

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:		El Dorado Correctional Facility	
Physical address:		1737 SE Hwy 54, El Dorado, KS 67042	
Date report submitted:		September 8, 2015	
Auditor Information		Joseph Z. Martin	
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Date of facility visit:		August 18-20, 2015	
Facility Information			
Facility mailing address: (if different from above)		El Dorado Correctional Facility P.O. Box 311 El Dorado, KS 67042	
Telephone number:		(316) 321-7284	
The facility is:		<input type="checkbox"/> Military <input type="checkbox"/> County 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			
Name of agency:		Kansas Department of Corrections	
Governing authority or parent agency: (if applicable)		Kansas Department of Corrections	
Physical address:		714 SW Jackson, Suite 300 Topeka, KS 66603	
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the El Dorado Correctional Facility was conducted on August 18th-20th of 2015. The audit team consisted of the Audit Chair, Joe Martin KDOC/DOJ Certified PREA Auditor with two support staff consisting of Stacy Dortch KDOC and Lindsay Stemle KDOC. During the Pre-Audit phase, the team reviewed the documentation provided prior to the site visit. Follow-up documentation requirements was 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: KDOC PREA Coordinator Elisabeth Copeland, Warden James Heimgartner, Deputy Warden Deane Donley, Deputy Warden Fred Early, Deputy Warden Mary Nelson, Chief of Security Tim Smith, PREA Compliance Manager Lt. Trent Gunter, CSI Matthew Beyer, RDU Administrator Gary Wilson, Behavioral Health Coordinator Kevin Edwards, Corizon Health Services Administrator Susan Delap, EAI Lt. Tom Hermreck, Classification Administrator Maria Bos, RDU Clinical Supervisor Jill Weippert, Corrections Counselor II Mark Mora and Program Consultant II Karen Williams. Introductions were given and discussion was held of the teams responsibility and plans to tour the facility following the recommended tour guide from the PRC 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 26 inmates consisting of 12 random (from each housing unit), 4 Who Disclosed Sexual Victimization During Risk Screening, 3 Disabled and Limited English Proficient, 4 LGBTI, and 3 Who Reported a Sexual Abuse. In addition, the team interviewed 52 staff consisting of the Agency Director, the Agency Contract Administrator, the Warden, the Compliance Manager, 3 Investigators, 3 who serve on the Incident Review Team, 10 Random officers covering all shifts, 4 Intermediate to Higher Level Supervisors covering all shifts, 4 staff who have acted as First Responders, 9 Medical and Mental Health staff, 6 staff who perform the Screening for Risk of Victimization and Abusiveness, 3 Human Resource staff, 2 Volunteer and Contracted staff, 4 Intake Staff and 1 staff who Supervises Inmates in Segregated Housing.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The El Dorado Correctional Facility is an Adult Male institution that houses Maximum, Medium and Minimum custody inmates. It also contains a Reception and Diagnostic Unit for newly admitted offenders. The current inmate population for the facility is 1554. El Dorado Correctional Facility offers programs that include; Excel Jaycee, Behavior Modification, Pathways, Thinking for a Change, Reaching Out from Within and many other evidence based programs.

SUMMARY OF AUDIT FINDINGS:

The team found that documentation provided during the pre-audit documentation review phase and additional on-site follow-up documentation to be sufficient to show that PREA practices had been institutionalized. The facility tour was conducted and three (3) areas of concern were noted. U, L and G dorms all had open shower areas that allowed observation of inmates genitalia and buttocks area by female staff. Upon questioning El Dorado staff, it was found that females aren't allowed to go into these areas. The team further questioned this practice and found that no written guidelines were documented to prohibit female staff from entering these areas. Warden Heimgartner and his staff took immediate corrective action and installed temporary curtains in these areas and a directive was issued to the Inmate population that held them accountable for fully undressing behind the privacy curtains.

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 El Dorado staff to discuss their findings. All standards were found to be in compliance and the team commended their hard work and their training and education of staff and inmates of the PREA standards. The team asked that once permanent partitions were placed in the above areas noted that pictures be sent to the team.

Each standard below will have comments/recommendations and justifications to why compliance or non-compliance was determined.

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 complaint.

§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 staff dedicated 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)

Agency policy IMPP 12-137 D uses direct language from this standard. Along with attachments covering staffing plan requirements and the components to be considered from section (a). Staff interviews corroborated that all of the components are considered for the facilities staffing plan and that it is reviewed by the agency. EDCC provided sufficient documentation along with on-site checks of logs highlighting unannounced supervisory rounds being performed on all shifts.

§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)

This standard is Non-Applicable for EDCC as it does not house Youthful Offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

- 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 policies IMPP 12-103 and 10-103 D cover the components from this standard. Housing Units U, L and G were found to have non-complaint shower areas however, immediate corrective action was taken and reasonable privacy curtains were placed in these areas along with a directive to the inmate population of undressing behind the privacy curtains. EDCC provided documentation along with spot checks performed by the audit team that showed cross gender announcement practices were institutionalized. Staff and inmate interviews corroborated this practice.

EDCC 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.

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

- 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 policies IMPP 01-103, IMPP 10-138 and IMPP 10-103 incorporates language from this standard. EDCC has Interpretational Services available and has staff that are fluent in Spanish. Staff interviews showed that all inmates are educated on the agencies PREA policies and written materials are readily available. EDCC shows PREA videos to all inmates received at the Reception and Diagnostic unit. Inmate interviews corroborated that all inmates are educated on PREA.

§115.17 – Hiring and Promotion Decisions

- 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 policies IMPP 02-126 A, IMPP 02-126 D and IMPP 02-118 cover the language from this standard. EDCC provided logs which include staff and contractor check performed. KDOC job applications incorporate direct language of questions asked as outlined in section (a). Staff H&R interviews corroborated background checks are completed within the guidelines of this standard.

§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 01-123D 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 a investigative unit responsible for conducting criminal investigations. El Dorado has a Memorandum of Understanding (MOU) with the Family Life Center located closeby which serves as a Victim Advocacy Center for the inmate population. El Dorado Correctional Facility also has staff that serve in this role in their Mental Health department.

It is recommended that a stronger relationship be built between EDCC and the Family Life Center that includes encouragement for them to tour the facility to familiarize themselves more with the functions of the institution.

§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)
- 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. EDCC provided the departments lesson plan that incorporates all components from section (a). EDCC 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)
- 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 direct from standard directed towards contractors. EDCC provided documentation of their training manual for volunteers. Staff interviews corroborated training for volunteers has been institutionalized.

§115.33 – Inmate Education

- 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 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. EDCC 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)
- 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 directs this standard. All EDCC 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. EDCC 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). EDCC 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 this policy, following the guidelines of a required reassessment.

General Orders 17-101 outlines that offenders may not be disciplined for refusing to answer, or for not disclosing complete information.

Policies IMPP 10-139 and IMPP 05-101 incorporates measures to ensure appropriate control of the dissemination of sensitive information.

Staff interviews and provided documentation supported knowledge and practice of this standard.

§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. It is recommended that staff relay relevant risk information to work supervisors to further enhance safety on job sites.

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.

Documentation provided verified practice of the above. Staff interviews supported knowledge. Inmate interviews further verified transgender inmates are given the opportunity to shower separately and that LGBTI inmates are not housed in dedicated wings.

§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.

Policies IMPP 20-101, IMPP 20-105, General Orders 10-102, IMPP 20-108, IMPP 20-106, IMPP 20-105, 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 questioning during the tour verified programming opportunities for segregated inmates, to include a “step down” system.

Documentation provided (PREA checklist) notes recommended housing placement. The document further requests a notation for “reason for no alternative housing”.

§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. The agency does have an active Memorandum of Agreement with Legal Services for Prisoners, allowing reporting to a private entity. Policy further 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 the inmate population as posted throughout the institution or as given in orientation packets.

Recommend additional inmate education (long term inmates, 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 44-15-204 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 grievances 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. However, time frames are not met by the investigative team, which delays the final response. The spirit of this standard is in compliance.

It is recommended that EAI consider reviewing their internal procedure in relation to specified time frames.

§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 access to outside victim services. Pamphlets 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 Life 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.

§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: 1-888-317-8204. 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)
- 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 General Orders 9-130 address immediate reporting of knowledge, suspicion, retaliation, neglect to report and confidentiality of reports. Reporting guidelines are incorporated.

Staff interviews and provided documentation supported knowledge and practice of this standard.

§115.62 – Agency Protection Duties

- 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 and General Orders 9-130 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)
- 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 Warden's interview supported practice and understanding of this standard.

§115.64 – Staff First Responder Duties

- 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 10-103D, General Orders 9-130, IMPP 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)
- 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)

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 complaint with this standard.

§115.67 – Agency protection against retaliation

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 retaliation and outlines protection and monitoring practices. Provided documentation supports practice and standard. Practice also confirmed through staff and inmate interviews.

§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, IMPP 20-106 addresses outline of standard.

Report of zero inmates held in involuntary segregation. Documentation provided of housing assignments of inmates who alleged to have suffered sexual abuse – in segregation at the time of report. Documentation provided of Administrative Segregation Report notes format for PREA concerns and explanation as to the “reason no alternative means of separation can be arranged”.

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)

Policy and Procedure in place that outlines the process. Staff Investigators were well trained and had good knowledge of the standard. Kansas DOC completes both Criminal and Administrative Investigations and work closely with Prosecutors for criminal charges.

§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)

Agency policy is in place that details this standard. DOC Investigators were familiar with the preponderance of evidence requirements. EDCC provided examples of investigations which showed a good understanding of this standard.

§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)

Policy and Procedure in place that outlines the process. The EAI Staff handles all notifications in writing to the inmates at the conclusion of the investigation. Staff had a good overall knowledge on the process.

§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)

Policy and Procedure in place that outlines the process. During the last twelve months there were 2 staff involved investigations. Staff had a good knowledge of procedures for disciplinary sanctions for staff.

§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)

Policy and Procedure in place that outlines the process. There were no staff sexual misconduct involving a contracted staff member during the reporting period. Staff interviews showed measures are in place that would prohibit contact between alleged staff abusers from inmates.

§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)

Policy and Procedure in place that outlines the process. EDCC reported no incidents in the last 12 months of inmate on inmate sexual abuse.

It is recommended that training be given to the Adjustment officers and mental health staff detailing requirements of this standard including that of the perpetrator's mental disabilities or mental illness contributed to the behavior when determining what type of sanction should be imposed when applicable.

§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)

Policy and Procedure in place that outlines the process. Inmates are screened for Medical and Mental Health upon their transfer into the facility. Inmates that disclose prior victimization or abusiveness are offered a 14 day follow up or placed in proper programming.

Staff interviews corroborated this practice has been institutionalized.

§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)

Policy and Procedure are in place for this standard. Staff first responders are trained to handle emergencies and have good knowledge of the process. Facility offers 24 hour care with access to outside hospital.

Staff interviews showed good knowledge of this standard and that medical and mental health services are readily available.

§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)

Inmate victims of sexual abuse are offered tests for sexually transmitted diseases at no cost. Medical and Mental health evaluations are offered for inmates who have been sexually victimized and for those who have been sexually abusive.

EDCC staff interviews showed good knowledge of this standard and their duties when applicable.

§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)

Agency policy 12-118 incorporates direct language outlining the components of this standard. Incident review teams receive input from supervisors, investigators and medical and/or mental

health staff. The Incident Review Team submits their report that includes recommendations for improvement to the Warden.

§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)

Policy and Procedure in place that outlines this process. Investigation forms are designed to capture relevant data that is sufficient to answer the Department of Justice Survey of sexual Violence. All PREA information is maintained by the agency.

It is recommended that the agency review their forms to ensure that sufficient data is captured to answer the revised version of the DOJ's Survey of Sexual Violence form.

§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)

The KDOC Annual PREA report is placed on the KDOC website. This report is approved by the agency head and includes necessary components of this standard.

It is recommended that the agency prepare it's 2015 Annual Report and place on it's website.

§§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)

KDOC agency policy IMPP 10-103D outlines this standard. The agency maintains all data and ensures it is securely retained.

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.

Joseph Marts

Auditor Signature

9/10/2015

Date