

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 1, 2016

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| Auditor Information | | | |
| Auditor name: Ray Reno | | | |
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| Email: rayreno1@gmail.com | | | |
| Telephone number: 620-285-1405 | | | |
| Date of facility visit: April 11, 2016 through April 13, 2016 | | | |
| Facility Information | | | |
| Facility name: Harvey County Detention Center | | | |
| Facility physical address: 800 N. Main, Newton, Ks. 67114 | | | |
| Facility mailing address: <i>(if different from above)</i> P.O. Box 267 Newton, Ks. 67114 | | | |
| Facility telephone number: 316-284-6959 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input checked="" type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Prison | <input checked="" type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: K.C. Kersenbrock | | | |
| Number of staff assigned to the facility in the last 12 months: 22 | | | |
| Designed facility capacity: 134 | | | |
| Current population of facility: 106 | | | |
| Facility security levels/inmate custody levels: Minimum and Medium | | | |
| Age range of the population: 18-70 | | | |
| Name of PREA Compliance Manager: Josh Davis | | Title: Investigator/PREA Compliance Manager (PCM) | |
| Email address: jdavis@harveycountycom | | Telephone number: 316-284-6960 | |
| Agency Information | | | |
| Name of agency: Harvey County Sheriff Department | | | |
| Governing authority or parent agency: <i>(if applicable)</i> N/A | | | |
| Physical address: 120 E. 7 th , Newton, Ks.67114 | | | |
| Mailing address: <i>(if different from above)</i> P.O. Box 231, Newton, Ks. 67114 | | | |
| Telephone number: 316-284-6959 | | | |
| Agency Chief Executive Officer | | | |
| Name: T. Walton | | Title: Harvey County Sheriff | |
| Email address: twalton@harveycounty.com | | Telephone number: 316-284-6960 | |
| Agency-Wide PREA Coordinator | | | |
| Name: N/A | | Title: N/A | |
| Email address: N/A | | Telephone number: N/A | |

AUDIT FINDINGS

NARRATIVE

The auditor sent flyers to the facility for posting to give notice of the upcoming PREA audit on February 22, 2016. They were posted later that week in all living units, program areas, visiting areas, staff break rooms, and administrative areas of the facility. The notices were in place for more than six weeks prior to the on-site portion of the audit. The auditor did not receive any correspondence from jail inmates or staff.

On February 23, 2016, the auditor held a telephone conference with the facility staff to discuss the audit process, the completion of the pre-audit questionnaire, and to answer any questions about the process.

The auditor arrived on April 11, 2016, for the on-site portion of the audit. After a brief meeting with facility administrative staff and introductions, the auditor was led on a tour of the facility by the PCM. The tour included all areas of the jail including:

- Administrative Offices/Staff Offices
- All Living Units
- Food Service/Dining Rooms
- Book-In Area
- Laundry
- Plumbing Chase Area
- Strip Search Rooms
- Clinic
- Property Room
- Porter/Supply Closets
- Electronics Rooms
- Library/Multi-Purpose Room
- Visiting Room
- Intoxilizer Room

Areas that were noteworthy are as follows:

- Audit Notices were posted in plain view throughout the facility.
- Pamphlets about PREA were available from a brochure rack in the public vestibule.
- PREA signage with reporting instructions was posted prominently in all inmate areas.
- Staff of the opposite gender are announced via the intercom system prior to entering the living unit.
- There were significant blind spots where sex abuse could occur without being observed by staff, or where there was no video coverage (porter closet hallway, trustee hallway, food service office, electronic master control room, strip search rooms, change-out room, food service dry storage room, laundry room, supply closets).
- The staffing plan does not allow for collapsible or closeable posts. Each deviation from the minimum staffing plan may cause overtime to fill. The number of security staff in the jail on duty to perform the basic functions of an adult jail is inadequate.
- Additional video cameras and DVRs are needed.
- There are no cameras in the housing units.
- There are many doors to office or storage areas that have no window.
- **Strip searches are conducted by a single staff person behind a closed door in a room with no video surveillance equipment. This is a very poor practice and is ripe for accusations of staff misconduct.**
- The food service supervisor's office is directly across the hallway from the trustee dorm room in a hallway with no video surveillance equipment.
- **County maintenance workers have received no PREA training and are allowed to move about the facility without staff escort.**
- **Maintenance workers are allowed into the chase area unescorted, where there are back windows looking into both male and female cells where an inmate is likely to be in a state of undress or using the bathroom.**
- There are blinds covering the windows of the female housing unit preventing staff from having a clear view into the living unit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Harvey County Detention Center is an Adult facility that houses Male and Female, Pre-trial and Sentenced detainees. It is a single structure that houses a maximum of 136 inmates in 9 housing "Pods", 7 pods house males with two designated for housing females. This is an indirect supervision facility with a remote housing control unit. The facility also has a temporary holding area for newly admitted detainees. This holding area contains 3 single person cells; 3 multi person cells; and 2 medical cells. Currently, the Detention Center employs 21 Detention Deputies.

Taken from the facility website: www.harveycounty.com

The newest of Harvey County Detention Centers opened in 1997. The Detention Center can hold up to 130 inmates. The average population at any given day is around 100. The Detention Center falls under the Sheriff's Office and the Harvey County Sheriff is responsible for the day to day operation of the jail.

Planning for the Detention Center was started in the fall of 1992 when the Board of Harvey County Commissioners authorized the formation of the jail planning committee. In June 1993 a contract was signed with jail architects, Gossen Livingston of Wichita, KS. From that point on, monthly meetings were held and the plans for the new detention center moved forward.

The site and size of the detention center was chosen in March of 1994. The detention center would be built on the current courthouse site with 108 beds. In November 1995 Walz, Harman & Huffman Construction Company was awarded the contract for the construction of the detention center and the remodeling of the law enforcement center. The detention center has 36,000 square feet and the law enforcement center has 26,000 square feet. The ground-breaking ceremony was held November 20, 1995.

The New Harvey County Detention Center has been meeting the needs of Harvey County since its completion in 1997. A master control room allows Detention Center Officers to monitor what is going on throughout the facility. The Detention Center provides medical care, mental health evaluation, and alcohol and drug counseling. Meals are served three times a day meeting nutritional needs for all the inmates. A library of books provides inmates with reading materials and inmates can take advantage of exercise by using the indoor basketball court and gym.

The Support Service Director coordinates all inmate programs at the Detention Center. Some of those programs include; high school degree, anger management, meditation, parenting classes, resume building, alcohol anonymous, narcotic anonymous, spiritual programs, transition programs and mentoring programs.

The administrative Captain oversees the Detention Center operations for the Sheriff. The administrative Captain runs two 12 hour shifts at the Detention Center making sure the Center is well served 24 hours a day and seven days a week. Each Sergeant is in charge of a shift at the Detention Center. A total of twenty three employees work at the Detention Center.

SUMMARY OF AUDIT FINDINGS

Updated Information: October 14, 2016:

The County Sheriff, PCM, and other administrative staff have done an outstanding job working through the corrective action plan (CAP). It is evident to this auditor that the sexual safety of the inmates and staff who live and/or work in the facility, is of great importance to the administration. Compliance with the PREA standards is difficult and complex undertaking. The “top down” attitude brought from the Sheriff and the PCM is, without question, the reason the facility has been able to gain full compliance with the standards, including seven “exceeds standards”. The Harvey County Jail, is one of the first jails in the state to be certified PREA Compliant. Congratulations to all of the staff who have worked hard to accomplish this goal!

Number of standards exceeded: 7

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 2.17

Interviews, Document and Site Review:

The facility does have a written policy that states there is a zero tolerance toward all forms of sex abuse and sexual harassment. There is only one detention facility operated by the Harvey County Sheriff Department, and there is one staff member assigned as the PREA Compliance Manager (PCM). The PCM reports directly to the County Sheriff. The PCM stated that he has other assignments in addition to his duties as PCM, but that he feels he has adequate time to devote to compliance and training. He has the authority to adjust his schedule as needed on any given day.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- This standard is N/A.

Interviews, Document and Site Review:

Standard 115.13 Supervision and monitoring

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- 2015 Staffing Plan Review
- 2012 Operational Assessment by NIC
- Video Analysis
- 2014 Staffing Analysis
- Staffing Plan Deviation Instructions
- Staffing Plan Deviation (PREA) 2.17.2
- PREA Policy 2.17
- Supervisory Unannounced Rounds 2.17.1

Interviews, Document and Site Review:

Staffing at the jail is predicated on having a minimum of four staff on the AM and PM shift, along with three staff on the overnight shift. There is a negligible difference between the full staff number and the minimum staff number. Additionally, the facility routinely deviates from the staffing plan, which in most cases results in overtime being paid. Also, regular deviation from the staffing plan could be an indication that staffing is insufficient for the number of post/duties. The facility deviated from the staffing plan over 1,000 times during this period of review. Documentation was available that showed the justification for each staffing plan deviation. Although the staffing plan is reviewed annually, and includes an assessment of the video/DVR needs, there was no documentation provided to show that the review included all of the 11 aspects required by the standard. Documentation was also available which showed supervisors performed unannounced rounds on all shifts. The jail administrator said that it has never been the practice for staff to call ahead to warn others that rounds are occurring, and the practice is prohibited by written policy.

Corrective Action:

Complete a comprehensive review of the staffing plan that documents how consideration was given to each of the 11 items listed in the standard.

Updated Information:

On June 2 2016, the facility provided a document titled “Staffing Analysis Review”. This document outlines that the staff took into consideration, each of the items required by the standard and what determinations were made. The document was reviewed and signed by the County Sheriff. This standard is not met.

Standard 115.14 Youthful inmates

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

N/A

Interviews, Document and Site Review:

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 2.17

Interviews, Document and Site Review:

Cross gender searches, except in exigent circumstances, are prohibited by policy. Both staff and inmates stated that it does not happen. The policy requires that in the event a cross gender search is needed, an incident report be completed and routed to the PMC. However, this facility has a walkway behind the cell runs in what is called the “Chase” area, like a plumbing chase. There is a back window on the cells that allow anyone to see into the cell, where an inmate may be in a state of undress or using the bathroom. No announcements are made when staff enter the Chase area. Maintenance staff employed by the county, who are not jail employees and have received no security or PREA training, are routinely allowed free access in the jail, and in the Chase area. The auditor observed this happen several times during the on-site visit. The auditor was told by supervisors that there is not enough staff to provide an escort. There is a policy that prohibits non-medical staff from viewing inmates who are undressed, showering, or using the bathroom, but it is not being adhered to. Security staff do not carry keys to open the door to the living unit. They are required to press the intercom or call on the radio to be let into the unit by the control operator in the Housing Post. The Housing post officer makes an announcement over the intercom of the unit before opening the door for staff of the opposite gender to enter. Inmates reported this practice/policy is strictly followed, and the auditor also observed the announcements being made. All staff interviewed were clear that a strip search would never be performed for the purpose of determining an inmate’s sex. Documentation was provided to show that detention staff have been trained on how to perform cross gender and transgender pat downs. Transgender inmates are provided an opportunity to declare whether they prefer a male or female staff to perform their pat searches. This is documented through use of a form called the Statement of Search Preference. The information is then distributed to other contact staff with a need to know.

Corrective Action:

Prohibit non-jail staff from having unescorted access in the jail, and specifically in areas where inmates can be seen in a state of undress or using the bathroom. Provide PREA training to all persons who have interaction with inmates.

Updated Information:

On June 1 2016, the facility adopted a practice of not permitting maintenance staff who had not received PREA training, to be inside the jail without a staff escort. In addition, security staff will also close the chase windows at the back of the cells while maintenance is in the chase, regardless of staff presence. During the last week of May, the PCM held a PREA training session for the maintenance staff only. The training that was provided was the same as is given during the 'volunteer/contractor' training. Maintenance staff now are required to close the chase windows wherever they are working. The training also spoke about the importance of equipment accountability and also expressed to them the importance of staying in view of the camera as much as possible while working in the jail. Documentation of the training was provided to the auditor along with staff sign-in sheets. This standard is now met.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 2.17

Interviews, Document and Site Review:

Facility policy outlines the procedures that can be used when there are inmates who don't speak English, or have a disability. There have been no opportunity during this review period where there have been a call for translation to any language other than Spanish. Interpretive services are available for deaf inmates, and for other languages. Staff are also required to read materials for inmates who can't read, or who are blind. The auditor did interview one inmate who spoke Spanish, through the use of a staff interpreter. The inmate was able to talk about how to report sex abuse or sexual harassment, and he did know about the facility zero tolerance policy toward sex abuse and harassment. Written PREA materials are available in Spanish, and can be made available in other languages upon request. Staff reported that they would not use inmates as interpreters, unless it was an emergency.

Standard 115.17 Hiring and promotion decisions

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Promotional Selection Process 2.09.1
- PREA Policy 2.17

Interviews, Document and Site Review:

There is a section of the PREA policy which states in part, as follows:

The HVDC policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

- a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.*
- b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, open or implied threats of force, or coercions, or if the victim did not consent or was unable to consent or refuse*
- c) Has been civilly or administratively adjudicated to have engaged in the activity described in any paragraph in this section.*
- 2. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with inmates.*
- 3. Before this agency hires any new employees who may have contact with inmates, it:*
 - a) Conducts criminal background record checks*
 - b) Consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.*
 - c) Conducts a formal interview with the applicant regarding the desired position and any relevant factors.*
 - d) Where applicable, or as desired, the agency will coordinate a polygraph for applicants to be completed at no cost to the applicant.*
 - e) Sheriff's Office Investigators will perform unannounced 'knock and talks' with potential employees as a general practice.*
- 4. This agency requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.*
- 5. Criminal background records checks will be conducted by the Harvey County Sheriff's Office on all current employees, volunteers, and contractors, who may have contact with inmates at least every five (5) years.*

6. The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (1a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as a part of reviews of current employees. The agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct.

7. Employees must disclose any such misconduct. Any material omission(s) regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

8. Any information requested of a current or previous employee by a prospective employer will be supplied by Human Resources.

9. Unless prohibited by law, the agency shall 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

Reference checks from other agencies (115.17)

The agency will provide information on substantiated allegations of sexual abuse/harassment involving former employees upon request from an institutional employer that the former employee has applied to work. Requests for this information must be directed to the Jail Administrator or Harvey County Sheriff. Other requests for information shall be directed to the Harvey County Administration Office.

Although, the policy covers the language from the standard, in practice, documentation is missing. The PCM is the person who contacts previous facilities to ask about previous misconduct; however, this is not documented. The auditor provided an example of a letter used to contact previous employers, and a log to help with documentation. The PCM stated that he would format a document that could be used from this point forward. Also, there is not documentation to show that a background check was completed prior to hire, or at promotions. The policy states background checks will be re-checked every five years. The facility has not been required to re-check any employees at this point because the facility has been working toward PREA compliance for less than five years. Employees who have contact with inmates have not been asked about previous sexual misconduct as part of promotional boards. The facility does require staff to self-report any sexual misconduct or harassment, and the policy states that failure to do so shall be grounds for termination from employment. The PCM stated that he would provide information, as required, to other custodial agencies if asked, but there was no standard form available that would be used as documentation.

Corrective Action:

Develop ways to document the procedure for asking previous institutional employers about employee sexual abuse or sexual harassment. Also, develop a procedure to document how previous sex abuse or sex harassment is considered during promotional boards and annual reviews. Document that contractors/volunteers who have contact with inmates are checked to ensure they have not engaged in previous sex abuse or sexual harassment in the community or while working for other institutional employers. Document each employee/contractor/volunteer pre-employment background check. Document that each employee and applicant is asked directly about previous sex abuse or sexual harassment.

Updated Information:

The facility added the required information to policy 2.09.1 Hiring Process for Detention/Road Patrol. The policy requires the investigation division to complete a pre-employment checklist as part of the process for hiring detention staff, contract staff/volunteers. Included in the checklist is a place to document the facility's best effort to contact previous institutional employers about previous sexual misconduct, sexual abuse or sexual harassment. Policy 2.09.2 Promotional Selection Process, was also revised and now includes a requirement to document how previous sex abuse or sex harassment is considered during promotional boards and annual reviews. Both of these policies went into effect June 1, 2016. Documentation was provided to show that staff have been trained about the new processes. This standard is now met.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor 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.

In order to make my determination, I reviewed the following policies and other documentation:

- Pre-audit Questionnaire
- Video Analysis

Interviews, Document and Site Review:

There have been no substantial expansions or modifications of the jail during this review period. There has been an analysis of the jails surveillance and DVR systems. This is an ongoing process, and recommendations have been made for additions and upgrades to the surveillance and DVR systems as funding become available.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Rape and Sex Offence Policy 7.18
- PREA Policy

Interviews, Document and Site Review:

Any cases sex abuse are investigated by detectives from the Harvey County Sheriff Department. The facility does follow a uniform evidence protocol during the investigation and during the collection and documentation of any evidence. All victims are offered access to a forensic examination at no cost to them. Harvey County has made arrangements with a local hospital to have the victims of sex abuse examined by a SANE whenever possible. There is also a rape crisis victim advocate available who can accompany them through the examination, upon request. The Rape and Sex Offence policy reads in part, as follows:

Victims of rape should be asked to go to Newton Medical Center Emergency Room for an examination to determine if any injuries need to be addressed.

If a rape examination is required, the hospital will contact St. Joseph’s or Wesley Hospital in Wichita and notify them of the examination. Rape examinations are done by the Sexual Assault Team of St. Joseph’s and Wesley Hospitals. The hospitals will request a Harvey County Sheriff’s Office case number for the rape examination. Victims do have a right to refuse rape examinations.

The PREA Policy reads in part, as follows;

Advocacy is provided by the Harvey County Domestic Violence/Sexual Abuse (DV/SA) team. Provision of this service is documented, whether accepted or denied. DV/SA may accompany the victim to Newton Medical Center Emergency Room (NMC ER), or any SAFE/SANE evaluation, and investigation interviews. If this service is requested by the victim and advocacy services have declared they will provide support, HVDC staff will not send the victim for treatment without that advocate present.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Harvey County Website
- Harvey County Facebook Page

Interviews, Document and Site Review:

There is a policy that states that an investigation will be completed on all reports of sex abuse or sexual harassment; however, the policy is not posted on their website. The PCM advised that the policy could be found on the facility Facebook page, but the auditor was unable to locate any PREA information there.

Corrective Action:

Publish the PREA policy on the department website, or make the policy available to the public through some other means.

Updated Information:

On June 6 2016, the PREA policy was posted on the detention website at www.havercounty.com

This standard is now met.

Standard 115.31 Employee training

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Staff Training (Initial) Curriculum
- PREA Training PowerPoint
- PREA Training Acknowledgement Forms

Interviews, Document and Site Review:

The auditor reviewed the training policy and the training curriculum. The lesson plans outline all of the information required by the standard. The auditor also reviewed the training PowerPoint and the documentation showing that all staff who have contact with inmates went through the training. Since the facility houses both male and female inmates, the training is tailored to address both sexes. New employees receive the training during the first couple of weeks after their employment starts, and every staff member will also receive annual training. Interviews with staff indicated a solid understanding of the PREA policy and the purpose behind the PREA standards. All staff were aware of the facility’s zero tolerance toward sex abuse and sexual harassment. Staff were particularly cognizant of how to interact and to communicate professionally with LGBTI populations.

Standard 115.32 Volunteer and contractor training

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Training Acknowledgement
- Support Services PowerPoint
- Support Services Lesson Plan

Interviews, Document and Site Review:

The PCM was previously assigned as the training sergeant, and as such spent a significant amount of time writing the PREA training lesson plans. The lesson plan for volunteers and contractors covers the facility's zero tolerance toward sex abuse and sexual harassment. The training explains what to do, and who to report to if made aware of sex abuse or sexual harassment. The PCM explained that the amount of training that individuals receive is based on the amount of interaction they are likely to have with the inmates. Volunteers and contract staff are required to complete PREA training annually.

Standard 115.33 Inmate education

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Zero Tolerance Handout
- PREA Policy
- PREA Video
- Kiosk Information

Interviews, Document and Site Review:

All inmates are given PREA information at the time they are booked into the jail. The information is contained in a pamphlet titled, *Zero Tolerance Harvey County Inmate Sexual Abuse/Assault Prevention and Intervention*. This occurs as part of the book-in process, unless the inmate is unruly or too intoxicated to understand the information. The pamphlet is available in Spanish if needed, and there are staff on duty who speak Spanish. Intensive inmate education is given by the PCM on a weekly basis. In addition, there are PREA posters throughout the facility with information on how to report sex abuse or sexual harassment. There is also information on each kiosk in each living unit. The inmate must sign-in to use the kiosk and then can click on the PREA tab. This contains information on how to report sex abuse or sexual harassment, the inmates' right to be free from sex abuse and sexual harassment, and their right to be free from retaliation for reporting such

incidents. There is also a tab on the kiosk which inmates can use to communicate directly with the PCM. All PREA inmate education is available for inmates who are deaf or blind, or who do not speak English or have limited reading ability. The auditor was shown documentation to show that each inmate received PREA education within 30 days of arrival. Interviews with several inmates revealed they had a good understanding of what PREA is and the facility's zero tolerance policy. Inmates were also aware of how to report sex abuse or sexual harassment and knew who the PCM is. In fact, almost all of the inmates reported that if they were to experience any kind of PREA problem, they would report it directly to the PCM.

Standard 115.34 Specialized training: Investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Training Certificates
- PREA Policy
- Training Curriculum

Interviews, Document and Site Review:

All staff who perform sex abuse investigations have received specialized training titled, *Prison Rape and Sexual Assault Investigations Inside Correctional Facilities*. The training was an eight hour course given by Training Force USA. The facility sent four staff, including the PCM, to Pine Bluff, Arkansas, to complete the training classes. The training included techniques for interviewing sex abuse victims in a prison/jail setting, evidence collection, and working with the case prosecutor.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Pre-test
- PREA Post-test
- Advanced Correctional Healthcare PREA Test
- Medical Staff Training, PREA Compliance Training Outline

- Training Report

Interviews, Document and Site Review:

The PREA policy states in part, as follows:

Agency medical staff does not conduct forensic exams. Forensic exams will be conducted at a local hospital.

All Deputies and Medical Staff will be trained on the proper procedures for securing a crime scene and preserving evidence in exigent circumstances to include: [115.35 (a)]

- a) Crime scene security*
- b) Crime scene log*
- c) Evidence handling*
- d) Evidence packaging*
- e) Chain of custody*

The agency shall ensure all full-and part-time medical and mental health care practitioners that work regularly at the agency receive the training mandated for contractors and volunteers under 115.32, depending on the practitioner’s status at the agency. The agency will maintain documentation the training was received.

During interviews with medical staff, it was learned that the all medical/mental health staff go through initial PREA training upon being hired, and then are required to attend additional PREA training annually. In addition, since the medical staff are contracted, they also are required to complete training for the vendor. The training consists of a pre-test and a post-test. Documentation was provided to show that the medical/mental health staff completed a training class provided by Advanced Correctional Healthcare. However, the PCM recognized that the training provided by the vendor did not cover all of the aspects required by this standard. The PCM then provided additional training that covered the specifics of how PREA is managed at the facility. Additional topics included:

- How to detect and assess signs of sex abuse and sexual harassment.
- How to preserve evidence, if present.
- Where the victim would go for forensic examinations, if needed.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy Chapter Four
- Risk Screening Form
- Completed Risk Screening Forms

Interviews, Document and Site Review:

All inmates who are booked into the jail are screened for risk of sexual victimization and abusiveness as part of the book-in process. This is completed in most cases before the inmate is ever allowed to leave the book-in area or are assigned to a cell, unless the person is uncooperative or intoxicated. In those cases, the inmate is placed alone into one of the observation cells in the book-in area until the screening can be completed. The facility has developed their own screening instrument, which takes into account, all 10 of the risk factors required by the standard. The form is completed electronically by any of the security staff, who have all received training on how to complete the form. Any time the inmate answers “yes” to one of the risk factors, a pop-up box appears on the book-in officer’s computer screen which will ask additional questions or give helpful instructions on how to deal with that particular risk factor. In addition, each time a “yes” answer is given, an e-mail is sent to the PCM to alert him to the book-in. The inmate is asked about his or her own perception of risk, and their answer is taken into account when completing the assessment. Every inmate who is booked-in to the jail, and who is still there at the end of 30 days, is re-assessed for risk of sexual victimization and abusiveness. Each of these assessments is completed by the PCM. By policy and practice, there is no disciplinary action taken for refusing to answer screening questions. The screening information is contained in the facility’s computer software program; anyone who has access to the software program has access to the screening information.

However, the entire process is closely monitored by the PCM to ensure that sensitive information is not exploited by staff. Only sworn deputies are given access to the software program. The facility PREA policy reads in part, as follows:

“An inmate’s risk level shall be reassessed at any time and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

Standard 115.42 Use of screening information

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Statement of Search Preference Form

Interviews, Document and Site Review:

The facility uses the screening to help determine housing assignments. There are no inmate jobs that are not direct supervision by correctional staff, and all programs are staff or volunteer supervised. In the event a transgender inmate is booked into the jail, the PCM is notified as part of the screening procedures. A transgender inmate would be placed into one of the observation cells in the medical area until the PCM can complete a face-to-face interview, usually within 24 hours, unless on a weekend or holiday. The inmate is provided an opportunity to complete a statement of search preference form. This form documents the inmate’s preference of having searches completed on him/her by male or female jail staff. Housing decisions are made on a case-by-case basis, after staff from the medical clinic, mental health, the PCM, and the inmate, meet to determine the best option to ensure the inmate’s health and safety. The PREA policy reads in part, as follows:

“The agency makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis to ensure the inmates’ health and safety; and whether the placement would present management or security problems.

Placement and programming assignments for transgender or intersex inmates shall be reassessed at least twice each year to review any threats to the inmates’ safety. A transgender or intersex inmates’ own views with respect to his or her own safety shall be given serious consideration. Transgender or intersex inmates shall be given the opportunity to shower separately from other inmates. The PREA Coordinator or designee will assess all transgender or intersex inmates for housing to include:

- a) Does the inmate feel comfortable being housed in general population?*
- b) What gender of inmates does the inmate feel comfortable being housed with?*
- c) Does the inmate feel comfortable showering around other inmates?*
- d) Does the inmate prefer to shower away from other inmates?*
- e) Transgender or intersex inmates who prefer to shower separately will be taken to the booking shower and allowed to shower in the booking shower room with the use of a divider privacy screen as desired.*
- f) Transgender or intersex inmates in general population can submit a request to the Shift supervisor via the inmate kiosk to request a change in housing or showering status.*
- g) Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such 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 such inmates’.*”

To date, no transgender inmate has been incarcerated in the jail long enough to have more than one assessment completed. Transgender inmates are afforded the opportunity to shower separately from other inmates.

Standard 115.43 Protective custody

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The facility does have a policy which prohibits placing inmates who are at high risk of being sexually abused into involuntary segregation status, until other options have been considered. There is very little use of involuntary segregation in the jail, and there have been no cases where an inmate was placed into segregation status due to being high risk for sexual victimization. The PREA policy reads in part, as follow:

“Inmates at high risk for sexual victimization will not be placed 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.

2. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- a. The opportunities that have been limited.*
- b. The duration of the limitation.*
- c. The reasons for such limitations.*

3. If an involuntary segregated housing assignment is made, the facility shall clearly document:

- a. The basis for the facility’s concern for the inmates’ safety.*
- b. The reason why no alternative means of separation can be arranged.*

4. An incident report will be completed on all inmates placed in involuntary segregated housing.

- a. PREA Coordinator will review all incident reports and determine if the need for continued segregated housing is required.*
- b. If the inmate is to remain in involuntary segregated housing, Classification will complete an incident report documenting the reason the inmate will remain in segregated housing, any limitations to programs, education and work opportunities, the duration of the limitations and why the limitations are placed based on the safety of the inmate and security of the facility.*
- c. Classification will also document this information in the inmates file.*

5. Inmates in involuntary segregated housing will be reviewed at least every 30 days by Classification and the PREA Coordinator to determine whether there is a continuing need for separation from the general population.

6. Involuntary Segregation will not be used longer than 24 hours absent exigent circumstances, or availability of the PREA coordinator to complete the assessment. Any deviation from this time restriction will be documented by the PREA coordinator or designee.”

There were no cases during the past year where an inmate who was identified as being high risk for sexual victimization was involuntarily placed into protective custody.

Standard 115.51 Inmate reporting

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Reporting Posters
- PREA Pamphlets English
- PREA Pamphlets Spanish

Interviews, Document and Site Review:

Inmates who were interviewed were able to report several different ways to report sex abuse, sexual harassment, and or retaliation. Most stated they would report to staff. They were confident that staff would take the right actions to keep them sexually safe. The most common responses were: tell a staff member, write a grievance, or send an e-mail to the PCM. There is a kiosk in each living unit which contains PREA information. Also on the kiosk is a way to send a message that goes directly to the PCM. No other staff in the facility can read the message to the PCM. The auditor was able to send a test message from the kiosk and confirm that the message was received by the PCM. There were three different phone numbers for reporting sex abuse or sexual harassment posted on the walls throughout the facility. However, at the time of the audit, the auditor was not able to connect with a person or leave a message on any of the numbers. This was brought to the attention of the PCM, and the auditor was told it would be corrected ASAP. The facility also provides all inmates with phone numbers and addresses to use to report sex abuse or harassment to someone outside the jail; this information allows inmates to contact the Harvey County Domestic Violence/Sexual Abuse Office, Kansas Crisis Hotline, and the National Crisis Hotline. Inmates detained solely for civil immigration purposes may contact the department of homeland security by writing to: 271 W 3rd St, Wichita, KS 67202, or calling (316) 977-8600.

Facility staff are able to privately report sex abuse or harassment by calling any of the toll free hotline phone numbers.

Standard 115.52 Exhaustion of administrative remedies

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Inmate Handbook
- Kiosk

Interviews, Document and Site Review:

The jail does have a grievance procedure and filing a grievance to report sex abuse is allowed. The policy read in part, as follows:

- “The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.*
- 2. Agency policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.*
 - 3. Inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.*
 - 4. Inmates may submit a grievance alleging sexual abuse without submitting said grievance to the staff member who is the subject of the complaint.*

5. Any inmate grievance alleging sexual abuse shall not be referred to the staff member who is the subject of the complaint.
6. The Harvey County Detention Center Administration will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
7. The Detention Center Administration may claim an extension of time to respond up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.
8. If an extension is needed, the inmate will be notified in writing. The notification will also include a date by which a decision will be made.
9. Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.
10. Inmates will be required to state whether they agree or disagree to having the request filed for administrative remedy by third parties. Either declaration will be documented by the PREA Coordinator in the initial report file.
11. The agency has a policy and an established procedure for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Staff will follow both Staff Reporting requirements, as well as beginning the Coordinated Response Plan.
12. Emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 24 hours.
14. Emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within five (5) days.
15. After an agency decision is made, a copy of the emergency grievance and all responses shall be filed by the PREA Coordinator, to include determinations of risk, and actions taken in response to the emergency grievance.
16. The agency shall only discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.”

The grievance can be filed by submitting a paper copy, or by use of the inmate kiosk. There is a kiosk on each living unit and can be accessed any time the dayroom area is open. The grievance procedure is posted on the kiosk, and the form can be submitted through the kiosk. There also is a section that deals specifically with submission of an emergency grievance, in a case where a substantial risk of imminent sex abuse exists. Emergency grievances go directly to the PCM and the Sheriff for immediate disposition. There were no grievances submitted alleging sex abuse in the past year. There were no emergency grievances filed where an inmate claimed to be in imminent danger of sex abuse. Inmates who were interviewed were aware of the grievance procedure, but most said that if there were a problem, they would tell staff or go directly to the PCM. Staff indicated that if they were made aware of a case where an inmate filed an emergency grievance, they would call the PCM and take immediate actions to protect the inmate.

Standard 115.53 Inmate access to outside confidential support services

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Posters
- Inmate Handbook
- MOU Prairie View
- MOU Harvey County Domestic Violence and Sexual Assault Task Force INC.

Interviews, Document and Site Review:

The facility has entered into an MOU with a community service provider who has agreed to provide victim advocates and emotional support services upon request, at no charge to the inmate. All inmates are given information on how to contact the services at the time of book-in to the jail, including toll-free hotline phone numbers. All inmates are informed that facility phones are recorded. Arrangements can be made

through the PCM to make a confidential call on a phone line that is not recorded.

Standard 115.54 Third-party reporting

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
-

Interviews, Document and Site Review:

Information on PREA and how to report sex abuse and sexual harassment is available in the lobby and visiting rooms at the jail. There is also information on the facility website at www.harveycounty.com the website states in part, as follows:

"If you wish to file a report on an Inmate's behalf, Harvey County Sheriff's Office accepts third party reports. You may contact the Sheriff's Office at 316-284-6960 and request to speak with the PREA Coordinator."

Standard 115.61 Staff and agency reporting duties

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Training Outline

Interviews, Document and Site Review:

The PREA policy requires all staff, contractors, and volunteers who have inmate contact to report immediately to their shift supervisor, and the PCM any knowledge or suspicion of sex abuse or harassment occurring in the facility. The policy prohibits any form of retaliation against those who report sex abuse or harassment. Staff received training which outlined that they are not to discuss cases of sex abuse or harassment with anyone who does not have a need to know. Staff reported during interviews that they are aware of the rule and the reasoning behind it. The professional staff indicated that they are mandatory reporters for sex abuse, and that they tell inmates that information at the beginning of services.

Standard 115.62 Agency protection duties

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Training Outline

Interviews, Document and Site Review:

The PREA policy reads in part, as follows:

“Agency Protection Duties

1. The agency shall not permit any form of retaliation from staff, contractors, or volunteers against an inmate for having filed a report of sexual abuse.
2. The agency shall not permit any form of retaliation from inmates against an inmate that has filed a report of sexual abuse.
3. Supervisory staff is responsible for identifying concerns or indications of retaliatory behavior toward inmates.
4. Any observed or suspected acts of retaliation will be documented and forwarded to the Jail Administrator and PREA Coordinator.
5. Agency officials who have observed or suspect acts of retaliation for reporting incidents of sexual abuse will consider the following actions to limit retaliation
 - a) Housing change assignments to remove either party (victim or aggressor)
 - b) Removal of staff member from contact with inmate
 - c) Providing emotional support services to victim.
 - d) Administrative action, up to termination, of staff member.
6. The agency will also monitor retaliatory actions against those that cooperate with investigative efforts (i.e. witnesses, translators, etc.).”

Staff reported that if they were to become aware that an inmate was in imminent danger of any kind, they would take immediate actions to remedy the situation. They reported that they would immediately speak with their shift supervisor. Supervisors were aware that there are actions they can take such as those listed in the PREA policy, but also indicated that they would contact the PCM by phone for additional instructions. Staff indicated that the PCM is always available by phone, or will return their call immediately. No one could remember a situation within the past few years where an inmate was in any immediate sexual danger.

Standard 115.63 Reporting to other confinement facilities

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PCM indicated that when they receive a report that an inmate claims to have been sexually abused while housed at another facility that he will attempt to initiate contact with a staff member at that facility to follow up on the report. This information was not found in the PREA policy and the practice does not appear to conform to the standard.

Corrective Action:

Develop a policy and practice where the agency head will notify the head of the facility where the offence was alleged to have occurred. The notification needs to occur within 72 hours of receiving the allegation and must be documented. Develop a policy and practice to respond to allegations made when an inmate alleges to have been sexually abused while housed at the Harvey County Jail.

Updated Information:

Documentation was provided to show that the facility has a policy and practice that requires follow-up action when an allegation of sex abuse is made by an inmate who had been housed at another facility and/or when the facility receives a notification. This standard is now met.

Standard 115.64 Staff first responder duties

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- PREA Coordinated Response Checklist
- Training Records

Interviews, Document and Site Review:

The facility has developed a very detailed response plan for reports of sex abuse. First responders have all received training on how to respond to allegations of sex abuse. The auditor was provided with training records and the training lesson plan. The response plan details what actions are to be taken upon learning of a report of sex abuse. Staff reported that they have received the response training and outlined the steps to be taken, including: separating the victim and perpetrator, protecting any possible crime scene, and preservation of physical evidence. Staff were aware that they should not allow the participants to change clothes, go to the bathroom, brush their teeth, eat or drink, if the abuse occurred within a timeframe that would allow the collection of forensic evidence. All first responders are trained deputies, and no non-security staff would be first responders.

Standard 115.65 Coordinated response

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Coordinated Response Checklist

Interviews, Document and Site Review:

The facility has developed a very detailed coordinated response plan. All uniformed jail staff have been trained as first responders. The policy contains a checklist, which is also kept in the master control post. Shift supervisors are responsible to ensure that the checklist is followed and that the steps are documented. The checklist contains the required actions to be taken by medical staff, investigators, facility leadership staff, and the notifications that are required. There were no incidents of sex abuse that required activation of the response plan during this period of review.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- This standard is N/A

Interviews, Document and Site Review:

Standard 115.67 Agency protection against retaliation

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PCM reported that he meets with any inmate or staff member who reported sex abuse or sexual harassment. However, the meetings are not documented. The PREA policy outlines several actions that can be deployed to protect inmates who have reported, and reads in part, as follows:

- “1. The agency shall not permit any form of retaliation from staff, contractors, or volunteers against an inmate for having filed a report of sexual abuse.*
- 2. The agency shall not permit any form of retaliation from inmates against an inmate that has filed a report of sexual abuse.*
- 3. Supervisory staff is responsible for identifying concerns or indications of retaliatory behavior toward inmates.*
- 4. Any observed or suspected acts of retaliation will be documented and forwarded to the Jail Administrator and PREA Coordinator.*
- 5. Agency officials who have observed or suspect acts of retaliation for reporting incidents of sexual abuse will consider the following actions to limit retaliation*
 - a) Housing change assignments to remove either party (victim or aggressor)*
 - b) Removal of staff member from contact with inmate*
 - c) Providing emotional support services to victim.*
 - d) Administrative action, up to termination, of staff member.*
- 6. The agency will also monitor retaliatory actions against those that cooperate with investigative efforts (i.e. witnesses, translators, etc.).”*

The policy does not specifically state who is responsible for monitoring the inmates or the staff who report, nor does it state that the monitoring should be for a minimum of 90 days. The auditor provided the PCM with a sample document that is used to document the 90 day monitoring period and actions taken.

Corrective Action:

Using language from the standard, develop a policy that specifically names who is responsible for monitoring inmates who have reported, and for staff who have reported. Include the provision that the monitoring must be for a minimum of 90 days, and that periodic status checks with the individuals are required. Develop a practice of documenting how and when the monitoring occurred, along with any actions taken.

Updated Information:

On June 3, 2016, documentation was provided to that the PREA policy was updated to reflect that the Detention Captain is the person who is responsible for monitoring the conduct and treatment of any staff member who has reported sex abuse. The same policy names the PREA Coordinator as the staff person who will monitor the conduct and treatment of any inmate who has reported sex abuse. The documentation also includes forms titled “PREA 90 Day Retaliation Monitor (Staff)” and “PREA 90 Day Retaliation Monitor (Inmate)”. During the period between the on-site visit and the final report, (10/14/16), there were no allegations of sex abuse to monitor. This standard is now met.

Standard 115.68 Post-allegation protective custody

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Involuntary Segregation Report

Interviews, Document and Site Review:

In speaking with the Jail Administrator, it was said that the facility only uses segregation as a last resort, and then only for the shortest period possible. There are several options available at the facility other than segregation; for example, in the male units, an inmate can be moved from one pod to another as a means to keep separate. However, there is only one female unit. There was no documentation provided to show

that staff consider other alternatives prior to placement in segregated housing, or why the other options were not used.

Corrective Action:

Develop policy and practice to document that prior to placing an inmate who has alleged sex abuse into protective custody, staff considered other options, and why the other options were not used. State in policy that protective custody placement shall be for the shortest period of time possible. Document that staff have been trained in the aspect of PREA. Provide the auditor documentation to show the policy has been institutionalized.

Updated Information:

On August 19, 2016, documentation was provided to show that the “Involuntary Segregation Report” had been modified to include a requirement for staff to write what alternative housing options were considered prior to segregation placement and the reason for not choosing that option, prior to placement in segregation. Documentation was also provided to show that the shift supervisors had received training regarding this form from the PCM. The segregation policy states that placement will be for the shortest time necessary. This standard is now met.

Standard 115.71 Criminal and administrative agency investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The Harvey County Sheriff’s Department is a certified Kansas law enforcement agency, and employs its own trained and certified criminal investigators. Additionally, there are several investigators who have completed specialized training on conducting sex abuse and sexual harassment investigations in a correctional setting. The PMC is an investigator for the department, and is also trained to complete PREA investigations. He serves as the lead investigator for any reports of sex abuse or harassment that occur in the facility. He is also responsible for keeping a record of each PREA investigation and case file. The portion of the PREA policy concerning investigations reads in part, as follows:

“All reported incidents of sexual misconduct alleged against an officer, employee, or authorized visitor, is immediately investigated by a Harvey County Sheriff investigator or designee. Officers of the department trained and experienced in investigation conduct these investigations. Statements of the complaining party and key witnesses are completed on official witness statement forms, signed, and witnessed. Prior to any signing, each complainant, witness, or subject of an investigation is reminded of the perjury laws of the state. Any individual suspected or accused of an offense is read their Miranda Warning, prior to any interview or interrogation. Reported incidents of sexual misconduct by an inmate against an inmate are referred to the Harvey County Sheriff Investigator, or designee, or otherwise handled in accordance with policy Inmate Discipline.”

Criminal and administrative agency investigations (115.71)

- 1. All investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively, including third-party and anonymous reports.*
- 2. The Harvey County Sheriff’s Office shall use investigators who have received special training pursuant to 115.34.*
- 3. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.*
- 4. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.*

5. The credibility of an alleged victim, suspect or witness shall not be determined by the person's status as inmate or staff. The agency shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

6. Administrative investigations:

a) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;

b) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

7. Criminal investigations shall 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.

8. All substantial allegations of conduct that appear to be criminal will be referred for prosecution.

9. The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

10. The departure of the alleged abuser or victim from the employment or control of the facility or agency control shall not provide a basis from terminating an investigation.

During this period of review, there were no allegations made of sex abuse; however, there were allegations made of sexual harassment. The auditor was given access to the investigative file and, after review, made the following determinations:

- There were investigative files that were incomplete or unfinished, due to an inmate's transfer or release.
- Some files did not contain enough information to determine a conclusion, or there was not documentation to support the conclusion made.
- Some files had been open for several months, without active follow-up.
- Investigative outcomes were not listed as substantiated, unsubstantiated, or unfounded.

Corrective Action:

Close out any open investigations and make a determination of substantiated, unsubstantiated, or unfounded. Develop a practice of building a case file that contains in one place, all testimonial and documentary evidence, and which meets the required elements of the standard.

Updated Information:

On June 6, 2016, documentation was provided to show that the PREA investigations that were in open status at the time of the on-site visit, have been sufficiently investigated and closed out. Even though in some cases, follow up interviews were not completed due to the inmate being released from custody. All of the cases were determined to be either founded, unfounded, or unsubstantiated. This standard is now satisfied.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PREA policy states that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. The PCM and the Jail Administrator both verified that this is the standard of proof used for PREA investigations.

Standard 115.73 Reporting to inmates

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

Auditor 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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

In reviewing the investigative files, the auditor did observe a memo written to the victim of a sex abuse allegation. The PCM stated that he spoke with the victim and gave them a copy of the memo, although there is no signature or any other method of documenting the inmate received the memo. In this case, the PCM wrote a lengthy memo to the inmate. It was recommended for future reference that a signature line be placed onto whatever document is given to the inmate and a copy be kept by the PCM for the investigative file to serve as proof the inmate was informed of the outcome. The PREA policy reads in part, as follows:

- “1. The agency requires that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.*
- 2. If there has been a substantiated or unsubstantiated complaint (i.e. not unfounded) of sexual abuse committed by a staff member against an inmate, the agency must subsequently inform the inmate whenever:*
- a) The staff member was no longer permitted within the inmate’s pod.*
 - b) The staff member was no longer employed at the facility.*
 - c) The agency learned that the staff member was indicted on a charge related to sexual abuse within the facility.*
 - d) The agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.*
- 3. Following an inmate’s allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:*
- a) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.*
 - b) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*
- 4. All notifications to inmates under this standard must be documented.”*

There were no instances reported during this review period where a staff member was alleged to have sexually abused an inmate.

Standard 115.76 Disciplinary sanctions for staff

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PREA policy states that staff are subject to disciplinary actions, up to and including termination, for engaging in sex abuse or sexual harassment. The policy also states in part, as follows:

“Violations of this policy are grounds for disciplinary action, including but not limited to suspension, demotion, transfer, probation, or discharge. The Jail Captain may also impose other remedial actions in appropriate circumstances, including but not limited to, counseling, training, treatment, placing of conditions on continued employment, and criminal referral.”

It further states that termination is the presumptive action for engaging in sex abuse. This information is also contained in the staff training materials. The sheriff stated that any disciplinary action taken would be commensurate with the violation, taking into account the employee’s disciplinary and service record. There have been no disciplinary actions taken against staff for sex abuse during this review period. The PCM said that they would also report to any licensing organizations, if applicable.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PREA policy requires any contractor or volunteer who engages in sex abuse to be prohibited from further inmate contact. In addition, the PMC stated that if abuse was deemed to have occurred, the case would be forwarded to the County Attorney for prosecution. There have not been any cases of sex abuse by contractors or volunteers reported during this period of review.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The facility does have a formal disciplinary process. Staff indicated that there are very few instances of inmate-on-inmate sexual activity, consensual or otherwise. However, all sexual activity between inmates is prohibited at the jail. Inmates can be given numerous sanctions, depending on the nature and circumstance of the violation. Staff reported that the disciplinary officer takes the inmate's mental health issues and past behaviors into account when determining the penalty for any violation of the inmate rules. The Harvey County jail does not offer any kind of sex offender treatment or counseling. The PREA policy reads in part, as follows:

- 1. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse.*
- 2. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.*
- 3. Sanctions are proportionate with the nature and circumstance of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for the comparable offenses by other inmates with similar histories.*
- 4. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.*
- 5. The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse.*
- 6. The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.*
- 7. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.*
- 8. The HCDC prohibits all sexual activity between inmates.*
- 9. Although all sexual activity is prohibited between inmates, the agency will only deem such activity to constitute sexual abuse if it determines that the activity is coerced. HVDC will not deem the activity as sexual abuse if it was not coerced. An inmates' report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation."*

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Medical History Form
- Intake Risk Screening Form
- Screening Log

Interviews, Document and Site Review:

Each inmate booked into the jail is screened for risk of sex abuse both as a victim and a perpetrator. One of the screening questions asks if the inmate has ever been sexually abused, or if they have ever sexually abused anyone else. If they answer "yes" to either, the intake officer will send an e-mail to the day-shift nurse staff to let her know the inmate needs to be seen for follow up. They also print a copy of the screening form and place it in the nurse's mailbox for pick-up the next day. The nurse told me that inmates who report previous victimization or abusiveness are generally seen for medical follow up the next business day after arrival. She keeps a log to show the date of

arrival and the date of the follow up.

Standard 115.82 Access to emergency medical and mental health services

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PREA policy states, and the duty nurse corroborated, that any inmate who is sexually abused while housed at the jail will receive timely access to emergency medical services and follow-up counseling, as determined by the medical and mental health providers. All services will be provided at no cost to the inmate. All security staff have been trained as first responders and know to keep the victim safe until they can be seen by a medical professional. The PCM stated that there has not been an occasion where an inmate needed to be seen by medical staff due to being sexually abused, but that if it were needed, the inmate would first be taken to the Newton Hospital emergency room, and if needed, on to the St. Joseph Hospital in Wichita. Per the policy, victims will be given access to emergency contraception and treatment for sexually-transmitted diseases.

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

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PCM reported that any victim of sex abuse would be given follow-up care and mental health counseling as needed. The PREA policy states that the victim of sex abuse would continue to receive services even if they were transferred to another facility or were released. The policy states that the treatment provided in the facility would be consistent with the level of care found in the community. Pregnancy testing would be made available, and if pregnancy resulted, all legal pregnancy services would be made available. Treatment for any sexually-transmitted diseases would also be made available at no cost, even if the victim chose not to provide the name of the perpetrator or was

otherwise uncooperative with investigators.

Standard 115.86 Sexual abuse incident reviews

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The facility does have a policy that calls for a review of all sex abuse cases that are substantiated or unsubstantiated. The requirements outlined in the PREA standard are all contained in the PREA policy. At the time of the audit, there was one case (#2016-02) which appears to be a substantiated case of sex abuse. However, no formal incident review was completed. The auditor provided an example of a document for use as a formal review.

Corrective Action:

Develop a process to conduct a formal review of substantiated or unsubstantiated sex abuse cases, utilizing the guidelines from the facility's written PREA policy. Provide the auditor with copies of completed sex abuse incident reviews.

Updated Information:

The facility PCM has created a SAIR form that will be used in the event there is a substantiated or unsubstantiated report of sex abuse. The form is included as part of the PREA policy, along with instructions on completing the form. At the time of this report, there have been no allegations of sex abuse reported in the facility. However, the PCM has trained the staff who would be involved in a SAIR on how to complete and document the process. This standard is now satisfied.

Standard 115.87 Data collection

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Facility Website

Interviews, Document and Site Review:

The PREA policy does discuss the annual collection and aggregation of PREA data. The data is collected using the definitions of sex abuse and sexual harassment found in the PREA standards, and also by using the information collected in order to fill out the annual survey of sexual violence sent out by the Department of Justice.

Standard 115.88 Data review for corrective action

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The PREA policy contains all of the required elements of the standard, almost verbatim. Although the policy states that the facility reviews the data that is collected and used to identify problem areas and to make corrective actions, no annual report was provided to the auditor as documentation.

Corrective Action:

Prepare an annual report of the facility’s findings and corrective actions, if any, using the information as outlined in the PREA standard and the facility PREA policy. Once written and approved by the agency head, the report should be posted on the facility’s website.

Updated Information:

On August 22, 2016, documentation was provided to show that the facility has aggregated their PREA data and posted it on their website. The information listed below is copied directly from the website at www.harveycounty.com

- Aggregate data is broken into 2 categories (Staff on Inmate abuse/harassment) or Inmate misconduct (Inmate on Inmate related abuse/harassment). Each category also contains three subcategories. These categories are classifications of the investigation. They are Substantiated (incident occurred with evidence to support classification), Unsubstantiated (incident may have occurred, but no evidence or corroboration could be identified), and Unfounded (no evidence exists that the incident occurred; or report was made intentionally false).
- Aggregate Data for 2015: 2015 saw 7 PREA related reports. Those 7 reports consisted of 2 allegations of Staff misconduct (1 unsubstantiated & 1 unfounded); and 5 allegations of Inmate misconduct (1 substantiated & 4 unsubstantiated claims).
- Investigations resulting in administrative action: 6
- Investigations resulting in criminal referral for prosecution: 0

This standard is now met.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy

Interviews, Document and Site Review:

The facility does keep its PREA data stored securely in the office of the PCM and within its facility computer database. The information contained in the aggregated data that is posted on the facility’s website does not contain any personal identifiers. The information that is collected will be kept for at least 10 years, according to the facility’s PREA policy.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Ray Reno

October 17, 2016

Auditor Signature

Date