

PREA Facility Audit Report: Final

Name of Facility: El Dorado Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/16/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Robert Manville | Date of Signature: 09/16/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Manville, Robert |
| Email: | robertmanville9@gmail.com |
| Start Date of On-Site Audit: | 06/28/2021 |
| End Date of On-Site Audit: | 07/01/2021 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | El Dorado Correctional Facility |
| Facility physical address: | P.O. Box 311, El Dorado, Kansas - 67042 |
| Facility Phone: | |
| Facility mailing address: | P.O. Box 311, El Dorado, Kansas - 67042 |

| Primary Contact | |
|--------------------------|----------------------|
| Name: | Peggy Steimel |
| Email Address: | Peggy.Steimel@ks.gov |
| Telephone Number: | 785-260-4658 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|--------------------|
| Name: | Jeff Butler |
| Email Address: | Jeff.Butler@ks.gov |
| Telephone Number: | 316-321-7284 |

| Facility PREA Compliance Manager | |
|----------------------------------|-------------------------|
| Name: | Matthew Moore |
| Email Address: | matthew.moore@ks.gov |
| Telephone Number: | O: 316-321-7284 ext. 22 |

| Facility Health Service Administrator On-site | |
|---|--------------------------------|
| Name: | John Koppenhaver |
| Email Address: | jkoppenhaver@TeamCenturion.com |
| Telephone Number: | 316-321-7284 |

| Facility Characteristics | |
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| Designed facility capacity: | 1948 |
| Current population of facility: | 1649 |
| Average daily population for the past 12 months: | 1927 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 00000 |
| Facility security levels/inmate custody levels: | Minimum; Medium; Maximum; & Special Management |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 616 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 161 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 514 |

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

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

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

AUDIT FINDINGS

Narrative:

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

The Kansas Department of Corrections entered a contract for the Prison Rape Elimination Act (PREA) auditing services with Corrections Management and Communication Group. The primary sole auditor is Robert Manville, and no conflict of interest exists between the two parties. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The agency and contracting staff determined that the agency would utilize Online Audit System portal for completion of the audit. The agency documents and the auditor documentation were uploaded on the PREA OAS system. The OAS system is a secure software platform that will prevent the transfer of personally identifiable information and provide the user to have the ability to upload documents and retain the documentation for future use. Prior to the on-site visit, the PREA Coordinator and facility staff uploaded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination on the OAS system. Policies and documentation are in the form of agency directives and policies. Institution Supplements (IS) are provided in the form of Facility Directives. Updates of the Pre audit questionnaire, investigations and Institutional Supplements were also discussed prior to the beginning of the audit. The auditor reviewed the agency website for PREA reports and updated policies. The auditor reviewed the February 2019 Audit Report posted on the Agency website and notated all previously recommended corrective action responses. The website also included data collection reports from 2015 through 2020 and the auditor noted all statistical data throughout the review. A search of any litigations, facility information was also reviewed on a Google Search. The Just Detention non-governmental agency was contacted by email for any information that would be helpful in the audit. There were no litigations or negative posting found in the Google Posting and no information was provided by Just Detention. A discussion was conducted by the PREA coordinator, CMCG and me on the time expected to complete the audit and corrective action requirements. It was determined that it would be a four day audit due to the population demographics and the satellite facility. Upon arrival at the facility, an in-briefing meeting was held with the Warden, Agency PREA Coordinator, several department heads and support staff, facility PREA compliance manager. The standards used for this audit became effective August 20, 2012.

A total of twenty-four (28) randomly selected correctional staff members were interviewed, to include employees from the day and night shift. Lieutenants from all shifts were included in the interview process as part of the specialized staff. This includes six officers assigned to the satellite facility. Each officer was able to articulate training they have received documented in the PREA questionnaire. All staff have been trained on Cross Gender searches. All staff indicated while they have been trained, they have not conducted a pat down search on persons of the other gender. Most staff could explain exigent circumstances when they may be required to conduct a cross gender pat search.

Specialized staff members were also interviewed. Specialized staff not assigned to the facility were interviewed. This includes KDOC Director, KDOC PREA Coordinator, and KDOC Contracting Supervisor. Two community based Victim Advocates, a SANE provider and a medical center where SANE examination occur were interviewed. One Victim Advocate was interviewed by phone. Prior to the audit the auditor interviewed the Kansas Coalition against Sexual & Domestic Violence and was provided Kansas sexual and domestic violence strategies. On site specialized staff members were also interviewed. This included the Warden, Major, Institutional PREA Compliance Manager (PCM), two Investigators, Human Resource Specialist, Intake staff, Health Services Administrator, Mental Health Director, Chaplain, Screening staff, Training officer, Grievance Coordinator, Unit Managers from EDCF and from Southeast Oswego Correctional facility, staff responsible for monitoring for retaliation, and screening staff from both facilities, All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status. During the tour and when moving about the facilities 6 non uniformed staff were asked about their reporting duties and how to respond to a sexual assault. All indicated they would staff with the offender and notify to closes correctional staff.

Inmate random interviewed inmates included inmates housed in every dormitory in each program. The below offenders were determined to be a target population:

Targeted population

Transgender

6

Allegation of Sexual Abuse

1

Allegation of Sexual Harassment

2

Victimization

4

Gay

3

Segregation for PREA

0

Disabled

1

Deaf

0

Cognitive

3

LEP

4

Total Random Inmates

22

Correspondence

1

Total Interviews

47

The inmates were interviewed using the Department of Justice protocol interview questions. Overall, the inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

Staff File Review:

The auditor requested random personnel background checks and reviewed 15 employee training records two contractor files and two volunteer files. The employee records included 5 staff that had been employed at the facility more than 5 years, 5 of the staff were promoted and 5 of the staff were employed in the last 12 months. Employment background checks are completed and are maintained on file at the facility. The contractor files had the same email indicating background clearance and contained PREA training documentation. Volunteer files were also reviewed and had the same background clearance and PREA training documentation.

Resident Files:

Fifteen offender files were reviewed. The file contained documentation of Intake Screening, Intake PREA notification, rescreening initial PREA information and formalized PREA education. The facility updates or completes rescreening throughout the offender stay at the facility. Each offender receives a rescreening on or near their birthday. All time requirements were met on each area. Fifteen further screening instruments were asked for due to some of the information being maintained electronically and not in the hard file copies.

Staff Training:

The auditor requested specific and some random training files for employees. Including in the specific list was training staff, Superintendent, PCM, Medical staff, Mental Health staff and five random officers. All training records contained yearly training. Specialized staff had received yearly training specific to their duties.

Investigations

During the audit period, there were 23 allegations of sexual abuse or sexual harassment investigations conducted at the facility. Eighteen of these investigations were for Sexual abuse. Seven of these allegations were in time or were a sexual abuse that allow for a SANE examination. One of the offenders declined the examination. The other examination were conducted by a SANE nurse and forwarded to the State Crime Lab for analysis. The SANE investigations was completed by local law enforcement, and they were determined to be

unsubstantiated. The facility investigator conducted an administrative investigation and also determined the allegation to be unsubstantiated. There were two allegation that were forwarded to the prosecutor's office prior to completion on the investigation due to the allegation appearing to be criminal in nature. The prosecutor has not responded to determination of the referrals. All investigations were completed by trained Sexual Abuse in Confinement. The auditor reviewed all of the SANE investigations and 12 random sample of the remaining investigation utilizing the PRC investigation form.

AUDIT FINDINGS

Facility Characteristics:

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

EDCF has a rated capacity of 1948 inmates. Inmates assigned at EDCF are classified as minimum, medium and maximum security. The average stay for inmate is misrepresentative due to the facility serves as the intake facility and inmates are usually moved within 30 days for the majority of the Resident Diagnostic Unit. However the general population of inmates includes death row, life without parole and medical long term medical conditions. There are 616 staff who have contact with offenders. There are a total of 161 contracting staff assigned to EDCF. The facility has 514 volunteers that also serve the inmate population. The facility has 34 buildings located inside the perimeter. The housing units consist of 12 separate buildings which includes 1 single cell unit, 7 multiple occupancy cells, and 5 open bay housing units. There is a segregation unit that houses up to 256 inmates. Inside of each of the living units are showers with a wall separating the showers from the open area of the facility. The facility has installed curtains up from the wall to provide more privacy when offenders are showering. Upon entering each dormitory, the following signs were displayed on a bulletins board on framed on the walls. The PREA zero-tolerance signs in both English and Spanish, Victim support services, reporting posters and PREA audit notices.

The Receiving/Discharge area has an intake area for orientation and initial intake. Upon arriving at the facility inmates are individually taken to an office for shake down and to be issued clothing. There is a private room for the initial strip search and body scan. Only staff of the same gender conduct these searches. There are other offices located this area which allow private interviews to be conducted. Inmates arriving at the RDU are housed in 2 person cells located in proximity of the intake area. During the quarantine inmates are administered a covid test and remain in the intake living unit a minimum of 14 days. Inmates receive a brochure that include zero tolerance policy, how to report sexual abuse or harassment and information on the facility's advocate programs. There were zero-tolerance posters displayed in the intake area. A comprehensive PREA education program is provided after the resident leaves quarantine.

The Health Services Department contains treatment rooms and offices. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area, whenever inmates are in this area. The health unit is always operational 24 hours a day with specialized staff on call staff on duty. While there are cameras located in the health services department, none of the cameras provided a view of the examination rooms. The medical unit includes conveyance beds and offender that are served with hospice services to late staged of medical issues. One of the multi houses unit contains a shower and toilets that has a curtains to provide privacy for inmates. There is also a shower located at the end of the patient wing hallway.

The mental health staff's offices are in the program areas which are in the adjacent to the center corridor. This area contains offices, cubical, and group rooms. There is a bulletin board that contains PREA information located in the waiting area. There are cameras located throughout the mental health staff areas.

There are recreation areas located on this compound. These recreational areas include a gymnasium, activity center, exercise equipment, hobby craft rooms, and an outside recreation area. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions and doors to provide privacy. There were PREA information boards in each of the recreational areas.

The Food Service Department has a large dining room with a food service preparation area attached. Except for the staff dining room, all areas of food service are under constant surveillance with cameras, mirrors or staff supervision. There are zero-tolerance posters in all food service areas.

The Spiritual Life Center opened in June 2010 the Spiritual Life Center is an 11,500 sq. foot structure designed to support the spiritual needs of inmates. Constructed primarily through the efforts of inmate labor, volunteers, and facility staff, project funding, furnishings, and equipment have come exclusively from donations received from individuals, corporations and foundation grants. The Spiritual Life Center provides space to an increased number of inmates to attend religious services along with housing support groups such as AA and Life Skills training. The building contains a large chapel area, a multi-purpose room, five classrooms, a library, two chaplain's offices and a conference room.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. There were no blind spots noted in the laundry. The laundry area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

The Maintenance Department contains several working shops. There were cameras and mirrors located though out the area. There were no blind spots noted in the Maintenance Area. This area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

The Prison Industries employs offenders that have adjusted to the facility. The majority of these offenders are older long term offenders. There are private bathrooms located in the prison industry area.

The Visitation area allows contact visits. There were PREA zero-tolerance signs were posted in both English and Spanish, Victim support services, Third-party reporting/PREA Reporting, Notice of PREA audit were also posted in this area. There are cameras in the visitation room. There were no cameras located in a private area that is utilized to search offender prior to and after visitations.

Any areas that would be utilized to conduct strip searches were marked. There were privacy panels attached to the wall that would pull out and the provided privacy for offenders being strip searched. During the review of all cameras located at the facility it was noted that none of the shake down partitions could be viewed by person reviewing cameras. A review of all cameras found that all were operational, and none provided any privacy concerns.

The Education area contains classrooms and support services. The Education department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- Advanced Occupational Education
- Release Readiness Program
- Law Library
- Leisure Library

The Southeast Oswego Correctional Facility houses 125 medium and minimum custody inmates. Total staffing for the facility is 45 KDOC staff with additional staff from contract agencies (Aramark-Food Service and Centurium for Medical). The El Dorado Correctional Facility Central Unit, located in El Dorado, Kansas provides oversight of the facility. The Warden at the Central Unit serves as Warden for the Southeast Oswego Unit. facilities management team consists of one Deputy Warden, one Unit Team Manager and one Administrative Captain. The Southeast Unit had two primary buildings that house offenders. The minimum security building has been decommissioned. The medium unit it has three dorms with a total of 230 offenders. At the present time only two dormitories are operational and house a population of 125 offenders. The offender population mostly consisted of persons with limited mobility that require special medical care before the pandemic. During the pandemic the population was moved due to health concerns younger offenders that had short sentences were housed at the facility. Since the pandemic had slowed the agency began moving some of the older offenders back to the facility. The facility does not have a segregation unit but does have two holding cells that are used to temporarily hold an offender until he can be transferred to a more secure facility. Each dormitory had PREA information on bulletin board and telephone access to make PREA related calls. There were PREA information boards at the front entrance and in each dormitory. Showers have curtains and toilet had partitions for privacy. The facility is in the preliminary phase of established programs at the facility that is appropriate for the population.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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| Number of standards exceeded: | 2 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

Standard:

115.21 - Evidence protocol and forensic medical examinations: The agency has developed a relationship with the Kansas Coalition Against Sexual and Domestic Abuse. The relationship provides for a Victim Advocate and a Emotional Support staff at all facilities. The agency also has a relationship and MOU with the State Forensic Nurses and provides the services for all of the agency facilities. Based on the interviews it was determined that the facility exceeded expectation for this standard.

Standard:

115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator. The Agency Coordinator has developed a program to assist all facilities for training PREA compliance managers and executive staff on PREA. Zoom meetings are conducted often. The PREA coordinator has also instituted policies the exceed expectations such as conducting rescreening on all offenders on their birthday to insure that every offender is reviewed annually about sexual victimization and sexual orientation.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED:</p> <p>Kansas Department of Corrections (KDC) Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment Section</p> <p>El Dorado Correctional Facility (EDCF) General Order 09-130 Sexual Abuse Prevention Program</p> <p>KDC Organizational Chart</p> <p>EDCF Organizational Chart</p> <p>Kansas Department of Corrections (KDC) Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment and El Dorado Correctional Facility (EDCF) General Order 09-130 Sexual Abuse Prevention Program provides the bases for the agency implementation and compliance with the Prison Rape Elimination Act.</p> <p>These policies mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. These policies and procedures establish the responsibilities to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and sexual harassment of inmates. The agency has a detailed policy and organizational chart the auditor was provided during the pre-audit phase of the audit. The policy and organization chart clearly designates an agency-wide PREA Coordinator. The PREA coordinator is part of the agency management team. Interview with the PREA coordinator indicated she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The facility staff interviewed acknowledged and understood the zero-tolerance policy along with the specific Prison Rape Elimination Act policy. Policies and directives outlines procedures and expectations related to KDOC approach to preventing, detecting and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.</p> <p>El Dorado Correctional Facility (EDCF) General Order 09-130 Sexual Abuse Prevention Program provides further requirements on the local level of a PREA compliance manager and support staff to aide in the implementation of the agency's mandates. The PREA compliance managers interviewed verified he had the time and resources to carry out his responsibilities. The facility has authorized the compliance manager to have a staff member that helps provide the task required to carry out the responsibilities of the PCM. The facility has also identified an assistant PREA compliance manager located at the EDCF South (OCF) facility.</p> <p>The agency has established system to develop well documented staffing plans based on level of supervision and services provided. The staffing plan establishes a mandate that facilities document noncompliance with the minimum staffing and a corrective action plan to rectify the noncompliant staffing.</p> <p>Contracting facilities are mandated to utilize the agency policy on Sexual Abuse and Sexual Harassment and maintain compliance with PREA. The agency monitors these private providers for compliance with PREA.</p> <p>The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.</p> <p>The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.</p> <p>KDOC memorandum, warden memorandum and a facility organizational chart meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The agency memorandum establishes a position of PREA compliance manager with the responsibility to oversee the implementation and management of Prison Rape Elimination Act of 2003.</p> <p>The agency policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are</p> |

informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance. Exceed compliance was determined by review of orientation power point presentations, posters, A&O handbook and interviews with staff, contractors, and inmates. The PREA coordinator was extremely knowledgeable about PREA and has provided training for the PREA compliance manager, assistant compliance manager and the compliance manager at the EDCF South facility.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED:</p> <p>Current Contracts for housing offenders</p> <p>Contract Addendum 06/04/2019</p> <p>Memo that EDCF does not contract for housing offenders.</p> <p>Current contracts were provided for the confinement of KDOC offenders in 5 facilities or jails.</p> <p>In June 2019 the agency modified all contracts and mandated all contracting facilities or jails would be in compliance with the Prison Rape Elimination Act. Until that time the Agency Contract Administrator stated in her interview that she ensures all contracts for confinement require compliance with PREA and she monitors for compliance by visiting the county jail to review their PREA policy and procedures once or twice per month. She makes announced and unannounced visits to the jails. She interviews offenders and staff to determine their knowledge of PREA. A memo from the PREA Coordinator states that EDCF does not contract for the confinement of offenders directly. The agency is found to meet this standard based on the auditor's review of interviews, contracts and PREA audit reports provided.</p> |

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| 115.13 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>KDOC Internal Management Policy and Procedure 12-137D Staffing Analysis, Operational Staffing and Roster Management EDCF- Annual Staffing Plan Review Certification 2020 Staffing Plan re: Adequate Levels of Staffing Security Roster & Activity Log re: Supervisor Rounds Copies of officers' logbooks showing unannounced rounds by supervisors on all shifts</p> <p>EDCF and KDOC mandates that the facility will complete a staffing plan prior to opening a facility and will continue to review a minimum of once a year utilizing the following criteria.</p> <ul style="list-style-type: none"> - Generally accepted detention and correctional practices. - Judicial findings of inadequacy. - Findings of inadequacy from Federal investigative agencies. - Findings of inadequacy from internal or external oversight bodies. - All components of the facility's physical plant. - The composition of the inmate population. - The number and placement of supervisory staff. - Institution programs occurring on a particular shift. - Applicable State or local laws, regulations, or standards. - The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors. <p>Interviews with the Warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Warden meets weekly with his executive staff with operational needs including addressing staffing issues as they relate to the PREA.</p> <p>The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. PREA rounds are documented in operations lieutenants' logs and at the officer's stations logs for housing units. The facility documents any deviations in mandatory staffing and the reasons for deviation.</p> <p>There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. The Institution Duty Officer (IDO) conducts unannounced rounds. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers, including nights and weekends. PREA rounds are documented in operations logs and at the officer's stations logs for housing units. An examination of policy and supporting documentation and all interviews confirms compliance with this standard. Compliance was determined by interviews with human resource manager, correctional staff, associate warden, warden and reviews of documented staffing rosters, daily supervisory checks and facility workforce meeting records; pay period staffing reports and the examination of the video monitoring system. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. Subsequently, tours of each area of the facility was also reviewed while going throughout the facility to meet with staff and to interview inmates.</p> |

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Kansas Department of Corrections (KDC) Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment Section</p> <p data-bbox="229 353 1509 416">El Dorado Correctional Facility (EDCF) General Order 09-130 Sexual Abuse Prevention Program</p> <p data-bbox="229 416 1509 528">EDCF does not house youthful offenders. If a youthful offender were to arrive at the facility, the intake staff and warden indicated they would be immediately transferred to a juvenile program. Compliance was determined by reviewing the population ages for the last 12 months. At no time was an offender under the age of 19 housed at the facility.</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>POLICY AND DOCUMENT REVIEWED:</p> <p>KDOC Annual Pat Search Training</p> <p>KDOC Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment Section</p> <p>KDOC IMPP 12-103 Offender and Facility Searches</p> <p>EDCF General Order 09-122 Offender and Facility Searches</p> <p>Guidance_on_cross-gender_and_transgender_pat_search_ppt_slides.</p> <p>Gender staff assigned to living unit Posters</p> <p>Logbook of announcing female staff coming on the shift</p> <p>Pre-Service Training- Training</p> <p>Pre-Service Training Roster</p> <p>Statement of Fact: Limits to Cross-Gender Viewing and Searches</p> <p>Signage announcing female in the living area</p> <p>KDOC IMPP 12-103 Offender and Facility Searches mandates that Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Staff interviews also confirmed that all officers have been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The facility allows transgender offenders to determine staff gender for pat searches. The facility does not allow cross gender pat searches accept in emergency situations. In cases when a cross gender pat search occurs staff must document the incident on pat search logbook. The auditor observed that each unit has individual stalls for privacy in utilizing the toilets. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Control room will document announcement were made and will also make announcement with person of the other gender enter the housing units. Inmates interviewed acknowledged they could shower, dress and use the toilet without being viewed by staff of the opposite gender. Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit.</p> <p>Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.</p> <p>No cross-gender strip searches nor cross gender body cavity searches of any offender and no cross-gender pat-down searches of any female offender were performed at the EDCF during the last 12 months. The living areas have showers with partitions that provides for inmate privacy while showering. Some toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. Other bathroom areas have routine doors with a sink. During the audit, additional curtain was placed leading into the shower/toilet area due to concerns that offenders could be seen naked in view of persons of the other gender.</p> <p>Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Staff interviews also confirmed that female officers had been</p> |

trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training

Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member. Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas, modification that were completed during the audit and interviews with staff and inmates, it has been determined that EDCF is in compliance with this standard. Six Transgender offenders was interviewed. Each stated they could shower separate from general population and could discuss housing assignment during the initial classification committee meeting.

Compliance was determined by review of the policies, directives and training curriculum. Also, compliance was determined by interviews with general population offenders and offenders that were determined to be targeted population offenders. Compliance was also determined by touring the facility with respect to staff announcing their presence, privacy provided in shower and toilet area and communication noted between staff and offenders.

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| 115.16 | <p>Inmates with disabilities and inmates who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED:</p> <p>KDOC IMPP 10-103D Coordinated Response to Sexual Abuse</p> <p>KDOC IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency</p> <p>Language Assistance Services to Offenders</p> <p>EDCF & OCF Staff Foreign Language Translators</p> <p>KDOC IMPP 10-138D Assistance for Offenders and or Victims with Limited English Proficiency mandate that inmates with disabilities and inmates who are limited English shall not discriminate against and offenders with known disabilities shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive.</p> <p>The facility houses a mental health program that includes several offenders that are cognitively disabled. The mental health staff are aware of these offenders prior to arriving at the facility. The mental health staff conducts their initial PREA screening and rescreening. They are also responsible to conduct the PREA training program for these and all mental health residents. Two of the cognitive offenders were interview. Each were aware of the PREA rules and how to report allegations of sexual abuse or sexual harassment.</p> <p>Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish and other languages. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Compliance of this standard was confirmed by review of Agency Policy, Institutional supplement, contracting services for language interpretation services and interviews with staff and disabled inmates. Staff members were used by the auditor to interview 4 offenders that are were limited English Proficient.</p> |
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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>POLICY AND DOCUMENT REVIEWED:</p> <p>KDOC IMPP 02-126D Human Resources: Recruitment and Selection</p> <p>PREA Interview Questions</p> <p>15 Personnel Files</p> <p>5 Volunteer Files</p> <p>5 Contractor Files</p> <p>Memo from KDOC to advise annual background checks had been completed</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>El Dorado Correctional Facility (EDCF) General Order 09-130 Sexual Abuse Prevention Program</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment mandates the Department of Corrections will not hire or promote an individual or enlist the services of any volunteer or contractor to work within a DOC facility, before completing a pre-employment screening to identify if the individual has engaged in institutional or community sexual abuse or sexual harassment, or whose criminal history reveals a history of sexual misconduct. The KDOC will screen all individuals identified for possible assignment to a DOC facility and current staff members considered for promotion. Hiring and promotion decisions requires all employees, contractors and volunteers have had criminal background checks completed. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with inmates. The facility staff asked applicants and employees who may have contact with inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA. Policy prohibits staff from material omissions and the provision of materially false information. This may result in grounds for termination. Interviewed HR staff confirmed that the facility will provide information on employment including detail information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.</p> <p>Policies and staff interviewed stated that the facility requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates Policy requires that before hiring new employees who may have contact with inmates, the agency performs a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of inmates or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations. MDSP requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or immaterial care. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection <p>Employees have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations</p> |

of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. The human resources manager conducts all NCIC checks and documents the information in the personnel files. Five new staff member and five promoted staff personnel files and staff with over 5 year tenure were reviewed and found to have completed prior to employment or promotion. Sample of NCIC notification of arrest was provided to verify Agency notification system.

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| 115.18 | <p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED:</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>PREA Annual Assessment Meeting</p> <p>Physical Plant Diagrams</p> <p>Statement of Fact</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment requires that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Interviews with the PREA Compliance Manager and Warden indicated that was no major expansion during the past four years. The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. Since the operationalizing PREA the warden and his team discussed a list of modifications that have occurred in each program to comply with PREA. During the PREA audit additional shower curtains were placed around handicap toilets. The agency has updated the cameras as technology improves camera and monitoring capabilities. During the tour of each facility, staff discussed where modifications have been implemented to enhance the safety of the facility. Presently Video for cameras are being stored on a total of 344 TB disk array on a continuous loop of thirty days per camera. Access to the camera systems is controlled by IT staff and access is granted only with the Warden's approval. Cameras are placed in approved location and only the Warden or Deputy Warden of Operations can approve camera changes for EDCF/C and only the Warden or Deputy Warden can approve camera changes for the EDCF/SE unit (Oswego Correctional Facility). The facility currently have 633 cameras in use at this time between EDCF/C and EDCF/SE. There is a camera room located next to the control room that are monitored twenty four hours a day. A review of the cameras found no cameras that provided privacy for offenders. Compliance was determined by review of the cameras, tour of the facility, interviews with the PREA compliance manager and PREA Coordinator.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1484 331">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="242 360 1316 421">Kansas Department of Corrections Internal Management Policy and Procedure 22-103 APPREHENSION, & INVESTIGATION DIVISION: Investigation Procedures</p> <p data-bbox="242 450 566 479">Kansas Statutes Chapter 65-448</p> <p data-bbox="242 508 422 537">EDCF GO 09-130</p> <p data-bbox="242 566 534 595">Investigative Protocol Manual</p> <p data-bbox="242 624 486 654">Kansas Crisis Providers</p> <p data-bbox="242 683 598 712">MOU with Safehouse Crisis Center</p> <p data-bbox="242 741 534 770">MOU with Family Life Center</p> <p data-bbox="242 799 702 828">Outside Support Posters English and Spanish</p> <p data-bbox="242 857 1484 1283">Investigations into allegations of criminal activity and violations of departmental policy by offenders and staff need to be conducted in a timely, consistent, uniform, and procedurally correct manner. All investigations that cannot be resolved at the supervisory level or by an EEO investigation and that could result in the suspension, demotion, dismissal, or criminal prosecution of an employee shall be conducted through the Enforcement, Apprehension, and Investigation Division. All allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the EAI Manual. In addition to an agent, the facility's PREA Compliance Manager and Mental Health personnel shall be notified of the allegation EAI staff assigned to investigate allegations of sexual abuse, sexual harassment, or nonconsensual acts, shall have completed training in investigation of sexual assault cases prior to being assigned to the case. In addition to the standard investigative practices, particular attention will be paid to the victim's age, medical and behavioral health, and security needs. Adequate precautions will be taken to prevent further victimization. Any PREA-related case in which the evidence indicates the allegation could be or will be substantiated will be reported to the Central Office Statewide PREA Coordinator immediately.</p> <p data-bbox="242 1312 1484 1603">The facility has a MOU with Safehouse Crisis Center for offenders housed at the Southeast Oswego Correctional Center and a MOU with Family Life center Safe House for offenders housed at EDCF. SANE Services are provided by Wichita Via Christi Health or at Wesley Medical Center. The Wesley Medical Center indicated in interviews that Wichita VIA Christi Health Services has staff available who report to the medical center to conduct SANE evaluations if they do not have one available at that time. She indicated services would be provided to offenders from EDCF and the hospital and the VIA Christi Health Services have victim advocate to assist the victim through the forensic exam. The Victim Advocate at Family Life Center was interviewed in person at EDCF and stated that her agency coordinates with Wesley to provide emotional support, however, the medical center and the SANE provider has Victim Advocates that provide onsite services at the medical center. .</p> <p data-bbox="242 1632 1484 1731">The staff at the Safehouse Crisis Center were interviewed by telephone The director of the crisis center indicated they would provide victim emotional support for offenders at Southeast Oswego Correctional Center. She is part of the Kansas Coalition of Sexual and Domestic violence and would provide emotional support for residents at Oswego Correctional Center.</p> <p data-bbox="242 1760 1484 1856">During the last 12 months there were 7 offenders transported to the Wesley Hospital for Sane Evaluations. In each case local law enforcement and victim advocate reported to the scene and offered service and conducted criminal investigations. In one incident the offender declined services. In the other six cases the allegations were determined as unsubstantiated.</p> <p data-bbox="242 1863 1484 1924">Compliance was determined by review of the investigative files, interviews with PREA coordinator, staff at Wesley Medical Center and Victim Support centers.</p> |

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| 115.22 | <p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Investigative Protocol Manual</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 22-103 Investigation Procedures</p> <p>Investigative Reports</p> <p>Refer of selected investigations including all SANE investigational Reports</p> <p>Investigations into allegations of criminal activity and violations of departmental policy by offenders and staff need to be conducted in a timely, consistent, uniform, and procedurally correct manner. All investigations that cannot be resolved at the supervisory level or by an EEO investigation and that could result in the suspension, demotion, dismissal, or criminal prosecution of an employee shall be conducted through the Enforcement, Apprehension, and Investigation Division. All allegations of sexual abuse, sexual harassment or nonconsensual sexual acts shall have an agent assigned to investigate. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocol as set forth in the Investigative Manual. In addition to an agent, the facility's PREA Compliance Manager and Mental Health personnel shall be notified of the allegation EAI staff assigned to investigate allegations of sexual abuse, sexual harassment, or nonconsensual acts, shall have completed training in investigation of sexual assault cases prior to being assigned to the case. In addition to the standard investigative practices, particular attention will be paid to the victim's age, medical and behavioral health, and security needs. Adequate precautions will be taken to prevent further victimization. Any PREA-related case in which the evidence indicates the allegation could be or will be substantiated will be reported to the Central Office Statewide PREA Coordinator immediately.</p> <p>An interview was conducted with an EDCF investigator who stated that all allegations of sexual abuse and sexual harassment were referred to his office for investigation and provided a clear description of the investigation process. Staff confirmed in random interviews that any allegation of sexual abuse or sexual harassment by an offender would be reported to their immediate supervisor, the shift supervisor or directly to an investigator. All staff knew that EAI was responsible for PREA investigations. Based on the auditor's review of policies, investigation reports and interview notes, it has been</p> |
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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 331">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="242 360 1485 421">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="242 450 1453 510">Kansas Department of Corrections Internal Management Policy IMPP 10-103D STAFF SKILL DEVELOPMENT: Minimum Departmental Training Standards</p> <p data-bbox="242 539 679 566">The PREA Employee Basic Training lesson</p> <p data-bbox="242 595 507 622">Roster of training for 2020</p> <p data-bbox="242 651 1394 712">All staff PREA training and protocol for sexual abuse prevention, intervention, reporting, protecting the inmates, and preserving the possible crime scene. Pre Service Training includes:</p> <ul style="list-style-type: none"> <li data-bbox="242 741 922 768">§ A zero-tolerance policy for sexual abuse and sexual harassment <li data-bbox="242 797 1449 857">§ How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. <li data-bbox="242 887 954 913">§ Inmates' right to be free from sexual abuse and sexual harassment. <li data-bbox="242 943 1214 969">§ Employees' right to be free from retaliation for reporting sexual abuse and sexual harassment. <li data-bbox="242 999 943 1025">§ Dynamics of sexual abuse and sexual harassment in confinement. <li data-bbox="242 1055 954 1081">§ Common reactions to sexual abuse and sexual harassment victims. <li data-bbox="242 1111 1027 1137">§ How to detect and respond to signs of threatened and actual sexual abuse. <li data-bbox="242 1167 820 1193">§ How to avoid inappropriate relationships with inmates. <li data-bbox="242 1223 1469 1283">§ How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. <li data-bbox="242 1312 1305 1339">§ How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <li data-bbox="242 1368 727 1395">§ How to conduct Gross Gender Pat Searches <p data-bbox="242 1491 1493 1686">Newly hired employees receive training relative to the PREA standards during their initial training in a classroom setting. Yearly refresher training is required for all staff, utilizing a Computer-Based PREA training program. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. A review of the training curriculum, training sign-in sheets, and other related documentation, as well as staff interviews, confirmed staff is required to acknowledge, in writing, not only that they received PREA training, but that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard.</p> <p data-bbox="242 1715 1477 1933">Staff assigned to the segregation unit received specialized training for segregation units and are required to take the gender specific training. The Training Director at EDCF was interviewed and stated that the PREA Employee Basic Training Lesson was used for both Orientation training for new hires as well as annual training for all employees. The orientation training is in classroom and the annual training is either in a classroom or an online training module. The classroom training is documented by signature on the PREA Training Acknowledgement form that states they received and understand the training. The online training is documented by staff checking a box that acknowledges they received and understand the training at the end of the module.</p> <p data-bbox="242 1962 1493 2134">A sampling of staff annual training files (15) was reviewed and found to contain documentation supporting compliance with this standard. All staff interviewed indicated that they had received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the restrictive housing unit also receive additional training. A review of the shift pass on log found PREA training and tabletop drills for Sexual abuse and coordinated response plans on each shift up monthly and quarterly. The extensive training provided and the staff's knowledge of the</p> |

PREA requirements confirmed that the facility exceeds compliance with this standard. Shift supervisor's and staff provided documentation of shift briefing training that is provided on an ongoing basis.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 331">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="240 360 424 387">Volunteer Manual</p> <p data-bbox="240 421 1485 745">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment requires the facility to ensure all contract staff and volunteers who have contact with inmates to be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They are also to be notified of the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The EDCF Training Director stated during his interview that he trains all contract staff with the same training curriculum as the EDCF employees. The PREA Employee Basic Training curriculum was reviewed and found to cover their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The KDOC Orientation and Basic Volunteer Training curriculum was provided for review and found to PREA Audit information to volunteers required in the standard under the section Sexual Assault Prevention and Intervention.</p> |

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Offender Orientation Training</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>PREA Posters English and Spanish</p> <p>Uploaded documents of training</p> <p>Random Sample of Training</p> <p>Inmate Training Brochure</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment establishes the standard required training. Inmates receive information during the intake process that includes a PREA handout, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient inmates. A review of A&O Checklists verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. At EDCF the facility has designated staff conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.</p> <p>At Oswego Correctional Center the case manager conduct the initial screening when an offender arrives at the facility. Since the mission of this facility has changed, inmates are now arriving at the facility directly from county jail and the facility was not providing the same comprehensive training that was being offered at EDCF. A corrective action plan was discussed, and a plan was implemented. The staff member who conducts the training at EDCF and the PCM at EDCF went to Oswego the following week and provided the training curriculum and provided training to staff on conducting the comprehensive training program. The PCM has provided an email verifying the training for staff has been conducting and he is reviewing training records on all inmates that arrive at the facility. Compliance was determined by a review of the training records of 15 random inmates and a review of the records provided in the pre audit document.</p> |

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| 115.34 | <p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>Approved NIC Online Training for PREA Investigators</p> <p>Additional Investigator Training by Agency PREA Coordinator</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment establishes the standard required requires that PREA allegations investigations are conducted by trained investigators who are full-time employees at the facility or agency.</p> <ol style="list-style-type: none"> 1. Specialized training may include but is not limited to: <ol style="list-style-type: none"> a. Techniques for interviewing sexual abuse victims. b. Proper use of Miranda and Garrity warnings. c. Directing sexual abuse evidence collection in correctional/confinement settings. 2. The criteria and evidence required to substantiate a case for administrative action or referral for criminal prosecution. 3. The training coordinator for each facility will maintain documentation supporting staff investigators have completed required specialized training. <p>The agency conducted a two day training for all investigators that included all aspects of standards that relate to investigation of PREA allegations. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a Confinement Setting training. The facility investigator at EDCF has over fifteen year experience as a detective and training officer for detective conducting sexual abuse and domestic violence cases. Compliance of this standard were determined by review of the training files for investigators, review of the training curriculum for investigators and interviews with investigators.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>Corizon PREA Training PDF</p> <p>Medical and Mental Health Staff Sign In sheets</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment mandates Health Service and Behavioral Health staff will be informed of:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The facility's medical and mental health services are provided by a private contractor (Corizon) The contractor has developed and implemented a specialized training for all staff prior to working with offenders. This included subcontracted nurses and special services staff. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. Medical staff interviewed were extremely knowledgeable of sexual abuse and sexual harassment and responses to reporting and identifying sexual abuse or sexual harassment. Compliance was determined by training curriculum, interviews with Medical and Mental Health Directors and review of the training files for medical and mental health staff.</p> <p>Full time staff are required to participate in the annual in service PREA training. Compliance was determined by interview with the Mental Health and Medical Nurse administrator and interviews with two contracting nurses. Compliance was also determined by review of the training program and random staff training records.</p> |

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| 115.41 | Screening for risk of victimization and abusiveness |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 644 300">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="242 329 1485 389">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="242 418 1473 479">Kansas Department of Corrections Internal Management Policy and Procedure 10-139D Screening for Sexual Victimization and Abusiveness</p> <p data-bbox="242 508 448 537">Inmate File Reivews</p> <p data-bbox="242 566 1485 828">Kansas Department of Corrections Internal Management Policy and Procedure 10-139D Screening for Sexual Victimization and Abusiveness establishes policies and procedures governing this standard. All offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The initial screening normally occurs within twenty-four hours of offender arrive but no more than seventy-two hours. Within 30 days of intake, every offender has another SVA completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression. This is completed electronically in the Application Portal and must include any additional relevant information received since intake. A review of the screening instrument contain all element of the standard except offenders being housed a cirvil detention only.</p> <p data-bbox="242 857 1485 954">A review of 15 initial screening instruments revealed that all inmates were screened. There were four files did not include the rescreening as required by the standard. The data base did provide documentation that rescreening were completed due to recommendations by staff or based on offender need based on review with case managers or mental health staff.</p> <p data-bbox="242 983 1469 1079">The agency has a PREA Intake Objective Screening Instrument. The results of the assessment are documented on the Intake Screening Form whether the inmate is vulnerable or sexually aggressive. Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:</p> <ul data-bbox="242 1108 1453 1594" style="list-style-type: none"> · Whether the inmate has a mental, physical, or developmental disability. · The age of the inmate. · The physical build of the inmate. · Whether the inmate has previously been incarcerated. · Whether the inmates' criminal history is exclusively nonviolent. · Whether the inmate has prior convictions for sex offenses against an adult or child. · Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. · Whether the inmate has previously experienced sexual victimization. · The inmate's own perception of vulnerability. <p data-bbox="242 1624 1485 1854">The Screening Instrument does not include the information on if the resident is the inmate is detained solely for civil immigration purposes. The agency does not house residents for sole purpose of civil immigration. Compliance was determined by review of the screening instrument, review of inmate records with screening and rescreening instrument, review of agency inmate data to manage screening instruments. Compliance was further determined by interviews with PREA compliance manager, inmate's mental health and medical staff. The agency exceeded the standard by requiring reassessments must be completed at least annually by assigned counselors or designees using the SVA. Compliance was determined by review of the policy, interview with staff that conduct screening, interview offenders and reviewing inmate files.</p> |

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| 115.42 | Use of screening information |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 644 300">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="242 329 1485 389">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="242 418 1473 479">Kansas Department of Corrections Internal Management Policy and Procedure 10-139D Screening for Sexual Victimization and Abusiveness</p> <p data-bbox="242 508 1370 537">Centurion Policy P-F-06b Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria</p> <p data-bbox="242 566 1485 795">Kansas Department of Corrections Internal Management Policy and Procedure 10-139D Screening for Sexual Victimization and Abusiveness establishes policies and procedures governing this standard. All offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The initial screening normally occurs within twenty-four hours of offender arrive but no more than seventy-two hours. Within 30 days of intake, every offender has another SVA completed to determine if any changes occurred in measuring the risk for sexual victimization and/or sexual aggression. This is completed electronically in the Application Portal and must include any additional relevant information received since intake.</p> <p data-bbox="242 824 1490 1021">Inmate can receive a rescreening based on information received or incidents that would need a rescreening. The agency has also exceeded the standard by requiring reassessments must be completed at least annually by assigned counselors or designees using the SVA. Compliance was determined by review of the policy, interview with staff that conduct screening, interview offenders and reviewing inmate files. For each transgender or intersex offender, the reassessment must be completed at least twice per year to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the offender.</p> <p data-bbox="242 1050 1465 1211">The facility's classification procedures provide that risk screening information is used to determine housing, bed, work, and education and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task.</p> <p data-bbox="242 1240 1495 1839">The Screening instrument, additional mental health evaluations and rescreening is utilized by the specialized treatment team as part of the mental health treatment plan. Centurion Policy P-F-06b Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria provides guidance to assist KDOC in decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. KDOC has no dedicated facilities for transgender or intersex inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. Centurion Policy P-F-06b Transgender, Gender Non-Conforming Individuals and Patients with Gender Dysphoria policy mandates that transgender and intersex inmates are given the opportunity to shower, dress and use the toilet facilities separately from other inmates. The interview with the Agency's PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff and inmates, observations of housing assignments and unit activities, as well as an examination of documentation/policy, confirm that the facility is following this standard. Six transgender offenders were interviewed. Each confirmed they are allowed to shower by themselves and meet monthly with mental health and medical staff to discuss job assignments, housing arrangements and medical and mental health concerns. Compliance was determined by interview with the PREA coordinator, PREA compliance manager, medical and mental health staff, and 6 transgender offenders.</p> |

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="229 353 1509 452">Kansas Department of Corrections Internal Management Policy and Procedure 10-139D Screening for Sexual Victimization and Abusiveness</p> <p data-bbox="229 452 1509 506">Kansas Department of Corrections IMPP 20-108 Protective Custody</p> <p data-bbox="229 506 1509 685">Kansas Department of Corrections IMPP 20-108 Protective Custody establishes policies and procedures governing this standard. Admission to protective custody shall be made only when there is documentation that protective custody is warranted and that a reasonable alternative is not available. The administrative segregation review board shall review protective custody cases with a goal of terminating the separate housing as soon as possible. The inmate shall sign a consent form agreeing to protective custody when the inmate requests the placement.</p> <p data-bbox="229 685 1509 967">While in Protective Custody unit, program opportunities are provided within the restrictive housing unit. When opportunities are not allowed, the facility will document and justify any deviation of the opportunities provided offenders. A review of use of the segregation unit during the last 12 months validated that no inmate was housed in segregation for concerns of sexual safety or for a PREA investigation or allegation. Compliance was determined through review of policy, segregation logs, and interviews with Warden and PREA compliance manager and unit manager with responsibility to supervise the segregation unit.</p> |

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| 115.51 | <p>Inmate reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment- Reporting of Sexual Abuse</p> <p>KDOC Sexual Assault Helpline.</p> <p>Posters with information regarding the Sexual Assault Hotline and Legal Services for Offenders</p> <p>An MOU with the Legal Services for Prisoners</p> <p>KDOC Staff PREA Booklet</p> <p>KDOC Third Party Reporting</p> <p>KDOC Reporting methods</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment- Reporting of Sexual Abuse establishes multiple ways for offenders to report sexual abuse or sexual harassment. . Offender may make a verbal report to any staff, a written report and a grievance, call on the offender phone system to report to investigators on the KDOC Sexual Assault Helpline. An MOU with the Legal Services for Prisoners and KDOC was provided for review and covers the external reporting requirement of the standard. Offenders may call or write the Legal Services for Offenders confidentially and anonymously. Correspondence to the Legal Services for Offenders may be turned in sealed and does not need the offenders name on it to be mailed. Third party reports may be made through a hotline or email for sexual abuse reports on the KDOC webpage. These reports go directly to the PREA Coordinator which was reported to this auditor during her interview. Posters with information regarding the Sexual Assault Hotline and Legal Services for Offenders were seen during the facility tour throughout the facility in housing units and other areas offenders congregate. Brochures were provided for review and contain information telling offenders all of the methods for reporting sexual abuse and sexual harassment. These brochures are provided to offenders at the PREA orientation. Compliance with this standard was determined by review of the policies, documents, resident and staff interviews, and observations made on the tour, it has been determined the facility meets this standard.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>KDOC KAR 44 15 204 PREA Grievance Procedures KAR Supp 2014</p> <p>KDOC KAR 44 15 204 PREA Grievance Procedures KAR Supp 2014 addresses the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response will be provided. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were three grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith. Compliance was determined by review of policy and grievance logs, as well as an interview with the PREA compliance manager and inmates.</p> |

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>Family Life Center MOU 2019</p> <p>KDOC Crisis Providers</p> <p>Safehouse Crisis Center MOU with OCF (1)</p> <p>Outside Support (English)</p> <p>Victim Advocates Interview at El Dorado OCF</p> <p>Emotional Support Posters</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment mandates that KDOC facilities provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. During the tour posters providing information about the Family Life Center and how to contact them were seen through the housing units and areas offenders congregate. Most offenders were aware of services being available to victims during random offender interviews. This information is also provided to all offenders during the PREA orientation. A victim advocate from the Family Life Center was interviewed by the auditor and stated that she has provided counseling to offenders at EDCF. An MOU with the Family Life Center Safe House was provided for review. The Family Life Center Safe House is a local rape crisis center in El Dorado that has agreed to provide victim advocate services to offenders that are victims of sexual abuse at EDCF through the MOU. Another MOU was provided for review that is an agreement for the Safehouse Crisis Center in Pittsburg, KS to provide victim advocate services to offenders at the EDCF Southeast Unit in Oswego. The staff at this crisis center was interviewed and stated that she also would provide emotional support to victims either by phone or in person.</p> <p>During the tour posters providing information about the Family Life Center and how to contact them were seen through the housing units and areas offenders congregate. Most offenders were aware of services being available to victims during random offender interviews. This information is also provided to all offenders during the PREA orientation.</p> <p>A list of victim advocate service providers for all KDOC facilities was provided for review. This document shows that every prison in the KDOC has an agreement with a local rape crisis center.</p> <p>The Posters and the A and O handbook provides the toll free phone number and the address of the Victim Emotional Support services. Interviews with inmates that have made allegation of sexual assault stated they had called the victim emotional support program. A call conducted during the tour was answered by the victim emotional support staff at Safehouse Crisis Center.</p> |

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>KDOC Third Party Reporting</p> <p>Third Party Reporting Poster in English and Spanish</p> <p>KDOC Website</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment mandates that KDOC facilities provides third party reporting. The agency uses Just Detention to provide one avenue for reporting. There are brochures in the visitation area and front entrance area providing telephone numbers for reporting. This information is also available on the KDOC website at https://www.doc.ks.gov/facilities/prea/reporting Reporting Incidents — (ks.gov) Reporting Incidents — (ks.gov) The website provides two way to report incidents of sexual assault or sexual abuse Either by phone or by e-mail. Compliance was determined by contacting the 800 number and interviews with PREA Coordinator and review of the poster located in the visitation areas and lobby.</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p>Corizon Federal Sexual Assault Reporting Regulations Policy #P-8-04.00</p> <p>Staff brochures</p> <p>PCM Interview</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment meets the mandates of this standard. Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the Shift Supervisor but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. The facility does not house inmates under the age of 18. However, policy mandates if the offender is under 18 a report must be made to the Kansas Protection Report Center when the offender has reported sexual abuse. Staff are prohibited from revealing any information related to sexual abuse reports to anyone that is not involved in the response or investigation. The policy also requires medical and mental health staff to report sexual abuse and must inform offenders of their duty to report at the initiation of services. A Private vendor for medical and mental health services policy & procedure require medical and mental health staff to inform offenders of their duty to report sexual abuse to facility investigators if an offender were to inform them of an incident. Medical and Mental Health staff interviews determined that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The first staff member having knowledge of the incident shall immediately report the allegation to a security supervisor. The security supervisor shall implement notification and response procedures by first notifying the highest-ranking security supervisor on duty. A review of established policy and interviews with staff members support the finding that the facility is following this standard. The warden was interviewed and stated that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the local investigator, the PREA coordinator and the investigative unit.</p> |

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="231 324 1508 414">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="231 414 1508 978">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment meets the mandates of this standard. Policies and operational plans mandates that offender will immediately be protected from Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting the shift supervisor and medical staff. Staff carry PREA information cards which includes what to do if staff members determine that an inmate in responding to inmate protection if he was subject to a substantial risk of imminent sexual abuse. In the past 12 months there was no instance in which agency or facility determined that an offender might be subject to a substantial risk of imminent sexual abuse. Compliance was determined by review of the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; review of data and documentation provided by the facility staff; and interviewed staff during an on-site visit and tour of the facility. Further interviews with the Agency Director and facility Warden validated this standard for any inmate that is in imminent danger.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="229 318 1509 380">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="229 380 1509 696">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment meets the requirement of this standard. Policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Policy also requires that an investigation be initiated. In the past 12 months, there were no allegation from an inmate that he was sexually abuse or harassed while confined at another facility noted in the PAQ. The facility provided two notifications made by the Warden at EDCF to provide compliance with the standard. Both of these notifications were in 2018. Compliance was determined through review agency and company policy and interviews with PCM. Further interviews with the Agency Director and facility Warden validated this standard.</p> |

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 644 297">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="240 331 1485 389">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="240 423 1485 714">KDOC Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment meets the requirement of this standard. Policy requires the first responding staff is to separate the inmate, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), if the abuse took place within a time period that still allows for the collection of physical evidence and secure the crime scene. Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.</p> <p data-bbox="240 748 1485 1070">A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. There have been twenty three (23) allegations that an inmate was sexually abused. There were 16 times that staff responded as first responders or were notified within a time period that still allowed for the collection of physical evidence during the past twelve (12) months. Seven of the inmates were transported to Medical Center for SANE evaluation. During the tour of the facility and when the auditor was moving about the facility 6 non security staff were randomly asked what they would do if an offender approached them and made an allegation of sexual abuse. In each time the staff responded appropriately. All random staff new their job responsibilities and most had card reminding them of their responsibilities. Inmates that had made allegation indicated they were asked not to shower, brush teeth, change clothing and were told the reason for the request. Compliance was determined by review of the policy, staff training, staff interviews and offender interviews.</p> |

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="229 318 1509 380">KDOC Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="229 380 1509 443">EDCF General Order 09-130</p> <p data-bbox="229 443 1509 658">KDOC Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment Attachment A, Coordinated Response is a template for facilities to develop their institutional plan. It covers responsibilities for first responders, the Shift Supervisor, Medical Staff, Behavioral Health, forensic examinations, Investigators, and PREA Compliance Managers in response to a report of sexual abuse. EDCF General Order 09-130 was reviewed and found to provide the facility plan for responding to reports of sexual abuse. It covers the response by first responders, shift supervisors, medical and mental health staff, and EAI investigators.</p> <p data-bbox="229 658 1509 844">Interviews with all other staff verified that everyone knew their role in the facility's plan for response to a report of sexual abuse. The Victim Advocate indicated that she is notified of a sexual assault and would be available to provide emotional support as part of the coordinated response plan. The Wesley Medical Center interviewed indicated the medical center has a coordinated plan that includes local law enforcement, SANE staff, and Victim Advocates. Compliance was determined by review of coordinated response plan, and interviews with coordinated stakeholders</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="229 318 1509 380">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment</p> <p data-bbox="229 380 1509 828">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment mandates that any collective bargaining agreement or other agreement must comply with PREA standards dated August 20, 2012. The Memorandum of Agreement (MOA) between the State of Kansas and the Kansas Organization of State Employees covering 7/1/2010 to 6/30/13 (with automatic annual renewals outlined in Article 24 – Duration), directs that the agency is not limited in its ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The MOA does not restrict the conduct of the disciplinary process and whether a “no-contact” assignment imposed during the investigation is expunged from or retained in the staff member’s personnel file. The Agency Head verified in an interview with an that the agreement entered into with the Kansas Organization of State Employees permits the agency to remove alleged staff abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. Based on the auditor’s review of documents and the agency head interview, it has been determined that the facility and agency meet this standard.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 644 295">POLICY AND DOCUMENT REVIEWED</p> <p data-bbox="242 329 1485 421">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment Retaliation Monitoring documents EDCF General Order 09-130</p> <p data-bbox="242 454 1485 1081">Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment requires retaliation monitoring of the alleged victim, any offenders or staff that make a report or are witnesses. The monitoring is to occur for at least 90 days and can be extended if there is a continuing need. Monitoring shall include offender disciplinary records, housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring of offenders shall include periodic status checks. Monitoring shall end when the allegation has been determined to be unfounded. Staff and offenders are instructed to report any information about retaliation to EAI investigators. The facility can employ multiple protection measures, such as housing changes or transfers of the alleged victim, and removal of staff and offender perpetrators. The Secretary of KDOC reported during his interview that it is agency policy for staff to be designated at the facility to monitor for retaliation against offenders and staff that report sexual abuse or cooperate with investigations. Any report of retaliation would be investigated, and action taken as warranted. The Warden also stated during his interview he would open a new investigation if there were retaliation reported. EDCF General Order 09-130 assigns the PREA Compliance Manager as the person responsible for retaliation monitoring. However the PCM informed me that he has assigned staff to monitor when the offender is housed at the Central Unit. The Southeast Unit has a person designated to monitor. The retaliation monitors were interviewed at the EDCF. They provided a concise description of his responsibilities in monitoring for retaliation with offenders that follows this standard. They stated monitoring is assigned within a week of the report. They watch how staff interact with the offender and meets with the offender once a month. The offender is instructed to see them if he has any concerns between meetings. The staff designated with monitoring at Southeast Unit in Oswego was interviewed and stated that monitoring had not been needed yet but was aware he may be called upon.</p> <p data-bbox="242 1115 1461 1238">The Retaliation interviewed seemed to be invested in making the facility a safe environment and to monitor residents that make allegation or are witnesses of an alleged sexual abuse. Inmates that have been monitored for retaliation verified that the PCM and Retaliation monitors meets with them within a day or so and advised them to let him know if there is any issues.</p> <p data-bbox="242 1272 1485 1364">There were thirteen allegations that were monitored for retaliation. All were reviewed and found to meet the standards. There were no retaliation noted in the retaliation monitoring forms. There was documentation of inmate movements and documentation that the moves were at the request of the offender.</p> <p data-bbox="242 1397 1474 1453">Compliance was determined by a review of the retaliation monitoring instrument, interviews with the Retaliation Monitor and offender that have made allegation of sexual abuse.</p> |

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-139D Screening for Sexual Victimization and Abusiveness</p> <p>EDCF General Order 10-101 Special Management Offenders Protective Custody</p> <p>KDOC IMPP 20-105 Basis Operations of Administrative Segregation</p> <p>EDCF General Order 10-101 Protective Custody was reviewed and allows for an offender to be placed in protective custody involuntarily "if there is reason to believe that the offender may be in serious and/or imminent danger, and documentation exists to support such placement." The placement is to be reviewed in accordance with IMPP 20-106 Restrictive Housing Review. IMPP 20-105 Basis Operations of Administrative Segregation concerns placement of an individual on involuntary segregation. The facility uses an "Administrative Segregation Report" to document (1) the basis for the facility's concern for the inmate's safety (2) the reason why no alternative means of separation can be arranged. If an offender were placed on involuntary segregation, the IMPP 20-105 outlines the requirement to assess if access to programs, privileges, education, or work opportunities have been restricted. If limited, the facility shall document: (1) the opportunities that have been limited, (2) the duration of the limitation, (3) the reason for such limitation.</p> <p>The administrative segregation review board shall review the status of each inmate confined in administrative segregation once per week for the first 30 days, and once per month thereafter. The Warden stated during his interview that offenders that make a PREA report would only be placed in segregation as a last resort. The goal would be to keep them in population. If they had to place them in segregation it would be for as short of a time as possible. If there was no safe alternative placement at EDCF, then he would have the offender transferred to another prison. During review of the investigation files there was no evidence that an offender had been involuntarily placed in segregation after making a sexual abuse report because the staff didn't think it was safe for the offender to remain in general population housing. During the tour of the facility it was determined by asking staff working the unit that there were no offenders placed in segregation due to a PREA report. Based on the auditor's review of policies and interview notes, it has been determined the facility meets this standard.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-139D Screening for Sexual Victimization and Abusiveness</p> <p>EAI manual</p> <p>KDOC IMPP 22-103 Investigative Procedures</p> <p>KDOC utilizes its own investigators to conduct sexual abuse and sexual harassment investigations. Kansas Department of Corrections IMPP 10-139D Screening for Sexual Victimization and Abusiveness and KDOC IMPP 22-103 Investigative Procedures provides guidance for investigation of all allegations of sexual abuse or sexual harassment. When a case has been substantiated allegations of conduct that appear to be criminal it is referred for prosecution and the agency consults with the prosecutor.</p> <p>The EAI will oversee the investigation of all reported sexual abuse determined by staff to possibly include criminal conduct. The chain of custody of evidence shall be recorded and preserved. The EAI, in consultation with the respective Warden, will determine if criminal charges will be filed. Substantiated allegations of conduct that appear to be criminal will be referred for prosecution. If criminal charges are filed, EAI will coordinate the prosecution with the Attorney General's Office and/or local county States Attorney office.</p> <p>EDCF investigator provided documentation of completions of Sexual Abuse and Harassment investigator's training. This training provides direction for the general conduct of an investigation to include the preservation of the crime scene, evidence collection, interviews, audio/video surveillance, computer forensics, and polygraph examination. This policy states that "absolutely no polygraph examinations shall be administered to alleged victims of sexual abuse." Investigations are to be documented on the Standard Investigation Report form and completed within 7 days of the conclusion of the investigation.</p> <p>During the review period the facility reported 23 investigations. 18 were sexual abuse investigations and 5 were sexual harassment investigations. Two allegations were referred to the local prosecutor. Seven were referred for SANE examination. Local Law enforcement receives results of the SANE evaluation and coinvestigate with EAI staff. None have been substantiated; therefore none have been prosecuted to date. Two cases are ongoing with pending DNA evidence testing. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence, where feasible.</p> <p>The written reports in the criminal and administrative investigations include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. All investigations include an assessment of staffing level and other pertinent information that is provided to the facility's Incident Review Team. At the conclusion of the investigation, an incidents Review is completed. Included in the incident Review is an effort to determine whether staff actions or inactions contributed to the alleged abuse. Compliance was determined by reviewing 14 allegations including 7 in which the offenders was transported for a SANE evaluation. The lead investigator indicated that all inmate that make an allegation of sexual abuse in a time frame that would allow for a SANE evaluation or transported for a SANE evaluation and local law enforcement arrive at the medical center and coordinate the DNA testing and conduct a criminal investigation.</p> |

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-139D Screening for Sexual Victimization and Abusiveness</p> <p>EAI manual</p> <p>KDOC IMPP 22-103 Investigative Procedures</p> <p>Investigator Training</p> <p>KDOC IMPP 22-103 Investigative Procedures mandate that during the course of investigations, the facility shall impose any standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. Compliance was determined by review of policy, investigator training curriculum, interview with investigators and Warden</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-139D Screening for Sexual Victimization and Abusiveness</p> <p>EAI manual</p> <p>KDOC IMPP 22-103 Investigative Procedures</p> <p>Investigator Training</p> <p>Kansas Department of Corrections Internal Management Policy and Procedure 10 – 103 D Coordinated Response to Sexual Abuse and Harassment Retaliation Monitoring documents</p> <p style="text-align: center;">E</p> <p>EDCF Gen IMPP 10-139D Screening for Sexual Victimization and Abusiveness requires that any inmate who alleges that he suffered sexual abuse at a DOC facility be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded at the conclusion of the investigation. When an allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the Agency learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation was completed by an outside agency. When an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. When the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, the agency requests the relevant information from the investigative agency in order to inform the inmate. When an inmate’s allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. When an inmate’s allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member were indicted on a charge related to sexual abuse within the facility or the Agency learned that the staff member was convicted on a charge related to sexual abuse. During the last 12 months there were 26 allegations of sexual abuse that required reporting to the alleging inmate. All 26 were reported. Compliance was determined by review of investigative files, interview with inmates that had made allegations and review of the notification memos.</p> |

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>KDOC IMPP 02-120D Employee Disciplinary Procedures and Informal Formal Actions</p> <p>KDOC IMPP 02-118 Employee and Volunteer Rules of Conduct and Undue Familiarity</p> <p>KDOC IMPP 02-120D Employee Disciplinary Procedures and Informal Formal Actions includes engaging in sexual abuse or sexual harassment of an offender, shall be grounds for disciplinary action, up to and including dismissal. It is also understood that termination. Staff sign, date and a witness signs and dates the form under this section.</p> <p>Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Policy also indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff that would have been terminated before their resignation, will be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies. There have been 2 substantiated investigations involving staff members. There have been 3 resignation following an investigation of sexual harassment.</p> <p>Compliance with this standard was determined by a review of policy and interviews with investigator, warden and human resources staff.</p> |

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>KDOC IMPP 02-118 Employee and Volunteer Rules of Conduct and Undue Familiarity</p> <p>KDOC IMPP 01-106D Denial of Entry for Contract Personnel</p> <p>KDOC IMPP 13-101D Volunteering</p> <p>Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected or found guilty of sexual abuse or sexual harassment at the EDCF. Compliance with this standard was determined by a review of policy, volunteer/contractor training files and contractor interviews.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>K.A.R. Inmate Rule Book</p> <p>KAR 44-13-201 – KAR-13-405 is the KDOC disciplinary procedure that is used when inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate- PREA Audit Report Page 88 of 104 Facility Name – EDCF on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. This policy contains definitions for prohibited sexual activity between offenders, both consensual and nonconsensual that follows the zero tolerance policy of the KDOC.</p> <p>Inmate Discipline System address the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. There were 15 finding of sexual abuse or sexual harassment. Inmate Discipline System address the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations.</p> <p>The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p>Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Prior to disciplinary hearing mental health staff access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.</p> <p>Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Prior to disciplinary hearing mental health staff access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.</p> |

115.81

Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICY AND DOCUMENT REVIEWED

Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment

Centurion Policy P-F-06 - Response to Sexual Abuse
Sexual Victimization and Abusiveness

KDOC IMPP 10-139D Screening for

KDOC IMPP 10-139D Screening for Sexual Victimization and Abusiveness mandates inmates who disclosed prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by PREA compliance team staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community. Three staff (2 Central and 1 Southeast) that conduct the screening for victimization were interviewed and all stated offenders that report prior victimization or perpetration are referred the same day to medical and mental health for services. When requested staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility follows this standard.

The facility houses mental health and sex offenders and had over 20 offenders who claim to have been a victim of sex abuse. Four of these offenders were interviewed. All four indicated they were seen within two days of arriving at the facility. Two of the offenders are presently being seen monthly by mental health staff. Eighteen Inmate files were reviewed for compliance with having receive an initial and rescreening utilizing a standardized screening instrument. Three had not received rescreening, however all have received the initial screening . Compliance was determined by review of the screening instrument, interviews with inmates, medical and mental health staff and staff that conduct the screening.

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| 115.83 | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>Centurion Policy P-F-06 - Response to Sexual Abuse</p> <p>KDOC IMPP 10-139D Screening for Sexual Victimization and Abusiveness</p> <p>KAR 44-5-115 Service Fees</p> <p>Corizon Policy - Federal Sexual Assault Reporting Regulations #P-B-04.00</p> <p>Corizon General Health Services Policy and Procedure was reviewed and covers the provision of emergency services, including forensic medical exams, and follow up health care for victims of sexual abuse. The policy requires the prophylactic treatment for sexually transmitted diseases and referral to a behavioral health practitioner for follow up behavioral health services. Medical and behavioral health staff are to provide services consistent with the community level of care at no cost to the offender.</p> <p>Victims of sexual abuse will be offered tests for sexually transmitted infections/disease (STDs) as deemed medically appropriate, and in accordance with state statutes regarding the rights of victims and alleged perpetrator. Treatment services, testing and follow-up care will be provided to victims by Health Services staff without financial cost to the victim, and regardless of whether the victim names the abuser/perpetrator or cooperates with the investigation arising out of the incident. As deemed appropriate by Sex Offender Management Program staff, a mental health evaluation will be offered to all known inmate-on-inmate abusers within 14 days of staff learning of such abuse. Programming and treatment may be offered, depending on the inmate's release date.</p> <p>The facility will offer and coordinate with the offender's access to the Victim Advocate Program. Compliance to the standard was verified through review of policy and interviews with medical and mental health director and staff from the Victim Advocacy Program.</p> |
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| 115.86 | <p>Sexual abuse incident reviews</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>KDOC IMPP 12-118 Serious Incident Reviews</p> <p>The policy requires the following:</p> <ul style="list-style-type: none"> (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and: (b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc. (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse. (d) Assess whether monitoring technology should be deployed to supplement staff supervision. (e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement. (f) Documentation for any recommendation not implemented shall be maintained. <p>The Serious Incident Review Board was reviewed and requires each facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. EDCF uses a "Sexual Abuse Incident Review Format" to cover the six (6) criteria outlined in this standard for every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. All investigative files contained an incident review document when appropriate. There were 14 Incident Review prior to the PAQ being uploaded. Four additional Reviews have been completed and several of the incidents have not made the Incident Review Date. Compliance was determined by review of the incident reviews and interview with Incident Review Team Members.</p> |
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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>Survey of Sexual Victimization 2018</p> <p>Survey of Sexual Victimization 2019</p> <p>Annual Report for 2020</p> <p>Adult Data</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment Recording requires the KDOC will collect accurate, uniform data for every allegation of sexual abuse or sexual harassment at facilities under its direct control using a standardized instrument and set of definitions. PREA compliance manager will document all incident investigations. The PREA Coordinator will aggregate the incident-based sexual incident data at least annually. The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. The PREA Coordinator will obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the PREA Coordinator will provide all such data from the previous calendar year to the Department of Justice no later than June 30. Compliance with this standard was also determined by a review of policy/documentation KDOC website including the 2020 annual report and an interview with the KDOC PREA Coordinator.</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>Survey of Sexual Victimization 2018</p> <p>Survey of Sexual Victimization 2019</p> <p>Annual Report for 2020</p> <p>Adult Data</p> <p>Website Link</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment Recording requires the KDOC will collect accurate, uniform data for every allegation of sexual abuse or sexual harassment at facilities under its direct control using a standardized instrument and set of definitions. PREA compliance manager will document all incident investigations</p> <p>The agency maintains a website for all information found in the annual report. The website is https://www.doc.ks.gov/facilities/prea.</p> <p>A review of the annual report and visiting the website confirmed compliance with this standard</p> |

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEWED</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment</p> <p>Survey of Sexual Victimization 2018</p> <p>Survey of Sexual Victimization 2019</p> <p>Annual Report for 2020</p> <p>Adult Data</p> <p>Website Link</p> <p>Kansas Department of Corrections IMPP 10-103D Coordinated Response to Sexual Abuse and Harassment Recording addresses the requirements of this standard. The PREA Coordinator will ensure confidential information collected is securely retained. Only aggregated data will be placed in the annual PREA report. The data will be reviewed by the agency executive staff for approval by the Agency Director.</p> <ol style="list-style-type: none"> 1. The approved report will include all aggregated data from facilities under direct control of the DOC and private facilities with which the department contracts. The report will be made readily available to the public at least annually through the DOC website. 2. Before making aggregated sexual abuse data publicly available, the DOC will remove all personal identifiers in accordance with state law. 3. The DOC will maintain sexual incident data collected for at least ten (10) years after the date of the initial collection. <p>Compliance with this standard was determined by a review of policy/documentation and interviews with PCM and Warden.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This is the third PREA audit of this facility. The previous PREA audit was in February 22, 2019. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. All Kansas facilities have received at least one PREA audit since August 20, 2012. At least one-third of all Kansas Department of Corrections facilities were audited during the one-year period after August 20, 2012, until the Covid-19 virus required Governors and other officials to limit movement into their respective States and into correctional facilities. The auditor was provided supporting documentation before and during the audit. Notifications of the audit on May 6, 2021 (posted throughout the facility) allowed inmates to send confidential letters to the auditor prior to the audit. One pieces of correspondences from an inmates was received by the auditor.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The agency maintains a website for all information found in the annual report. The website is https://www.doc.ks.gov/facilities/prea . The auditor reviewed the reports from the last two audits. The auditor also googled for information about EL Darodo and requested any information available from Just Detention. |

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

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| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

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

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

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

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

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| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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

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

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| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |

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

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

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| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | no |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

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

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

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

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

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| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | yes |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

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

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| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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

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

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

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

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

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| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

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| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

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| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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