. The plan is reviewed annually and there is</p>	

justification of any deviation to the plan. The facility operational staffing plan and daily rosters clearly indicated staffing levels, deviation from any staffing plan. The policy defines the expectations in regards to PREA standards when developing the staffing plan. Post Orders #15 and 12, address deviations to roster management and unannounced rounds in addition to policy GO 01-102 addressing the operational staffing plan chart. Each component of this standard are properly assessed with the facility staffing plan. The facility has not deviated from the staffing pattern and if necessary the facility uses overtime to maintain compliance with the staffing pattern.

Intermediate and higher level supervisors are required to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Supervisors document these rounds electronically and record can be pulled for verification. Staff members are prohibited from altering other staff members when these rounds are occurring. Interviews with unit managers who conduct these rounds indicated these rounds are conducted daily on every shift and in variations to prevent staff from alerting each other.

115.14	YOUTHFUL INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
TCF does not house youthful offenders. Youthful offenders are sent directly to Kansas Juvenile Correctional Complex from the county of conviction.	

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy IMPP 12-103 covers the procedures for searches and is compliant with the mandates of this standard. Strip searches and visual body cavity searches are to be conducted by staff of the same gender. Pat searches are only completed by female staff. TCF has not conducted any opposite gender strip searches. The facility provided all necessary training logs to demonstrate all staff has been trained on pat searches. The policy requires that staff of the opposite gender announce their presence upon entering a housing unit. During the tour and thorough interviews with both staff and	

offenders, it was confirmed that male staff are announcing their presence upon entrance. The policy states that offenders are allowed to shower, perform bodily functions and change clothing without non-medical staff in view. However, there were a few areas that needed additional barriers to prevent cross gender viewing. There was a shower curtain missing in unit I and J2. The curtains were installed on each unit while auditors were on site. There were a couple of crisis cells that have a camera in each cell which are typically used for offenders on suicide watch. Occasionally, the offenders remain in the cell for a brief period of time after the suicide watch is discontinued until another cell is available. The male officer monitoring the camera had access to view the toilet area during that brief time. Although these offenders are high risk maximum security offenders, the violation of the cross gender viewing was still present as they were not on a suicide watch. The facility Warden issued a memorandum to state the following: As soon as an offender has been removed from the crisis level status, the ICH OIC will place a sticker on the camera lens that will obscure view of the toilet area. The Unit Team Manager will also have the offender moved to an alternative room as soon as possible. The memo further dictated that this procedure will be followed regardless of the gender of staff viewing the camera.

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency Regulation requires facilities to take appropriate measures to ensure that all offenders have an equal opportunity to participate in or benefit from all aspects of the agency's efforts in protecting offenders from sexual abuse and sexual harassment. TCF provides training for staff, counselors, volunteers and offenders that are or work with those who have limited capabilities in reading, writing, deafness, sight or other disabilities/handicaps or that are less than English proficient. The facility utilizes Big Word Language line in the event they have an offender who needs assistance with interpretation. The facility also has available a Spanish brochure.

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

Auditor comments, including corrective actions needed if does not meet standard

TCF does not hire or promote individuals who have engaged or have been convicted of sexual abuse or sexual assault in either confinement settings or in the workplace. During the onsite audit, it was noted that all randomly selected employee files contained background checks. In

addition, the facility conducts background checks annually. This was verified through file review and Human Resource staff interview.

115.18 UPGRADES TO FACILITIES AND TECHNOLOGY

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

Auditor comments, including corrective actions needed if does not meet standard

IMPP 01-123 requires the Secretary of Corrections to approve any major change in construction and shall consider the best interest of staff and offenders. There have been no significant upgrades within the time period of audit review. During the reporting period, there were numerous cameras installed in the dorm areas in addition to the vo tech area.

115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Policy IMPP 22-103 set forth proper investigative procedures, how to conduct the investigations, obtain and preserve evidence, collection of evidence by appropriate medical personnel and the services provided to victims. The policy outlines actions that will be taken following an allegation of sexual abuse. IMPP 22-103 states, "All allegations of misconduct or criminal activity received by EAI shall be reviewed and a determination made as to how the allegation will be handled." The agency has a uniformed evidence collection protocol that maximizes the potential for obtaining usable physical evidence. The policy 10-103D indicates that if the victim consents to advocacy services, the advocate will be contacted and may be allowed to accompany victim to the hospital. TCF utilizes the YMCA as an outside victim advocacy service. The facility provided documentation demonstrating that offenders are not financially charged when provided forensic medical exams. The SAFE/SANE exams are provided at the St. Francis Medical facility. The facility has not had an incident in the last year that would require forensic examination, however; staff interviewed knew when and how an advocate would be notified.

115.22 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency regulation IMPP 22-103 requires that allegations of sexual abuse or sexual harassment be referred for investigation. The policy outlines that all investigations will be conducted per the EAI manual. TCF has established methods of reporting to include verbal, anonymous, written notes, hotline access, etc. TCF has specific policy in place to ensure referrals of allegations for investigations are handled in accordance with the PREA standards.
During the reporting period there were 37 allegations of sexual abuse or harassment received. Of the 37, there were 30 that were investigated by administration and two that were referred for criminal investigation.

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

Auditor comments, including corrective actions needed if does not meet standard

Policy IMPP 03-104D sets forth the minimum training provided to entry level staff as well as more advanced training. TCF provided lesson plan and numerous training logs for auditor review. The agency's PREA training curriculum was reviewed and was found to address all required components of this standard as mandated. The training is tailored to the gender of the offenders at the facility. During the onsite portion of the audit, additional random employee training files were reviewed. All files indicated by signature that employees are completing PREA training as required. The staff receives annual PREA training. It was obvious during interviews that staff receives and understands the training provided. Staff easily articulated on how to report allegations and coordinated action response if allegation is voiced.

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

Auditor comments, including corrective actions needed if does not meet standard

IMPP 02-0118D requires that all volunteers and contractors receive PREA training. TCF provided documentation of training records for contractors/volunteers. Contracts were reviewed which contained language of PREA including the requirement to report allegations of sexual misconduct, respond to investigative inquires and participate in necessary training as directed. TCF has a Volunteer Coordinator which maintains training documents and ensures all volunteers are trained properly regarding PREA.

115.33	INMATE EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Upon arrival at TCF, all offenders are provided with information regarding PREA and how to report an allegation of sexual harassment/abuse. The information provides detailed information with regard to definitions of sexual harassment, abuse and misconduct. TCF provided signed acknowledgement forms indicating that offenders also receive a more detailed PREA training within 30 days of arrival at the facility. Random offender interviews indicated that offenders have knowledge of PREA, as well as the means to report allegations. During the onsite tour, it was noted that PREA signs were present in all housing areas. The audit team recommended that additional posters/signage were placed in the following areas:</p> <ul style="list-style-type: none"> Dining Hall Sewing Industry Laundry Dental Lab Housing unit J2 Gym <p>TCF completed this recommendation while onsite. Information was noted to be available in Spanish during tour. File review of random offenders indicated that offenders assigned to the facility do receive adequate PREA education.</p>	

115.34	SPECIALIZED TRAINING: INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 10-103D discusses additional advance sexual abuse and sexual harassment training included but not limited to Miranda and Garrity warnings. Investigative staff and completed necessary training with certification to demonstrate compliance. The Kansas Bureau of Investigations offered specialized training for all investigators.</p>	

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	

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

Auditor comments, including corrective actions needed if does not meet standard

TCF contract with Corizon Health Care. Per Corizon policy, medical staff upon employment receives training on how to detect, respond to and report any sexual misconduct and how to preserve physical evidence. Update training is completed every two years. TCF staff has received this training and provided documentation and lesson plan for auditor review.

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
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- XX 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)

Auditor comments, including corrective actions needed if does not meet standard

Reviewing policy IMPP 10-139, intake screening form (Sexual Victimization Assessment form) meets the standards. The form and the instructions are very detailed and take into consideration all required factors. The form is completed again within 30 days per policy to ensure the offender feels safe in his assigned housing area. The policy clearly states offenders are not disciplined for refusing to answer specific questions. Offenders at risk of sexual victimization are easily identified and never housed with offenders that have a tendency for predatory behavior. According to the PAQ, 97% of the offenders admitted into the facility within the past 12 months, were screened upon intake and again within 30 days for risk of sexual victimization. During the onsite audit, the auditor randomly selected offenders' names and reviewed the risk screening to ensure timeliness. The risks screenings reviewed were conducted as required by this standard. A review of the agency's SVA assessment showed all criteria required by 115.41 is addressed in the screening assessment. The screening form is not considered public records. The information is appropriately disseminated within the facility staff to maintain level of confidentiality but utilizing the electronic (TAPS) database. All interviews with both staff and offenders indicated that staff thoroughly screens offenders to ensure they are properly classified and housed. Intake staff articulated an excellent understanding of the requirements and intention of this standard. Offenders interviewed stated they feel as if staff made an extra effort to ensure their safety prior to placement in housing assignment/job assignment.

115.42	USE OF SCREENING INFORMATION
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- XX 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)

Auditor comments, including corrective actions needed if does not meet standard

The agency regulation outlines how the facility should utilize the PREA assessment to make informed decisions regarding housing and cell assignments as well as, assignments to programming, work and education. Based on the criteria noted in 115.41, Screening for Risk of Victimization or Abusiveness, the facility makes individualized determination regarding the safety of the offenders by utilizing the IMOH and SVA. The facility utilizes a review of the Internal Classification Checklist to appropriately determine housing, job placement, education, etc. This form is reviewed daily and includes a designation for PREA that considers all factors. In addition to this process, the facility utilizes a Multi Occupancy Housing form which also considers the offenders level of risk prior to placement. The different classification for victimization are as follows:

VI-Victim Incarcerated

VP-Victim Potential

KA-Known Aggressor

AP-Aggressor Potential

UN-Unclassified

All VI/VP are housed separate from the AP/KA.

TCF makes housing and programming assignments for transgender offenders on a case-by-case basis. Staff reported and policy supported, that the transgender offenders are assessed twice a year. The audit team interviewed one transgender offender and the offender stated he had been given the opportunity to shower separately and does not feel unsafe in his environment. The transgender offender stated the staff makes sure his needs are met and he was comfortable and knowledgeable of the reporting mechanism.

115.43

PROTECTIVE CUSTODY

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

Auditor comments, including corrective actions needed if does not meet standard

Agency regulation states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment for all available alternatives has been made, and determination has been made that there is no available alternative means of separation from likely abusers. Policies IMPP 20-106 and IMPP 0-108 mandate the minimum level of protective custody that is required. Reviewing practices of TCF and interviewing offenders in segregation, the policy is being followed. The facility utilized the Administrative Segregation Report post incident that evaluates the needs of offenders placed in involuntary segregation.

TCF has not placed an offender in involuntary segregation due to risk of victimization within the last 12 months. Staff interviewed reported that should the need arise that required involuntary segregation for the protection of an offender at risk of victimization; they would utilize the Administrative Segregation Report form.

115.51	INMATE REPORTING
<p>XX <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p><input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p>	
<p>Agency Regulation IMPP 10-103D requires that offenders have multiple channels to report allegation of sexual abuse and sexual harassment. GO -01-102 details available channels for the offenders at TCF. The agency has an MOU with the Legal Services for Prisoners to accept correspondence from the offender population. The agency also has a procedure in place on the offender phone system. The offender can push #50 and leave an anonymous complaint. In addition to both of these resources, the offender can also go the kiosk and send an email notification to voice a PREA complaint. The offenders also have the grievance procedure in addition to a mailbox in each housing area that will allow correspondence to security supervisors regarding issues that need to be addressed. TCF provides offenders avenues to report allegations of sexual abuse verbally, in writing, or third parties. During the tour it was observed signs were displayed near phones, on bulletin boards and in housing units advising offenders of the multiple ways to report. Offenders expressed during interviews that they had been educated on the ways to report sexual abuse and sexual harassment. The phones and email system were tested and both worked and gave easy instructions on how to file complaint. Staff may report privately to their supervisor or directly go to the PREA Compliance Manager. Interviews with staff indicated they would feel comfortable reporting allegations privately to their supervisor or PREA Compliance Manager.</p> <p>TCF does not house offenders solely for immigration purposes.</p>	

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE REPORTING
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>XX <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>		
<p>Auditor comments, including corrective actions needed if does not meet standard</p>		
<p>The facility meets all requirements of this standard. The Agency Regulation KAR 44-15-204 addresses the elements of this standard. Agency regulation allows a third party to assist an offender in initiating or assist in reporting allegations of sexual abuse or sexual harassment through the grievance procedure. The agency does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. An offender may submit a grievance alleging sexual abuse without submitting it through the alleged staff member. The facility provided documentation that grievances were responded to in a timely manner.</p>		

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REPO
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard The facility has an MOU in place with the Legal Services for Prisoners to provide outside confidential services for all offenders. Compliance with this standard was demonstrated through documentation and practice. TCF also has a partnership with YWCA Center for Safety and Empowerment that offers emotional support to the women housed at the facility. Each offender is given this information upon intake.		
115.54	THIRD-PARY REPORTING	
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard Third party reporting information is readily available to all offenders through the orientation manual provided upon intake. In addition, the agency’s website which outlines how a third party can report allegations of sexual abuse and sexual harassment is easily located. The website provides a telephone number and an email address to report an allegation. During the reporting period, TCF did not receive any third party reports.		
115.61	STAFF AND AGENCY REPORTING DUTIES	
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard Per policy IMPP 10-103C, all staff shall report any knowledge of sexual violence or misconduct to supervisor, appointing authority or EAI. Failure to do so shall result in disciplinary action. This regulation also requires all staff members to report any claims of retaliation. All allegations of sexual abuse, asexual harassment, or harassment are to be treated with discretion and confidentiality. All staff reporting procedures are covered in annual training. During interviews, staff articulated the various methods they have available to report.		

115.62	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>TCF demonstrates compliance with this standard in agency policies IMPP 10-103D, IMPP 20-104, IMPP 20-105. The policy outlines staff responsibility should an offender be at substantial risk of imminent sexual abuse. The Coordinated Action Plan checklist is thorough and utilized appropriately. The review process using the Administrative Segregation Report is utilized to ensure the least restrictive housing is appropriately implemented. All staff interviewed reported they would take immediate action if they learned an offender was at substantial risk of imminent sexual abuse. During the reporting period, TCF had no incidents of assigning a victim to involuntary segregation.</p>	

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency Policy IMPP 10-103D addresses the necessity of advising other agencies when an alleged violation occurs in another facility. The facility was able to articulate and provide information regarding this procedure. During the reporting period, TCF received 7 allegations where an offender reported she was sexually abused while housed at another facility. TCF provided documentation to demonstrate they reported the allegation as required. The Warden indicated that should they receive an allegation from another facility, they would investigate the allegation to the best of their ability. TCF is in compliance with this standard.</p>	

115.64	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	

The Agency policy 10-103 D addresses the duties of first responders. All staff interviewed could explain what they should do if an allegation of sexual abuse was reported to them. In review of the investigative reports, it was determined all procedures were followed for preservation of evidence and protection of the victim. TCF demonstrates compliance with this standard.

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

Auditor comments, including corrective actions needed if does not meet standard

TCF has a policy in place outlining the coordinated response. The PREA checklist is utilized and appropriate response is provided. Policy IMPP 10-103D also details the procedures used to ensure actions and notification of the proper authorities are completed in a timely manner. The facility has an institutional plan that coordinates the action taken in response to an allegation of sexual abuse that includes medical, mental health, first responders, investigators and facility administration.

115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
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- Exceeds Standard (substantially exceeds requirement of standard)
XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TCF staff has the ability to move any offender to a safe/cell or segregation or other location that is suitable for the protection of an offender at risk for sexual victimization. Provided was a copy of the MOU with Kansas State Organization for Employees Union. All mandates of this standard are compliant.

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

Auditor comments, including corrective actions needed if does not meet standard

Per policy IMPP 10-103D, TCF meet standards and requires all staff to report verbally or in writing any retaliation to EAI or PREA Compliance Manager. The facility was able to provide documentation of this practice. In addition, the facility supports this standard and requires that offender or staff who report sexual abuse and offenders who are reported to have suffered sexual abuse be monitored for retaliation for at least 90 days. The policy requires that should retaliation be suspected, the facility must act promptly to remedy the situation. The facility has a specific retaliation monitoring report that is completed to examine not only compliant of retaliation but also housing assignment, referrals made, job assignment, etc.

115.68

POST-ALLEGATION PROTECTIVE CUSTODY

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

Auditor comments, including corrective actions needed if does not meet standard

Agency regulation states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment for all available alternatives has been made, and determination has been made that there is no available alternative means of separation from likely abusers. Policies IMPP 20-106 and IMPP 0-108 mandate the minimum level of protective custody that is required. Reviewing practices of TCF and interviewing offenders in segregation, the policy is being followed. The facility utilized the Administrative Segregation Report post incident that evaluates the needs of offenders placed in involuntary segregation. TCF has not placed an offender in involuntary segregation due to risk of victimization within the last 12 months. Staff interviewed reported that should the need arise that required involuntary segregation for the protection of an offender at risk of victimization; they would utilize the Administrative Segregation Report form.

115.71

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Per policy 22-103, the facility is required to follow protocol compliant with this standard for all investigations. Each facility has an EAI division as well as an agency level EAI division. TCF conducts administrative investigations. Staff interviewed reported knowledge of criminal investigations being handled and referred to law enforcement per policy. All facility investigators have completed specialized investigator training per standard 115.24. The agency requires investigators to follow an evidence collection protocol which contains specific steps that shall be followed when an allegation of sexual abuse is made. In the past 12 months, TCF had 22

allegations of sexual abuse/sexual harassment. All allegations were investigated administratively by facility investigators. TCF had zero investigations in the 12 month review period that required referral to outside law enforcement agency. All investigations reviewed were documented in a standard report format and contained a description of physical and testimonial evidence and reasoning to support the finding. During interviews of the TCF investigators, it was evident they were knowledgeable of the proper protocols and are following the required elements of 115.71 when conducting investigations.

115.72

EVIDENTIARY STANDARDS 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)

Auditor comments, including corrective actions needed if does not meet standard

Policy IMPP 22-103 3 A discusses all components of the preponderance of evidence standard. EAI investigators have attended investigation training and seek the input of the DA's office regarding whether an investigation is administrative or criminal. When interviewing the investigators, they were able to adequately give examples of the burden of proof and preponderance for administrative cases. They understood that a standard no higher than preponderance of evidence is to be used when determining allegations of sexual abuse or sexual harassment are substantiated.

115.73

REPORTING TO 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)

Auditor comments, including corrective actions needed if does not meet standard

TCF has a policy, IMPP 10-103 D that enforces the use of the Notification of Inmate form to provide the victim information regarding the outcome of the investigation. The form is very thorough and meets all requirements of the standard. The policy mandates that following an investigation of sexual abuse from staff or another offender, the alleged victim will be notified as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded. A random review of investigative files showed TCF was providing alleged victim with notification outlined by the agency policy and required by this standard.

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115.76	DISCIPLINARY SANCTIONS FOR STAFF
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency policy specifies that staff members who violate the agency’s sexual abuse and sexual harassment policy may receive disciplinary action, up to and including termination. Staff interviewed was knowledgeable about the action that would be taken if found to be in violation of the PREA standards.</p> <p>During an interview with an offender and review of investigative files, it was discovered that an allegation of sexual harassment from an offender against the Dental Lab Supervisor resulted in a substantiated investigation prior to this 12 month reporting period. During the interview, it was determined the offender was removed from the Dental Lab location and reassigned secondary to this complaint. The Supervisor was disciplined (reprimand) but not terminated. The Supervisor is not directly employed by the facility but through the Enterprise division of the agency. Therefore; the facility does not have authority to terminate employment for this individual. The Supervisor was properly trained on PREA and facility policies, the facility provided his training records to the audit team. The Supervisor still serves as an instructor for offenders but since the allegation, an additional employee has been placed in the Dental Lab for increased supervision. In review of other substantiated cases at TCF, protocol has been followed and alleged staff aggressors have been terminated and criminal charges pressed. During the onsite audit, I (Michele Dauzat) reached out to Scott Catey, PRC Senior Program Manager, for guidance on this issue. Mr. Catey agreed that the concern is not a compliance issue but rather a facility sexual safety issue. I strongly recommend the administration of the agency review this case and terminate the Dental Lab Supervisor. As an auditor, I do not feel it is a good practice to continue to have an employee supervise offenders that has admitted to undue familiarity with offenders in addition to allow him to continue in the same position of authority after having a substantiated sexual harassment case against him.</p>	

115.77	CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency policy includes language indicating that all volunteers and contractors are made aware that engaging in sexual abuse of an offender may result in the filing of criminal charges. Documentation from TCF indicated that no contractors or volunteers had engaged in sexual abuse of an offender or been prohibited from contact with offenders in the past 12 months. Established</p>	

policy dictates that substantiated allegations of sexual abuse to be submitted to local law enforcement.

115.78 DISCIPLINARY SANCTIONS FOR INMATES

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

Auditor comments, including corrective actions needed if does not meet standard

TCF addresses disciplinary actions and sanctions of offenders through policy IMPP 10-103D. LCF holds offender accountable and will impose disciplinary sanctions following an administrative or criminal finding that the offender engaged on offender on offender sexual abuse. Disciplinary sanctions will occur and will be based upon the circumstances of the incident, offender's disciplinary history and similar sanctions imposed on similar incidents. TCF will consider the mental health of an offender and will consult with the mental health staff prior to sanction. Reports of sexual abuse made in good faith will not constitute false reporting of an incident even if the investigation doesn't establish sufficient evidence to substantiate the allegation. TCF prohibits all sexual activity between offenders. Although all offenders, both victim and aggressor, are evaluated by mental health after an allegation is reported, a recommendation was made to develop a procedure for documentation of the mental health stability of aggressor prior to disciplinary board hearing.

115.81 MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy 10-103 D contains language which requires follow up meetings with medical or mental health when an offender discloses prior victimization during a PREA screening whether the victimization occurred in the community or in an institutional setting. Agency policy also requires a follow up meeting with medical/mental health for those who are identified as perpetrators whether the perpetration occurred in an institutional setting or in the community. Documentation was provided indicating compliance with this standard. In addition, interviews with medical and mental health staff indicate compliance with this standard.

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Agency policy 10-103 D supports all areas of this standard. The policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment of services. Interviews with medical and mental health staff, as well as random staff indicates that staff is well aware of the components of this standard and that the facility is in compliance with the standard.	

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Agency policy 10-103 D support all components of this standard. TCF provided documentation indicating that offenders who are prior victims and perpetrators are offered follow up treatment by mental health staff. In addition to the requirements of the standard, the mental health department adds the victim to a “special needs” list utilized only by the mental health department. The mental health staff will meet with the victim once a month at minimum for at least 90 days to monitor level of functioning and services needed. The staff of the mental health department are employed by Corizon Health Services. They complete specialized training through Corizon in addition to any facility training offered. The staff is extremely knowledgeable regarding the needs of abusers and victims and provides numerous treatment services for this specific population. All offenders interviewed expressed consistently that the mental health department was readily available for all needs and would provide ongoing individual counseling upon referral and/or request.	

115.86	SEXUAL ABUSE INCIDENT REVIEWS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	

Agency policy 12-118 outlines that an incident review will be conducted at the conclusion of every sexual abuse investigation unless the investigation is unfounded which supports the requirements of this standard. The agency has developed a sexual abuse incident review form which ensures all components required by the standard are reviewed. A review of randomly selected investigation files indicated the incident reviews are being conducted at the conclusion of substantiated or unsubstantiated sexual abuse investigations as required by this standard.

115.87	DATA COLLECTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Documentation provided by TCF indicates that the agency collects data for every allegation of sexual abuse and repeated allegations of sexual harassment. The annual survey of Sexual Victimization is completed each year. TCF also provided documentation of aggregated data, indicating that the data is maintained, reviewed and collected from all incident based documents. The agency is in compliance with this standard.	

115.88	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The annual report was provided by the agency. Included in the report is the agency's progress in identifying and addressing problem areas with regard to PREA protocols and compliance.	

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	

The agency utilizes a database to collect incident based data. There is limited access to the PREA database. The annual reports are accessible through agency website. All personal information is redacted from the reports. Agency policy and practice provides for secure retention of data.

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 agency under review.

Michele Dauzat, Certified PREA Auditor

8/31/17

Auditor Signature

Date