

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: September 5, 2015

Auditor Information			
Auditor name: Lisa A. Capers, J.D.			
Address: P.O. Box 81983, Austin, TX 78703			
Email: lisacapersjd@gmail.com			
Telephone number: 737-333-6073			
Date of facility visit: February 4-6, 2015			
Facility Information			
Facility name: Sedgwick County Youth Program (SCYP)			
Facility physical address: 622 East Central, Wichita, KS 67202			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 316-660-9533			
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 checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Mark Masterson, Director			
Number of staff assigned to the facility in the last 12 months: 50 +/-			
Designed facility capacity: 20			
Current population of facility: 17			
Facility security levels/inmate custody levels: Low (staff secure)			
Age range of the population: 16.5-22 years of age (all male residents)			
Name of PREA Compliance Manager: Lori Gibbs		Title: Residential Center Manager and Sexual Assault Prevention Coordinator (SAPC)	
Email address: lori.gibbs@sedgwick.gov		Telephone number: 316-660-9533	
Agency Information			
Name of agency: Sedgwick County Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Sedgwick County, Kansas			
Physical address: 700 South Hydraulic, Wichita, KS 67211-2704			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 316-660-9750			
Agency Chief Executive Officer			
Name: Mark Masterson		Title: Director	
Email address: mark.masterson@sedgwick.gov		Telephone number: 316-660-7014	
Agency-Wide PREA Coordinator			
Name: Glenda R. Martens, MAJC		Title: DOC Special Projects Manager and PREA Coordinator	
Email address: Glenda.martens@sedgwick.gov		Telephone number: 316-660-1623	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Sedgwick County Youth Program (SCYP) in Wichita, Kansas was conducted on February 4-6, 2015 by Lisa A. Capers, J.D. from Austin, Texas, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator and PREA Compliance Manager for review. Answers to the questions were submitted by the SCYP management and reviewed by the auditor prior to the on-site audit.

During the two and one half days of the on-site audit, the auditor was provided a private, key only accessible office in the facility from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed 10 residents from the one housing unit of the SCYP that contains two dorms. Twelve facility staff members were interviewed representing all three shifts (1st shift 7am-3pm; 2nd shift 3pm to 11pm; and 3rd shift 11pm to 7am). Included in the twelve interviews were specialty staff including medical (contract staff), counseling, first responders, investigators, intake and screening, human resources and training individuals. Also interviewed were the agency Director, PREA Coordinator, PREA Compliance Manager and the SCYP Coordinator. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The auditor reviewed personnel files for six staff members to determine compliance with training mandates and background check procedures. Case files for three youth in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. The SCYP reports no allegations of sexual abuse or sexual harassment in the past 12 months so the auditor was not able to review any investigations, related documentation or interview any victims.

The auditor toured the facility escorted by the PREA Coordinator and PREA Compliance Manager and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, dorm layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilet stalls are also separated via laminated partitions and have partition doors to allow privacy. Notices of the PREA audit were posted throughout the facility in common areas. The auditor was given security access to all parts of the facility via a security badge and toured the facility unescorted to review the DOJ tour protocol. The auditor talked informally to staff and residents during multiple walk-throughs of the facility during the course of the visit.

During the on-site audit process, the following dignitaries were present: Mark Masterson, Director of the Sedgwick County Department of Corrections; Glenda R. Martens, DOC Special Projects Manager and PREA Coordinator; Jay Holmes, Community Corrections Division Administrator; Lori Gibbs, Residential Center Manager and Sexual Assault Prevention Coordinator; and Nick Milligan, Sedgwick County Youth Program (SCYP) Coordinator. The auditor was treated with great hospitality during the visit and residents and staff were made readily available to the auditor at all times. It is clear that the leadership of the Department of Corrections and the SCYP leadership have made PREA compliance a high priority and have expended great effort to ensure the sexual safety of residents in their care. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Sedgwick County Department of Corrections operates the Adult Residential and Service Center which is a 65-bed work release program for adult felony offenders located in Wichita, Kansas. The Adult Residential program is also a qualifying Youth Residential Center II (YRC II) facility. The Sedgwick County Youth Program (SCYP) is co-located in this program and is authorized by the State of Kansas to operate within the Adult Residential program. The SCYP is licensed by the Kansas Department of Health and Environment (KDHE) (License #62449).

The Adult Residential and Service Center consists of two separate buildings. The Administration and Service Center, located at 622 East Central, Wichita, Kansas, is a stand-alone building that faces Central Street. This building contains administrative offices, probation and counselor's offices and programming space. The Residential Center, located at 623 East Elm, Wichita, Kansas, is also a stand-alone building directly behind the Administration and Service Center. The buildings are both staff-secure and are connected by a fenced courtyard common area with secure access into the courtyard.

The SCYP is a 20-bed reentry program designed to prepare and assist older juvenile male offenders, ages 16-22, coming from secure correctional placement by transitioning youth back into their community in a work release setting. SCYP contains one housing unit with two multiple occupancy, open bay dorms (Dorm A1 and A2) that contain 10 beds each with a common wall that divides the dorms. Both dorms share a common day room area and common shower/toilet areas. The SCYP dorms are located in the far northeast corner of the building directly in front of the primary control center (North Control) and main entry into the facility where all residents must be searched prior to entrance. The adult dorms are located on either side of the main hallway of the facility that runs directly between the North Control center and the south control booth. There are seven (7) adult dorms that have a capacity of 24 residents each. Adult and juvenile residents are prohibited from having contact at all times. Correctional staff is shared between the adult and juvenile housing units. The average daily population of SCYP is 17 and the facility admitted approximately 81 youth in the 12 months preceding the audit. The average length of stay for a youth in the SCYP is 134 days. The facility has approximately 51 staff employed at the facility, 34 volunteers/contractors and two interns.

The Adult Residential program and the SCYP housing unit are in a secure building with access provided to employees only via security badges. The North Control Center of the facility is adjacent to the public entrance to the building where security personnel search all residents entering the facility. Residents must pass through a metal detector and are subjected to a pat down search. Hand-held metal detectors are available to staff as needed. The North Control Center houses video camera monitoring equipment that provides video feed from all external cameras and internal cameras. External cameras are strategically placed and monitor all entrances into the building and the secure courtyard area. Internal cameras monitor the main hallways, kitchen area, and other common day room areas. The staff in the control center provides constant monitoring of the cameras, including the regulation of internal movement of staff and residents throughout the facility via the two main hallways. The facility includes a medical exam room, a full sized kitchen facility, a laundry area, staff locker/lounge area, and administrative offices all of which are secure and residents are not allowed access without supervision. The building is staff secure to residents who are not permitted to leave the program without authorization.

SUMMARY OF AUDIT FINDINGS

During the past 12 months, the SCYP reported that no allegations of sexual abuse or sexual harassment were received; thus, there were zero administrative investigations and zero criminal investigations related to sexual abuse or sexual harassment conducted at SCYP.

Overall, the interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to a 25-minute orientation video entitled *Safeguarding Your Sexual Safety*. Residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Residents consistently indicated to the auditor that they felt safe in the facility.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff was well trained on the PREA first responder's protocol for any PREA related allegation and staff could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

The auditor also spoke via telephone to the Executive Director of the Wichita Area Sexual Assault Center (WASAC) to discuss and confirm the agreement in place with the SCYP to provide rape crisis intervention services. Further, the auditor spoke to the Program Coordinator for the Via-Christi St. Joseph's Hospital Forensic Nursing Department to discuss the SANE forensic services and procedures provided for victims of sexual abuse.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA. Discussions with Department of Corrections' executive leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of residents and staff in the SCYP. The SCYP is a small program and one of the first of its kind in Kansas to undergo a PREA audit. Leadership indicated that SCYP hopes to be an example of PREA compliance to assist and encourage other department programs and facilities across the state in achieving the same.

Overall Compliance As Reflected in Interim Compliance Report:

Number of standards exceeded: 1

Number of standards met: 26

Number of standards not met: 11

Number of standards not applicable: 3

Total Standards: 41

September 2015 Update Since the Audit: Corrective Actions Taken by SCYP to Achieve Full Compliance

The Interim Compliance Report reflected there were eleven standards that were in non-compliance at the SCYP. Therefore, a required corrective action period not to exceed 180 days began on March 6, 2015. The Auditor recommended a corrective action plan for the facility and the administration agreed and began immediate corrections of those standards found to be in non-compliance. SCYP completed the required corrective actions requested by the Auditor to bring the program into full compliance with the PREA standards. Initial documentation of the corrective actions was received by the Auditor on June 20, 2015. The Auditor reviewed the submitted documentation to determine if full compliance with the standards was achieved. The Auditor asked a series of clarifying questions of the SCYP administration regarding the verification documents and requested additional documentation. The Auditor received the additional documentation via email on August 14, 2015 and received hard copies on August 19, 2015. After reviewing all additional information, the auditor determined that the SCYP administration had demonstrated compliance with and full institutionalization of the PREA standards. Therefore, the Auditor determined that the program has achieved full compliance with the PREA standards as of the date of this final report.

Final Compliance:

Number of standards exceeded: 2

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

Total Standards: 41

Standard 115.311 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.

The Sedgwick County Department of Corrections has implemented a zero tolerance policy as detailed in Policy §1.301 which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. This policy forms the foundation for the program's training efforts with residents, staff, volunteers, contractors, and others.

The agency has designed a *PREA Coordinator*, Mrs. Glenda Martens. Her official title is Sedgwick County Department of Corrections Special Project Manager and PREA Coordinator. The PREA Coordinator reports directly to the Deputy Director, Corrections Programs, Mr. Steve Stonehouse, who is a direct report to the Sedgwick County Department of Corrections Director, Mr. Mark Masterson. Mrs. Martens indicates that she has sufficient time and authority to develop, implement, and oversee the agency efforts toward PREA compliance and she has six PREA Compliance Managers that report directly to her.

The agency has a designated *PREA Compliance Manager* for the Sedgwick County Youth Program (SCYP), Mrs. Lori Gibbs. Her official title is Residential Center Manager (e.g., facility administrator/superintendent) and PREA Compliance Manager. Mrs. Gibbs reports directly to the Community Corrections Division Administrator, Mr. Jay Holmes, who reports to the Sedgwick County Department of Corrections Director, Mr. Mark Masterson. Mrs. Gibbs indicates that she has sufficient time and authority to develop, implement, and oversee the SCYP's efforts to comply with the PREA standards.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policy §1.301
- Sedgwick County Department of Corrections Agency Organizational Chart 2014
- Residential and Service Center [Sedgwick County Youth Program (SCYP)] Organizational Chart 2014
- Interviews with Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)
- Completed Pre-Audit Questionnaire submitted by SCYP

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

The SCYP does not contract with external entities to house or confine any of its residents. The program states that there have been no contracts of this type on or after August 20, 2012. It is not the policy of SCYP to use residential subcontractors for their population. This standard is therefore not applicable.

Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by SCYP
- Interviews with Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)

Standard 115.313 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.

- **Staffing Plan [§115.313(a) and (d)].**

SCYP does not have a formalized, written staffing plan that addresses the mandatory eleven elements and considerations required in this PREA standard. The foundation of this plan is present in the various policies that ensure the program maintains the legally mandated ratios per their facility state license. These policies include a stringent mandatory overtime policy that ensures staff coverage so that deviations from the 1:7/1:10 ratios do not occur. A formalized, annual written review of the staffing plan is not in place; however, the program does do an annual review of their policies.

- **Ratios [§115.313(c)].** Section 115.311(c) regarding supervision ratios is effective October 1, 2017. Any facility that, as of the date of the PREA final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in Section 115.311(c) shall have until October 1, 2017, to achieve compliance. The SCYP is legally required to meet staffing ratios of 1:7 (day) and 1:10 (night) because they are licensed by the Kansas Department of Health and Environment (KDHE) and regulated by the Kansas Department of Corrections. Thus, the SCYP already exceeds the ratio requirement in PREA that will be effective in 2017 in Section 115.311(c). The facility does not deviate from this legally-mandated ratio because their license allows no deviations from the required ratio. Compliance with the legally required ratios was found in the most recent KDHE audit dated November 3, 2014.
- **Unannounced Rounds [§115.313(e)].** The SCYP conducts unannounced rounds on all shifts and documents these as verified by policy, interviews and reviews of email documentation of specific rounds.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.3A.03; 6.3A.08; 6.1B.08
- Completed Pre-Audit Questionnaire submitted by SCYP
- Kansas Department of Health and Environment (KDHE) Regulations K.A.R. 28-4-271(d) (3) (ratios) and K.A.R. 28-4-268-280 (program definitions)
- Kansas Department of Corrections Juvenile Standards (Chapter 9 – Youth Residential Center II)
- KDHE Audit dated November 3, 2014
- Email documentation evidencing the conduct of unannounced rounds on all shifts
- Residential and Service Center [Sedgwick County Youth Program (SCYP)] Organizational Chart 2014
- Interviews with Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)
- Interview with SCYP Coordinator (intermediate or higher level staff)
- Facility population report for 2014

Corrective Action Required

1. The SCYP should prepare a formalized, written staffing plan that addresses the mandatory eleven elements and considerations in this PREA standard. This formalized staffing plan should reference the variety of currently existing policies and laws that governs supervision/staffing ratios in the program.
2. The SCYP should implement a formalized, annual review of the staffing plan and require said review to be documented, along with changes or modifications that were found to be necessary to the plan.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. This documentation is discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §6.302
- *Sedgwick County Youth Program Staffing Plan* executed by Director Masterson and PREA Coordinator dated May 28, 2015 (6.302.1)
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions and Staffing Plan (3.302, 6.302.1)

The SCYP administration developed a formalized staffing plan and incorporated the staffing plan into their agency policy §6.302. The staffing plan addresses the 11 considerations in this standard and requires annual review of the plan by SCYP administration. Administration demonstrated institutionalization of the formalized staffing plan by providing evidence of training all staff on the new policy during July 2015. With the completion and institutionalization of the new staffing plan, the SCYP now exceeds the requirements of this standard because their staffing ratios are greater than what will ultimately be required by this standard.

The SCYP is now fully compliant with this standard.

Standard 115.315 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.

The SCYP policy prohibits cross-gender strip searches completely and has no exigent circumstances exception. SCYP policy also prohibits staff from performing intrusive or invasive body cavity searches under all circumstances; staff is permitted to do a visual inspection of a resident's mouth cavity only. Cross-gender pat searches are authorized only in exigent circumstances and with supervisor approval. Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The SCYP policy and practice ensures that residents are able to shower, perform bodily functions, and change clothing with privacy. Policy and practice require announcement when staff of the opposite gender enter the housing unit and the shower/toilet area. Interviews with residents and staff confirm this as the policy and actual practice of the program on a consistent basis.

The SCYP reports that it has conducted no cross-gender strip or cross-gender visual body cavity searches of residents in the last 12 months. Additionally, SCYP reports no cross-gender pat down searches were conducted. There were no exigent circumstances searches in any category conducted.

SCYP policy and practice prohibit searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The agency has provided training to staff regarding how to conduct cross-gender pat down searches and searches of transgender and intersex residents in a professional manner.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§6.3A.03; 6.3A.05
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interviews with Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)
- Interviews with random residents and facility staff
- Training documentation, Search Procedures training materials

Standard 115.316 Residents with disabilities and residents 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.

The SCYP policy requires the program to ensure residents with special needs have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. Policy further prohibits the use of residents/clients as interpreters when dealing with first responder situations or any allegation/investigations of sexual abuse or harassment. The SCYP has a contract with Propio Language Services that provides immediate translation services via telephone in approximately 148 different languages. PREA posters and brochures are located throughout the facility in English and Spanish. The SCYP reports that there have been no instances in the past 12 months where resident interpreters have been used.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.4F.04
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interviews with Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)
- Interview with Mark Masterson (Director)
- Interviews with random facility staff and residents regarding use of interpreters
- Samples of PREA poster and brochure translated into Spanish
- Contract between Sedgwick County, Kansas and Propio Language Services for translation services
- Laminated pocket card from Propio Language Services with telephone numbers, account codes and language codes for staff to utilize
- PREA Training Materials for resident education

Standard 115.317 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.

The SCYP PREA policy §1.301 prohibits the hiring, promotion or retention of any employee that has the prohibited conduct specified in this standard. However, while the PREA policy does not extend this to contractors, the agency's policy for volunteers and contractors does require a criminal history check and child abuse registry check. SCYP should enhance their PREA policy (1.301) to include contractors who may have contact with residents under the prohibited conduct provision of this standard. Although the required background checks for contractors are found in the Volunteer and Contractor policy, it would be preferred for the PREA policy to also contain this language.

Additionally the policy does not require the agency to consider any incidents of sexual harassment in determining whether to hire or promote staff or to enlist the services of a contractor that may have contact with residents. The SCYP conducts the required criminal history checks and child abuse registry checks prior to hiring new employees who may have contact with residents. However, policy does not require the agency to use 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. Additionally, the PREA policy does not require criminal history checks and child abuse registry checks before enlisting the services of a contractor who may have contact with residents, but this requirement is found in the policy for volunteers and

contractors (§6.1G.01).

The SCYP PREA policy §1.301 requires criminal history checks on all employees every three (3) years. However, this policy does not extend this requirement to contractors who may have contact with residents. Additionally, the KDHE licensing requirements for this facility require criminal history checks and child abuse registry checks annually for all employees who work or reside at the facility. This requirement is not extended to contractors.

The SCYP does not have a policy or practice requiring the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work.

The SCYP policy §6.1C.04 imposes a continuing duty on current employees to report any arrest for a criminal offense within 24 hours. However, this PREA standard requires this continuing affirmative duty to disclose any misconduct listed in §115.317(a) which includes civil or administratively adjudications for the listed conduct.

The job application utilized by the SCYP asks about prior convictions. The application asks applicants to disclose all criminal convictions. However, the application does not appear to ask applicants about all previous misconduct listed in §115.317(a) which is broader than criminal convictions. The application clearly states that material misrepresentations or falsifications are grounds for termination of employment. However, the application does not include material omissions as grounds for termination of employment. Further, policy §6.1C.03 Part III (E) (2) does not include mention of material omissions either.

The employee code of conduct requires employees to disclose any arrests or pending criminal charges within 24 hours; however, the code of conduct does not require the continuing duty to disclose all the misconduct listed in §115.317(a) which is broader.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1C.02; 6.1C.02.1; 6.1C.03; 6.1C.03.3;6.1C.03.3a; 6.1C.03.4; 6.1C.03.5; 6.1C.04; 6.1C.06.5; 2.1C.06.2; 2.1C.06.6; 6.3A.03
- Completed Pre-Audit Questionnaire submitted by SCYP
- Kansas Department of Health and Environment Regulations: KDHE K.A.R. 65-516; KDHE K.A.R. 28-4-125; KDHE K.A.R. 28-4-351
- Interviews with Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)

Corrective Action Required

1. The PREA policy should be amended to include the requirement to consider any incidents of sexual harassment in determining whether to hire or promote staff or to enlist the services of a contractor that may have contact with residents.
2. The PREA policy should require the agency to use 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. This could be accomplished by using a standard question in reference checks to institutional employers and documenting the results.
3. The PREA policy should require periodic criminal history checks and child abuse registry checks for all contractors utilized by the facility who may have contact with residents. These checks must happen at least every five years.
4. The SCYP should work in conjunction with the county human resources and legal departments to formalize a policy on reference information that will be given to prospective institutional employers for former employees of SCYP that comports with this PREA standard.
5. The SCYP policy §6.1C.04 imposes a continuing duty on current employees to report any arrest for a criminal offense within 24 hours. This policy should be amended to impose upon employees a continuing affirmative

duty to disclose any misconduct listed in §115.317(a). The Code of Conduct should include similar enhancements.

6. All policies should consistently include as grounds for termination, material omissions by an applicant or employee. See §115.317(g).

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §§ 1.301 (updated) and 1.304 (updated)
- Sedgwick County Department of Corrections Disclosure of PREA Employment Standards Violation Form 1.301.5
- PREA Background Check Process Flowchart
- Department of Corrections Employment Reference Questions Form 1.304.1
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (1.300, 1.301, 1.304)

The SCYP has implemented the use of a pre-employment form (Disclosure of PREA Employment Standards Violation Form) that asks the required questions of applicants to determine prior prohibited conduct. Omissions or false statements are grounds for employee termination. This form is now a part of the formal hiring process. Additionally, this form will be used when promotions of employees are being considered during employee evaluation processes. The hiring process has also been modified to include requiring the interview team to make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The background check process has been clarified to include contractors in compliance with this standard.

The SCYP PREA policy was amended to impose upon employees a continuing affirmative duty to disclose any misconduct listed in §115.317(a).

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in August 2015 on the new policies related to recruitment, selection and retention. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.318 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.

The SCYP reports that there have been no acquisitions of new facilities or substantial expansions, modifications or retrofitting of the current Residential Center building. The Residential Center which encompasses the SCYP currently has both external and internal video camera monitoring. Cameras are strategically located on all external entrances/exits from the building and facing the courtyard that is shared with the Residential and Service Center building to the south of the Residential Center building. Cameras internally are located in hallways, common areas (laundry, kitchen, property room), and entrances to building. The SCYP dorms have two cameras placed in the day room area outside the two dorms. Additionally a camera is placed in the hallway directly in front of the entrance into the SCYP day area. Cameras are not placed in the dorm sleeping areas and the shower/toilet areas per agency policy. Policy further requires all camera equipment to be operational at all times. Video cameras are monitored 24/7 by the main control booth (North Control). The video network was upgraded in February 2014 to enhance the system capabilities.

The agency leadership considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots, and inaccessible areas. Interviews with facility leadership indicate that placement of cameras and mirrors are discussed frequently to keep enhancing safety for all residents. The use of mirrors in addition to cameras to assist with blind spots has been implemented in the SCYP. The PREA Compliance Manager reports that she has requested that the vendor provide backup camera equipment in the event that a camera is not operational so that security and safety are consistently enhanced with the video feeds.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §6.3A.03
- Completed Pre-Audit Questionnaire submitted by SCYP
- SCYP & ARES Security Map showing video camera locations
- Technology Upgrades from Sandifer Engineering & Controls for SCYP & ARES (video network upgrade and camera additions) February 2014 and July 2014
- Interviews with Mark Masterson (Director), Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)

Standard 115.321 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.

The SCYP refers all allegations regarding sexual assault to the Sedgwick County Sheriff's Office for criminal investigation purposes. The Sheriff's Department reports using the recommended uniform evidence protocol cited in this PREA standard and using SANE/SART services in the community. The SCYP and the Sheriff's Department are fortunate to partner with a renowned medical center in Wichita, Via-Christi St. Joseph's Hospital to provide state-of-the-art care to victims of sexual abuse.

Via-Christi St. Joseph's Hospital has a Forensic Nursing program and a SANE/SART program where all victims of sexual assault are taken in Sedgwick County. Via Christi Forensic Nursing, located at Via Christi Hospital St. Joseph, participates in a community-based collaborative response for all victims of sexual assault. The hospital

website describes the Forensic Nursing Program: Via Christi has partnered with law enforcement and many other community agencies to meet the unique needs of these victims. State-of-the-art digital equipment allows photo-documentation of injuries to be securely transferred to law enforcement agencies and the District Attorney's office. The ability to provide images immediately to prosecutors has allowed several cases to be charged within 48 to 72 hours of the assault. With child abuse victims, the forensic nurses work in coordination with Child Abuse Pediatrician Specialists, to provide immediate and follow-up photo-documentation, and participate on the multidisciplinary team caring for the child. Four nurses are nationally certified as Sexual Assault Nurse Examiners through the Forensic Nursing Certification Board, with one also being certified in pediatric sexual assault examinations. The Via Christi program, the first of its kind in the state remains the program of choice for providing local and state training and guidance.

SCYP has an agreement with the Wichita Area Sexual Assault Center (WASAC) to provide rape crisis services to victims of sexual assault. SCYP also keeps a listing of area services for victims of sexual assault.

Additionally, all allegations of abuse are reported to KDHE and the Kansas Department of Children and Families (KDCF). Both agencies conduct their own investigation based on the information provided by SCYP.

The SCYP conducts an internal investigation of employee misconduct in conjunction with the law enforcement criminal investigation and the investigations by KDHE and KDCF. The Director will assign the individual who conducts the internal investigation; all individuals conducting investigations must have previously received the special internal investigations training. The investigation will normally be completed by the Sexual Assault Prevention/Intervention Coordinator (SAPC) or someone up their chain of command.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Kansas Statutes 38-2226 Investigations of Reports for child abuse or neglect
- Via-Christi St. Joseph's Hospital SANE/SART Program information (Via-Christi Forensic Nursing) www.via-christi.org/locations/hospitals/via-christi-hospital-st-joseph/forensic-nursing; Telephone call with the Program Coordinator for the Forensic Nursing Program at Via-Christi
- Wichita Area Sexual Assault Center (WASAC) (operating 24 hour crisis line and serving victims of sexual assault); Telephone call with Executive Director of WASAC
- COMCARE Crisis Intervention Services information and email with SCYP administration
- Email correspondence with Sedgwick County Sheriff regarding use of uniform evidence protocol
- Community Resources for Sexual Assault Victims

Standard 115.322 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.

The SCYP policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation to appropriate law enforcement authorities. The Sedgwick County Sheriff's Office is the law enforcement agency that conducts all criminal investigations at the SCYP. The SCYP's PREA policy is posted on the website of Sedgwick County under the Corrections page.

Additionally, all allegations of abuse are reported to KDHE and the Kansas Department of Children and Families (KDCF). Both agencies conduct their own investigation based on the information provided by SCYP.

The SCYP conducts an internal investigation of employee misconduct in conjunction with the law enforcement criminal investigation and the investigations by KDHE and KDCF. The Director will assign the individual who conducts the internal investigation; all individuals conducting investigations must have previously received the special Internal Investigations Training. The investigation will be completed by the Sexual Assault Prevention/Intervention Coordinator (SAPC) or someone up their chain of command.

Standard compliance was also demonstrated via interviews with the Agency Director, the PREA Coordinator and the PREA Compliance Manager.

The agency reports no allegations of sexual abuse or sexual harassment have been received in the past 12 months. There have been no criminal or administrative investigations in the past 12 months related to sexual abuse or sexual harassment.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1C.11
- Completed Pre-Audit Questionnaire submitted by SCYP
- Sedgwick County Department of Corrections website: www.sedgwickcounty.org
- Interviews with Mark Masterson (Director), Glenda Martens (PREA Coordinator) and Lori Gibbs (PREA Compliance Manager)
- Sample internal investigation

Standard 115.331 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.

The SCYP policy requires all new employees to have in-depth training on PREA and Sexual Harassment in the Workplace. Annual refresher training on PREA is also required for all employees. A review of the PREA training materials shows training on the eleven specific topics found in the standard. The training was tailored to the unique needs, attributes and gender of the residents in the facility. The facility reports that all 50+/- staff have been trained on PREA. All staff is required to sign the PREA Acknowledgement Form stating they have received the PREA training and understand their responsibilities therein.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 1.301.2; 1.301.3; 6.1D.01; 6.3A.13
- Completed Pre-Audit Questionnaire submitted by SCYP
- PREA Protocol Form
- PREA Training at Academy for new DOC Employees (Lesson Plan and PowerPoint 2014)
- Sedgwick County Department of Corrections Lesson Plan for *Undue Familiarity Training*
- Review of random staff personnel files and training records
- Interviews with random staff regarding their PREA training and knowledge;
- First Responder Laminated Pocket Cards
- PREA Acknowledgement Form for employees (§1.301.2)

Standard 115.332 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.

The agency's PREA policy requires all volunteers and contractors who may have contact with residents to be trained on PREA requirements. The training materials cover all the required topics. Volunteers receive at least 8 hours of orientation training which includes the PREA policy and related topics. All volunteers and contractors are required to sign a PREA Acknowledgement Form that states that they have been trained on PREA and understand their obligations therein. The SCYP reports that 34 volunteers and contractors have been trained in the past 12 months.

The KDHE (SCYP's licensing entity) also has regulations that prohibit certain individuals from acting as volunteers in licensed child care facilities. The prohibitions include those with felony convictions for offenses against person, those who have been found to have committed physical abuse, emotional abuse, or sexual abuse among other prohibitions.

There were no volunteers on site at the time of the audit. One contractor was interviewed (medical) and compliance was found with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1G.01
- Completed Pre-Audit Questionnaire submitted by SCYP
- KDHE K.A.R. 65-516 Requirements for Volunteers
- Volunteer Program Application Form (§6.1G.01.1)
- Volunteer Policies (§6.1G.01.3)
- PREA Training curriculum and materials for volunteers
- PREA Acknowledgement Form for Volunteers and Contractors (§6.1G.01.4)
- Training sign-in sheets for volunteers

- Interviews with Glenda Martens (PREA Coordinator), Lori Gibbs (PREA Compliance Manager) and SCYP Coordinator (trains volunteers)
- Interview with medical contractor from University of Kansas Medical Center (Pediatric Nurse Practitioner)

Standard 115.333 Resident 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.

The SCYP reports that 78 residents have been admitted in the past 12 months and all have been provided comprehensive age-appropriate information within 10 days of intake. All residents in the SCYP are provided PREA orientation materials at intake. Staff interviewed indicates that intake education normally happens on the first day the resident is admitted to the SCYP. They are provided the SCYP Client Handbook which includes the PREA Handout. These documents provide detailed information about PREA, the agency’s zero tolerance policy, key definitions of certain conduct, how a youth can protect themselves, and how to report sexual abuse or harassment.

This PREA standard requires that within 10 days of intake, residents must receive comprehensive age-appropriate education regarding PREA. The SCYP PREA policy (§1.301) requires this additional education within 30 days, but interviews with staff that provide the comprehensive hour-long PREA education indicate this training is normally done with the first week after the resident enters the facility. It is recommended that the policy be changed to reflect the requirement in this standard as the facility does in practice comply with the 10 day requirement. The comprehensive training also includes the video, *Safeguarding Your Sexual Safety*. Upon completion of the training, youth are required to take a test on the material to ensure understanding. Test documentation is maintained in the client file. The video shown has subtitles for the hearing impaired. The training can be provided in other languages via the program’s contracted translation service if necessary. Visually impaired youth would be provided all PREA information orally from the counselor should the program accept such a youth.

Residents sign the PREA Client Acknowledgement Form to demonstrate they have received PREA training and they understand their rights under PREA and specifically understand the ways they can report sexual abuse and sexual harassment.

The facility ensures key information about PREA is continuously and readily available and visible to residents. SCYP displays PREA posters in common areas of the facility with the abuse hotline number in bold print. Posters are displayed in English and Spanish. PREA brochures in English and Spanish are also available at bulletin board areas in the facility. The facility provides translation services for all PREA educational materials for youth with special needs (e.g., limited English proficient, deaf, visually impaired, limited reading skills, etc.).

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- PREA Client Acknowledgement Form (§1.301.1)

- SCYP Client Handbook (September 2014)
- PREA Handout for youth (§6.1C.12.4)
- Resident/Client PREA Training Lesson Plan
- PREA Resident Training sign in sheets (August 2014-November 2014)
- PREA Posters and Brochures posted and displayed for youth in the facility
- Interviews of random residents, facility intake staff and facility staff member who provides the comprehensive PREA training for residents
- Review of resident case files and PREA Client Acknowledgement Forms executed by youth

Standard 115.334 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.

The SCYP refers all allegations of sexual abuse to the Sedgwick County Sheriff’s Office for criminal investigations. Internal investigations are conducted by the SCYP personnel. The SCYP PREA policy requires the Director to appoint a Sexual Assault Prevention/Intervention Coordinator (SAPC) at each facility under the Director’s jurisdiction. The SAPC for SCYP is Mrs. Lori Gibbs, the PREA Compliance Manager and Residential Center Manager. One of the duties for the SAPC is to conduct internal investigations. Agency policy requires that internal investigations be conducted in cooperation with any law enforcement criminal investigation. Agency policy further requires all investigators must complete the specialized *Conducting Internal Investigations Training*. This training frequently includes guest speakers from the local Sheriff’s Office speaking on Evidence Collection.

The *Conducting Internal Investigations Training* fails to adequately address the mandatory element in this PREA standard dealing with the proper use of *Miranda* and *Garrity* warnings. The correct use of *Garrity* in particular is critical for the SCYP investigators. The Sheriff’s office is legally responsible to use *Miranda* for criminal investigations.

Training documentation is maintained for all individuals that have completed the specialized internal investigator training. The agency has trained two supervisors in addition to the PREA Compliance Manager and SCYP Coordinator with this specialized training.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1C.11
- Completed Pre-Audit Questionnaire submitted by SCYP
- Lesson Plan for *Conducting Internal Investigations*
- Training documentation for staff completing the specialized training

Corrective Action Required

1. SCYP should work cooperatively with their local legal counsel for the county and the county human resources department to determine the proper use and training on the *Garrity* protections. Training curriculum should

be enhanced to include this mandatory topic and a refresher course or written information should be provided to all individuals who have previously received this training.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §1.300 Internal Investigations
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (1.300, 1.301)
- Email from Mark Masterson to Glenda Martens regarding County Legal Counsel's decision on the use of Garrity

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in August 2015 on the new policies related to internal investigations. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.335 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.

The SCYP contracts with the University of Kansas Medical Center to provide on-site medical care at the facility. The contract provides a Pediatric Nurse Practitioner who comes on-site to the SCYP one day a week (scheduled clinic call) and provides medical services to residents. This individual is on call 7 days a week. No sexual abuse examinations are conducted by the contract medical provider at the SCYP. The SCYP PREA policy requires all victims of sexual assault be transported to Via-Christi St. Joseph's Hospital. Forensic medical exams for any sexual abuse victims are conducted at Via-Christi St. Joseph's Hospital via the SANE/SART and Forensic Nursing Program.

Contract medical staff at the SCYP was provided in-depth PREA training and said training is documented via signed acknowledgements by all contractors that receive the training.

Mental health services are provided through a cooperative agreement with COMCARE, a Sedgwick County contractor who provides crisis intervention services as needed to SCYP. COMCARE staff receives PREA training through their agency.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.4E.05
- Completed Pre-Audit Questionnaire submitted by SCYP
- PREA Acknowledgement Form for Volunteers and Contractors executed by contract medical staff from Kansas University Medical Center
- Interview with Pediatric Nurse Practitioner at KU Medical Center (contract medical provider to SCYP)
- Information provided by PREA Coordinator

Standard 115.341 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.

The SCYP policy requires that all clients have an initial needs assessment/intake summary performed by a Counselor within 24 hours of entering the facility. This intake process utilizes a variety of assessment processes to gather information about the youth, including the *Colorado Vulnerability Assessment Instrument (CVAI)*. The screening process is very thorough and gathers a significant amount of information that is used to determine the resident's needs. The SCYP reports that 36 residents have entered the facility within the past 12 months and were screened as required by this standard.

The CVAI instrument appropriately covers all eleven topical areas of information as detailed in this standard. Additional information received in the intake assessment through other screening instruments adds key information that is used to house youth appropriately.

The facility has implemented appropriate controls on the dissemination of the information received at intake. Counselors conduct the screening and all client files are kept locked in counselor's offices.

A reassessment of the resident using the CVAI is conducted within 30 days of intake for only those residents who score high risk at the initial assessment. There is currently no formalized process in place to periodically reassess *all* residents' risk levels throughout the residents' stay at the SCYP.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1E.04
- Completed Pre-Audit Questionnaire submitted by SCYP
- Colorado Department of Human Services' *Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk* (Used by Colorado Division of Youth Corrections) (referred to as CVAI)
- Intake packet with health history checklist, suicide screening and medical records checklist
- Interviews with counselors who do intake screening procedure
- Interviews with Glenda Martens (PREA Coordinator), Lori Gibbs (PREA Compliance Manager)

Corrective Action Required

1. The SCYP should develop and implement in policy and practice a formalized process to reassess all residents' risk levels periodically throughout the residents' stays in the SCYP.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policy: §6.808-S (SCYP Intake Assessment modified)
- Email from Glenda Martens to assessment staff regarding the modifications of policy §6.808-2 related to the new requirement of assessing all clients every 120 days.

The SCYP requires the Counselor to complete a reassessment of any client that scores a high risk of victimization within 30 days. A new policy and procedure has been added where all moderate/low risk scoring clients will be reassessed at 120 days. This new policy meets the periodic reassessment requirement of the standard.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in July 2015 on the new policies related to the periodic assessment of youth. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.342 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.

The SCYP PREA policy requires that all information gathered via the intake and assessment process be used to ensure appropriate classification and placement of the youth as well as any necessary security or protective precautions required to ensure a resident's sexual safety. Policy requires the facility staff to make individualized determinations of how to ensure the safety of each client. The Sexual Assault Prevention/Intervention Coordinator (SAPC) is notified of any youth who are at risk of victimization or at risk of predatory behavior and the SAPC ensures appropriate precautions are taken.

The SCYP program is prohibited from using isolation per their licensing regulations from the Kansas Department of Health and Environment (KDHE). No isolation cells or rooms exist in the facility. Because isolation is strictly prohibited, the auditor could not interview residents in isolation, staff supervising isolation settings, nor review any

isolation-related documentation.

The SCYP policy on equitable treatment of clients (§6.3A.13) prohibits placing lesbian, bi-sexual, transgender or intersex clients in a particular housing/bed or other assignment solely on the basis of such identifier or status, and prohibiting considering LGTBI or status as an indicator of likelihood of being sexually abusive.

The SCYP has reported they have had no LGBTI youth in the program for the previous 12 months. Additionally, the program only houses male residents. The PREA Compliance Manager indicates that if the SCYP ever receives an individual that is transgender or intersex, an independent determination based on the offenders risks/needs would be made at intake or before (in conjunction with the offender's supervision officer) regarding whether the SCYP program could provide an appropriate and safe housing setting for the resident and therefore could accept the resident. If it was determined that the resident's needs could not be safely met at the SCYP, the youth's supervision officer would seek alternate placement.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 2.3C.04; 6.1E.04; 6.3A.13
- Completed Pre-Audit Questionnaire submitted by SCYP
- KDHE K.A.R. 28-4-274 - Prohibited isolation
- Colorado Department of Human Services' *Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk* (Used by Colorado Division of Youth Corrections) (referred to as CVAI)
- Interviews with counselors who do intake screening procedure
- Interviews with Glenda Martens (PREA Coordinator), Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.351 Resident 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.

The SCYP provides residents multiple internal ways to report sexual abuse and sexual harassment, retaliation, and staff neglect. Residents receive education about reporting at intake, through comprehensive PREA education within 10 days and through visible and available information in the facility at all times. The reporting methods include verbally telling a staff member, medical staff, volunteer, contractor or the PREA Compliance Manager; calling the abuse hotline; submitting a written grievance; having a third-party submit an oral or written complaint on the youth's behalf; residents may write a kite (informal written correspondence to supervisory staff). The facility provides residents with access to tools necessary to make a written report. Residents in the SCYP frequently work off-site and have weekend passes to visit families and have access to report abuse to a wide variety of individuals outside the facility.

Residents are provided access to telephones in the facility. Pay phones are located around the facility. If the resident has no money, policy allows free calls for business purposes from the North Control area. The telephone

availability policy requires that the resident be allowed unimpeded and free access to a phone in a private setting to call the Kansas abuse hotline which is external to the SCYP and the Sedgwick County Department of Corrections. The Kansas Department for Children and Families operates a child abuse reporting hotline: The *Kansas Protection Report Center*. Residents are provided this number and information about making reports (including anonymous reports) to the hotline. Posters and brochures (in English and Spanish) located around the SCYP provide the telephone number to residents in a very visible manner. Staff at the SCYP may use this hotline to privately report abuse as well. There are no residents in SCYP detained solely for civil immigration purposes.

Interviews with residents and staff clearly demonstrate that all are very knowledgeable about PREA and the variety of methods to report sexual abuse and sexual harassment. Residents know exactly where the posters are located and how to call the abuse hotline. The auditor inquired if the residents were provided free access to the telephone and residents indicated they were provided access at any time they requested.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.3D.03; 6.5C.02
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interviews with random facility staff and residents
- Interviews with Glenda Martens (PREA Coordinator), Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- *Client Grievance Complaint Form* (6.3D.03.2)
- Kansas Department for Children and Families' Child Abuse Hotline: *Kansas Protection Report Center* at 1-800-922-5330
- Tour of facility where abuse hotline number readily visible to residents and staff through posters
- Resident educational materials (Client handbook; PREA handout; posters, brochures)

Standard 115.352 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.

The agency reports there have been no reports of sexual abuse or sexual harassment, and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months. The agency has a formalized grievance policy. The Client Handbook informs residents of the grievance process. PREA standards require that no time limit be placed on the filing of grievances filed for sexual abuse or sexual harassment; the youth handbook requires all grievances be filed within one week of the incident. However, the SCYP grievance policy clearly states that grievance for sexual abuse can be filed anytime and there is no time limit. The grievance instruction form requires non-PREA grievances be filed within 48 hours which is inconsistent with the Client Handbook. The PREA standards prohibit requiring a resident to use any informal grievance process or to have to try to resolve the grievance with staff first for allegations of sexual abuse. The Client Handbook and the grievance instructions both require the resident to make an attempt to resolve all disputes or problems with staff or other clients informally before filing a grievance.

The SCYP policy provides for emergency grievances of a PREA incident where the resident is subject to a substantial risk of imminent sexual abuse that must be resolved within 48 hours as required by the PREA standards; however, the emergency grievance procedure is not clearly articulated in the grievance policy, the youth handbook, the grievance complaint form or the grievance instruction form. These inconsistencies in the materials present a potential risk of misunderstanding of both youth and staff on the appropriate grievance procedures for PREA related cases. Consistency and close adherence to the PREA standard would make this process much clearer for staff and residents.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.3D.03; 6.1C.12.4
- Completed Pre-Audit Questionnaire submitted by SCYP
- SCYP Client Handbook (September 2014)
- PREA Handout for youth (6.1C.12.4)
- *Client Grievance Complaint Form* (6.3D.03.2)
- *Formal Grievance Complaint Instructions* (6.3D.03.1)

Corrective Action Required

1. The Client Handbook, grievance policy, grievance complaint form and the grievance complaint instructions should be made consistent with one another to ensure accurate understanding by residents and staff of the procedures.
2. Resident education materials and grievance instructions must be clear that there is no time limit on grievances regarding an allegation of sexual abuse.
3. Resident education materials and grievance instructions must be clear that for allegations of sexual abuse, there is no requirement to use informal procedures nor to otherwise attempt to resolve with staff.
4. Emergency grievance procedures for situations where the resident is at imminent risk of sexual abuse must be articulated clearly and consistently in the grievance policy, the Client Handbook, the grievance complaint form and the grievance instruction form to ensure accurate understanding by residents and staff. The processing of an emergency grievance should also have in policy the requirement to document the agency's determination whether the resident was in substantial risk of imminent sexual abuse and the action taken as required by §115.352(f)(2).
5. The grievance policy should make clear that a parent or legal guardian of a resident may also file an appeal on behalf of the resident per §115.352(e) (4).

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §6.1102 (Client Grievances)
- Formal and Emergency Grievance Instructions Form 6.1102.1
- Parental Notification Letter 6.1102.3
- SCYP Client Handbook (May 2015)
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (§§6.919-S, 6.920, 6.1102)
- Client Training Acknowledgement Form for Grievance Procedures dated July 15, 2015 training 17 residents at SCYP

The SCYP has implemented new policies to address the recommended corrective actions above. The grievance policy has been amended to clarify the emergency grievance procedure. The policy also makes clear that there is no time limit for filing a grievance related to sexual abuse. The policy clarifies that residents are not required to make attempts to resolve issues related to sexual abuse, sexual harassment, or neglect. Additionally, a client's grievance alleging sexual abuse, sexual harassment, or neglect will not be referred to the staff member who is the subject of the complaint. Further, the policy states that Clients are not required to file a formal grievance in regards to allegations of abuse, neglect, or harassment. A verbal report is a sufficient reason to initiate a PREA investigation.

The instruction form for grievances has been modified to clarify the procedures related to PREA and make consistent with policy.

The Client Handbook has been updated to be consistent with the grievance procedures related to PREA related grievances. All new residents receive the updated information at intake.

Parents will now receive a letter from the youth's counselor explaining the grievance process, (*Parental Notification Letter, 6.1102.3*). Included with the letter will be a brochure detailing methods to report abuse or other concerns both to the agency and externally (*Emergency Safety Intervention Acknowledgement and PREA Brochure*). Subsequent information was provided by SCYP saying parents started receiving the new letter on May 22, 2015.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP counseling staff had been fully trained in June 2015 on the new policies related to discipline, sanctions and the grievance procedure. Further, SCYP provided evidence of resident training on the new grievance procedures (for "old" residents that did not receive the new information at intake). The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.353 Resident 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.

The SCYP has had no reported allegations of sexual abuse in the past 12 months; thus, the auditor could not conduct any interviews of resident victims.

The SCYP has entered into an ongoing agreement for collaborative services with the Wichita Area Sexual Assault Center (WASAC). Upon a referral by the SCYP of a victim of sexual assault, WASAC provides (at no charge to victim) advocacy and in-person support services to the victim through the forensic medical examination process as well as the investigatory interview process. Advocates provide support, crisis intervention, information and referral services to the victim. WASAC informational brochures are also available in the facility on the bulletin

board informational area. The SCYP also has an agreement to list COMCARE Crisis Intervention Services as a referral to victims as needed.

The SCYP PREA policy requires the Sexual Assault Prevention/Intervention Coordinator (SAPC) to offer all victims of sexual assault the presence of a victim advocate during the forensic medical exam as well as crisis intervention counseling services. The SCYP Client Handbook informs residents about the mandatory reporter status of SCYP staff. Additionally the residents are told they will be offered victim support and advocacy services with community service providers.

Residents are provided reasonable access to their parents and legal guardians via phone privileges in the program as well as residents earn weekend visitation passes (Home Passes) to see their families. The Client Handbook provides residents with the right to have regular visits with parents or guardians and to receive private mail from these individuals.

Residents are provided reasonable access to their legal counsel in the rare event this is necessary; because the SCYP is not a pre-adjudication detention facility and the residents' legal cases have generally been completed; thus, it is not typical for attorneys to request access to residents at the SCYP. However, via interviews with staff, if this access was requested, it would be granted. The Client Handbook provides that legal correspondence is exempt from being opened in front of staff. Additionally there are no time limits on phone calls with legal counsel.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Agreement for Collaborative Services between Wichita Area Sexual Assault Center (WASAC) and SCYP Sedgwick County Community Corrections (October 2014); Telephone call with Executive Director WASAC regarding services to victims and the interagency agreement in place
- WASAC Informational Brochure
- Email regarding COMCARE's crisis intervention services as resource to SCYP
- Resident educational materials (Client Handbook; PREA handout; posters, brochures)
- Interviews with random sample of residents
- Interviews with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.354 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.

The SCYP Grievance Policy allows third parties to assist the resident in filing a grievance that is PREA related. Parents and legal guardians may file a grievance alleging sexual abuse of a resident. Residents are provided information about the grievance process via the Client Handbook and the Grievance Instructions.

The Sedgwick County website provides information on how to report sexual abuse and sexual harassment to the Kansas abuse hotline. The PREA posters and informational brochure are found on the website page under the Corrections Department section.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.3D.03
- Completed Pre-Audit Questionnaire submitted by SCYP
- Sedgwick County Website: www.sedgwickcounty.org

Standard 115.361 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.

All SCYP staff is required to immediately report any suspected or alleged abuse or neglect to the statutorily required entities per agency policy. Policy 6.1A.09 fails to extend this requirement to suspicions or allegations of sexual harassment. However, the agency's PREA policy §1.301 clearly extends the reporting requirement to include sexual harassment as well as sexual abuse. The agency requires all staff to comply with mandatory child abuse reporting laws and reporting requirements applicable to the facility's licensing requirements.

The agency's PREA policy states that *retaliation* will not be tolerated, but the policy stops short of actually and explicitly requiring staff to report any suspected or known retaliation against residents or staff. Additionally, the agency must prohibit staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1A.09; 6.1C.12.4
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interviews with random sample of staff and medical staff
- PREA Handout
- Laminated First Responder Card

Corrective Action Required

1. Policy and practice should require staff to report known or suspected retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment that occurred in a facility. Policy should also prohibit staff from revealing any information related to a sexual abuse report except to the extent detailed in policy and in compliance with this PREA standard.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §1.301 (Updated)
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (§§1.300, 1.301, 1.301.5)

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in August 2015 on the new policies related to the agency's amended PREA Policy and the PREA Processing Map. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.362 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.

The agency reports that there have been no situations in the past 12 months where the facility determined a resident was subject to substantial risk of imminent sexual abuse. Review of policy and interviews with the PREA Coordinator and Residential Center Manager demonstrated the protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interviews with random sample of staff
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interview with counselors who conduct intake screening and assessment
- Interview with Mark Masterson (Director)

Standard 115.363 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.

The agency reports that in the past 12 months, the facility has received no allegations that a SCYP resident was abused while confined at another facility. The SCYP PREA policy clearly requires the SCYP facility manager to report any abuse allegation received regarding a youth abused at another facility to the facility head where the sexual abuse is alleged to have occurred. Policy requires this notice to occur as soon as possible but no later than within 72 hours of receiving the allegation. The SCYP reports that in the past 12 months, the agency has received no notifications of sexual abuse from other facilities. Interviews with the agency head and facility manager demonstrate compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interview with Mark Masterson (Director)

Standard 115.364 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.

The SCYP reports that in the past 12 months, there have been zero allegations that a resident was sexually abused. Thus, there were no victims available for interview by the auditor. Nor were there any first responder staff (security or non-security staff) to interview. The facility provides all staff laminated first responder cards that detail the steps to be taken if a staff member is the first responder to an allegation of sexual abuse. The agency PREA policy requires the use of the PREA Protocol form when there is an incident of sexual abuse. The laminated first responder cards detail some but not all of the first responder duties as detailed in §115.364(a) and the cards do not make any distinction between “security staff” first responders and “non-security staff” first responders whose duties in the PREA standard are different.

A *security staff* first responder is required to:

- Separate the alleged victim and abuser;
- Preserve and protect the crime scene;

- If appropriate, *request* the alleged victim to not destroy evidence (as detailed in standard); and
- If appropriate, *ensure* the alleged abuser does not destroy evidence (as detailed in standard).

A *non-security staff* first responder is required to *request* the victim to not destroy evidence (as detailed in standard) and then notify a security staff member.

The laminated pocket cards are an excellent idea and can ensure first responders recall all required steps in the excitement of an allegation of abuse; however, the cards should be modified to ensure the steps track the PREA standard as it relates to the duties. While the PREA protocol form asks questions about what happened as it relates to both the alleged victim and alleged abuse, the form does not provide policy guidance on all the required steps that should have been done by the first responder.

The PREA Processing Map also does not include all the required first responder duties regarding both the alleged victim and abuser. The PREA Checklist does ask questions that are consistent with the standard but does not draw the distinction between security and non-security first responders. If first responders are relying on the laminated card first and foremost, the responders may miss critical steps that are required if the cards are not modified.

Interviews with staff clearly indicate they understand the duties of a first responder to the victim, but only a few staff understood the distinct duties of a security staff member as it relates to the alleged abuser.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 1.301.3; 6.3A.13
- Completed Pre-Audit Questionnaire submitted by SCYP
- Laminated first responder card
- Interviews with random staff
- PREA Protocol Form (1.301.3)
- PREA Processing Map
- Kansas Department of Corrections PREA Checklist (1.301.4)

Corrective Action Required

1. SCYP should at a minimum amend their laminated first responder card to ensure the directions to both security and non-security first responder's are consistent with §115.364(a) and (b). Retraining of staff on these points will be necessary to ensure no confusion among first responders. The Equitable Treatment Policy §6.3A.13 should also be amended to be consistent with the requirements in §115.364(a) and (b). The PREA Processing Map should be amended to be consistent with this standard as well.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Updated PREA Responder's Card
- PREA Processing Map 1.301.5 Updated April 2015
- Sedgwick County Department of Corrections Policies: §6.930 Equitable Treatment (revised) and 1.301 (revised)
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (§§6.930 and 1301, 1.301.5)

The SCYP modified the PREA first responder's card to clarify the requirements of this standard. The Equitable Treatment policy was also amended to be compliant with the standard.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in July and August 2015 on the new policies and procedures related to the agency's PREA policy and staff first responder duties. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.365 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.

The SCYP has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. This plan takes the form of a flow chart called the PREA Processing Map. While this Map is a good tool and an excellent beginning, it does not include sufficient detail to meet the requirements of this standard and should be enhanced. The Map does not provide sufficient detail about when or who contacts any needed rape crisis or crisis intervention advocates or mental health professionals for the victim. It would also be good to indicate the victims are taken to Via-Christi St. Joseph's Hospital for SANE exam with the forensic nursing department as well.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301;
- Completed Pre-Audit Questionnaire submitted by SCYP
- *PREA Processing Map*
- Kansas Department of Corrections PREA Checklist (1.301.4)
- Laminated first responder cards
- PREA Protocol Form (1.301.3)

Corrective Action Required

1. Modify the *PREA Processing Map* to indicate when and by whom rape crisis advocates, crisis intervention advocates or mental health professionals are requested to provide services to the victim. Additional detail about where victims are taken for medical services (SANE exam) would also enhance the plan to meet the requirements of the standard.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- PREA Processing Map Updated 1.301.5
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (§§1301, 1.301.5)

The SCYP added considerably more detail to their PREA Processing Map to make clear when crisis intervention advocates are brought into the process. Additionally, the process map now clearly shows the victim is taken to the local SANE/SART services at Via-Christi St. Joseph Hospital. This processing map now is an extremely valuable training tool for staff and clearly provides critical detail for all staff and administrators while functioning as the facility's written institutional plan as required by the standard.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in August 2015 on the new policies related to the agency's amended PREA Policy and the PREA Processing Map. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.366 Preservation of ability to protect residents 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)
- Not Applicable

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.

The SCYP does not have any collective bargaining agreements in place and has not had any at any time. Sedgwick County is non-union and therefore has no union collective bargaining agreements. Thus, it was determined this standard is non-applicable.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Mark Masterson (Director)

Standard 115.367 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.

The SCYP reports that in the past 12 months there have been zero incidents of retaliation reported, known or suspected. The agency PREA policy clearly states that retaliation against any client or staff member that reports sexual abuse or participates in an investigation is not tolerated. The policy (§1.301 VII J) does not include sexual harassment as is required by this PREA standard. However, the overarching PREA policy in general (§1.301) does include sexual harassment. There have been no allegations of sexual abuse or sexual harassment so the auditor could not interview any alleged victims.

The agency reports that the designated staff member charged with monitoring retaliation is the Sexual Assault Prevention/Intervention Coordinator (SAPC) and that the requirements of this standard would be met in the event the SCYP has an allegation or suspicion of retaliation. Interviews with key leadership staff indicate the requirements of this standard would be met in the event the agency does gain knowledge, suspicion or an actual allegation of retaliation.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Mark Masterson (Director)
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.368 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)
- Not Applicable

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.

The SCYP reports they do not have any policy as detailed in §115.368 regarding isolation because the facility is prohibited from using isolation per their licensing regulations by the Kansas Department of Health and Environment. The facility has no dedicated isolation rooms or cells and has no single-cell rooms; thus, no segregated housing exists in the facility. The facility only has open-bay dormitories. The SCYP reports no isolations or segregated housing placements are ever used for residents for any purposes in this program. This standard has therefore been found to be non-applicable.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- KDHE K.A.R. 28-4-274 - Prohibited isolation

Standard 115.371 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.

The SCYP conducts administrative agency investigations but does not conduct criminal investigations. Criminal investigations are conducted by the Sedgwick County Sheriff's Office for all county agencies. The agency reports that in the last 12 months or since August 20, 2012, there have been no allegations of conduct that appear to be criminal and no criminal investigations. The agency's PREA policy and Internal Investigations policy govern the conduct of administrative investigations.

The SCYP has four individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard §115.334. These individuals include the PREA Compliance Manager who is also the Sexual Assault Prevention/Intervention Coordinator (SAPC) and Residential Center Manager, the SCYP Coordinator, and two other individuals who are supervisors.

The SAPC is the individual who created the specialized training for investigators entitled, *Conducting Internal Investigations* and she is the primary person who conducts internal investigations in most cases. Interviews indicate that investigations are conducted according to the specific requirements of this standard. However, the internal investigations policy does not comprehensively address in policy all the key elements detailed in §115.371 which would be a best practice to implement and would insure that other designated investigators are as thorough and comprehensive as the current SAPC who developed the training. For example, the internal investigation policy does not prohibit termination of an investigation solely because the source of the allegation recants the allegation, while interviews indicate this is indeed the practice of the SAPC when conducting investigations.

The SCYP internal investigations policy requires investigation notes to be retained as long as the records are considered to be useful to the supervision of the individual's involved, but generally for three (3) years. Standard §115.371(j) requires that both criminal and administrative investigations shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. The policy should be made consistent with the standard requirements.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1C.11
- Completed Pre-Audit Questionnaire submitted by SCYP
- Training records for select staff who have completed the *Conducting Internal Investigations* training including email from PREA Compliance Manager with training record attached
- Interview with SAPC who conducts internal investigations
- Interview with Glenda Martens (PREA Coordinator)
- Review of training curriculum for *Conducting Internal Investigations*

Corrective Action Required

1. The SCYP Internal Investigation policy records retention period should be amended to be consistent with §115.371(j).

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §1.300 Internal Investigations
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (§§1.300, 1301, 1.301.5)

The SCYP amended its internal investigations policy to reflect the records retention requirements of this standard. Policy now states that the department shall retain all written investigation reports pertaining to an administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is a client or employed by the department, plus five (5) years.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in August 2015 on the new policies related to the agency's amended PREA Policy and the PREA Processing Map and internal investigation protocols. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.372 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.

The SCYP reports that they use a lower standard of proof below a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigative staff confirm compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with investigative staff
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.373 Reporting to residents

- 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.

The SCYP reports that there have been zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency in the past 12 months. Because there have been neither allegations nor investigations, the auditor was unable to review any notification documentation for this standard. The agency's PREA policy is consistent with this PREA standard and interviews with investigative staff and facility manager confirm a practice that demonstrates compliance.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with investigative staff
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.376 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.

The SCYP reports that in the past 12 months, there has been zero staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been zero staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been zero staff that has been reported to law enforcement or licensing boards for violating agency policies. The agency PREA policy requires that staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment or sexual misconduct. The agency Code of Ethics also requires disciplinary action up to and including termination for violations. The Sedgwick County Discipline Policy provides for progressive discipline of staff.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 4.501; 6.1C.02
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with investigative staff
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.377 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.

The SCYP reports that there have been zero contractors/volunteers reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse of residents. Interviews with the facility manager indicate that the practice of the SCYP conforms to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 2.1G.01.4; 6.1G.01; 6.1G.01.3; 6.1G.01.4;
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with investigative staff
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.378 Disciplinary sanctions for residents

- 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.

The SCYP reports that in the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse at the facility; additionally, the SCYP reports there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months. The facility licensing regulations through KDHE and practice prohibit isolation for any purpose at the SCYP; thus, the SCYP reports no residents have ever been placed in isolation as a disciplinary sanction. The SCYP has a formalized discipline policy applicable to residents that is followed. Agency practice prohibits all sexual activity between residents. The facility reports that residents that commit PREA-related abuse or harassment would be removed from the program. However, the various policies on resident discipline do not adequately address §115.378(c) which requires the disciplinary process to consider whether a resident's mental disabilities or mental illness contributed to the behavior when determining the sanction to be imposed. Further none of the policies appear to adequately address (d) through (g) of Section 115.378. Because there have been no incidents where residents were disciplined for PREA-related conduct, the auditor could not interview anyone and no documentation exists to review.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.3C.03;
- Completed Pre-Audit Questionnaire submitted by SCYP
- KDHE K.A.R. 28-4-274 Discipline
- KDOC Behavior Management for YRC II
- KDOC Discipline Policy for YRC II
- KSA 38-2022; KAR 30-46-10
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- SCYP Client Handbook (September 2014)
- Interview with medical staff (KU Contractor)

Corrective Action Required

1. The SCYP discipline policy should be more closely aligned with the specific requirements in §115.378(c)-(g). The policy should also reflect the requirement in the first sentence of subsection (b).

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. This are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §6.905-S1 SCYP Graduated Response Grid;
- §6.919-2 Discipline;
- Client Grievance Complaint 6.1102.2; Client Grievances 6.1102;
- Formal Grievance Complaint Instructions 6.1102.1;
- Graduated Response Log - GRRs 6.919-S.2;
- Graduated Response Report 6.919-S.1;
- Parental Notification Letter 6.1102.3;
- Sanctions 6.920

- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (6.919-S, 6.920)

The SCYP amended various policies to comply with this standard. Policy 6.919-S addresses Subsection (a) and (e) of the standard regarding when residents may be disciplined for sexual abuse with other residents and staff. A discipline grid and graduated sanctions response grid provides a disciplinary system that is commensurate with the nature and circumstances of the conduct.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in May 2015 on the new policies related to the agency's amended policies on discipline and sanctions. The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.381 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.

The SCYP reports that in the past 12 months, no residents have disclosed prior victimization during screening; thus, no residents were offered follow-up meetings with mental health practitioner. Agency policy requires the 14-day follow-up meeting with medical or mental health practitioner if sexual victimization or sexual perpetration is disclosed during screening at intake. Agency policies and practice ensure confidentiality of information received. Informed consent disclosures are provided by on-site medical contract personnel.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.1E.06.1; 6.1E.04; 6.4E.05
- Completed Pre-Audit Questionnaire submitted by SCYP
- KDHE K.A.R. 28-4-275 Health Care and K.A.R. 28-4-276 Mental Health Policies
- K.S.A. 38-2209
- *Colorado Vulnerability Assessment Instrument*
- Interviews with screening staff and medical staff
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)

Standard 115.382 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.

The SCYP reports no resident victims of sexual abuse in the past 12 months; thus there were no medical records for this auditor to review for resident victims. Agency policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to Via-Christi St. Joseph's Hospital where SANE medical exams are conducted by the Forensic Nursing Program. The agency Sexual Assault Prevention/Intervention Coordinator (SAPC) ensures victims receive rape crisis intervention services and advocates from the Wichita Area Sexual Assault Center (WASAC). All residents in the program have state issued medical cards and would not be charged for any medical treatment required.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.4E.05
- Completed Pre-Audit Questionnaire submitted by SCYP
- Kansas Statutes 38-2223 Reporting Child Abuse and Neglect
- SCYP Client Handbook (September 2014)
- Interview with contract medical provider
- Via-Christi St. Joseph's Hospital SANE/SART Program information (Via-Christi Forensic Nursing) www.via-christi.org/locations/hospitals/via-christi-hospital-st-joseph/forensic-nursing
- Interview with Program Coordinator for the Forensic Nursing Program at Via-Christi St. Josephs
- Wichita Area Sexual Assault Center (WASAC) (operating 24 hour crisis line and serving victims of sexual assault); Interview with Executive Director of WASAC
- Interview with Program Coordinator for the Via-Christi St. Joseph's Hospital Forensic Nursing Program in Wichita

Standard 115.383 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.

The agency has had no victims of sexual abuse in the past 12 months; thus, the auditor was not able to interview any resident victims or review any corresponding documentation of practice. The facility is all male residents, so the pregnancy related services requirement of the standard is non-applicable. Agency policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to Via-Christi St. Joseph's Hospital where SANE medical exams

are conducted by the Forensic Nursing Program. The agency Sexual Assault Prevention/Intervention Coordinator (SAPC) ensures victims received rape crisis intervention services and advocates from the Wichita Area Sexual Assault Center (WASAC). Resident victims of sexual abuse are offered tests for sexually transmitted infections (STI) as medically necessary and STI prophylaxis is offered to victims. All residents in the program have state issued medical cards and would not be charged for any medical treatment required. Follow-up treatment for a resident victim once they leave the SCYP is coordinated by the intensive supervision officer (ISO) or Case Manager (Sedgwick County Juvenile Field Services) who follows the client's progress all the time; the ISO would continue to ensure the client gets the services (both medical and mental health as appropriate) they need and monitors their progress until they are released from custody. The SCYP staff will participate in the development of their program plan upon their exit and provide input on the youth's individualized needs.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §§1.301; 6.4E.05
- Completed Pre-Audit Questionnaire submitted by SCYP
- Kansas Statutes 38-2223 Reporting Child Abuse and Neglect
- SCYP Client Handbook (September 2014)
- Interview with contract medical provider
- Via-Christi St. Joseph's Hospital SANE/SART Program information (Via-Christi Forensic Nursing) www.via-christi.org/locations/hospitals/via-christi-hospital-st-joseph/forensic-nursing
- Wichita Area Sexual Assault Center (WASAC) (operating 24 hour crisis line and serving victims of sexual assault); Telephone interview with the Executive Director of WASAC
- Telephone interview with Program Coordinator for the Via-Christi St. Joseph's Hospital Forensic Nursing Program in Wichita
- Information provided by PREA Coordinator

Standard 115.386 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.

The SCYP reports that in the past 12 months, there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility. Thus, the facility reports zero sexual abuse incident reviews were conducted. The agency's PREA policy does not contain provisions establishing a formalized sexual abuse incident review team or process. Interviews with the PREA Coordinator and PREA Compliance Manager indicate an informal process exists with quarterly reviews completed by the PREA Coordinator on all DOC facilities and a report that is prepared with recommendations which are discussed with facility managers. A formalized sexual abuse incident review process (with a named team, board, or specified group) should be developed in policy and practice that fulfills all the specified requirements of §115.386.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301

- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interview with Glenda Martens (PREA Coordinator)

Corrective Action Required

1. The SCYP should develop a formalized sexual abuse incident review policy and process that details membership on the team or board, the responsibilities and duties of the review, and the required documentation consistent with the detailed requirements outlined in PREA Standard §115.386. The standard is quite explicit on the items the review team must consider and this detail is best placed in a formalized policy for consistency and training purposes. Some agencies have created a formalized *Sexual Abuse Review Board* that performs the requirements of this standard quite effectively for the agency's facilities. While the SCYP program is fortunate to not have had any incidents of sexual assault, other facilities that do have more incidents should utilize the sexual abuse incident review process and procedures as a very integral part of their prevention efforts.

Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation on June 20, 2015 to evidence and demonstrate corrective actions taken by the SCYP administration regarding this standard. These are discussed below.

Additional Documentation Reviewed:

- Sedgwick County Department of Corrections Policies: §1.301 (Updated)
- SCYP Policy Acknowledgment Form Evidencing Staff Training on Policy Revisions (1.301)
- Email from Director Masterson dated July 24, 2015 establishing a PREA Sexual Abuse Review Board and making official appointments to the board
- Email from PREA Coordinator to Sexual Abuse Review Board (SARB) dated August 12, 2015 regarding establishment of the board and training on role and process
- Minutes of the SARB meeting for August 2015

The SCYP has amended its PREA policy to include the sexual abuse incident review process as detailed in this standard. The director established an official PREA Review Board and made one-year appointments to the board beginning July 1 and running through June 30. Documentation submitted reflected the first SARB meeting was held in August 2015.

The Auditor requested additional documentation to demonstrate the institutionalization of the new policies and procedures. The SCYP provided the auditor with appropriate evidence to demonstrate that SCYP staff had been fully trained in August 2015 on the new policies related to the agency's Sexual Abuse Review Board (SARB). The auditor received this information on August 14, 2015.

The SCYP is now fully compliant with this standard.

Standard 115.387 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.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and uses a standardized instrument and set of definitions. The agency aggregates the data annually and prepared a report. The agency PREA policy and practice requires the collection of the data per this standard. The agency's PREA Coordinator is responsible for preparing this aggregate data report for the agency. The agency PREA Coordinator reports that they have just completed their first annual report required under this PREA standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interview with and information provided by Glenda Martens (PREA Coordinator)
- PREA Sexual Abuse/Assault Intervention Protocol Form (1.301.3)
- KDOC-JS PREA Checklist Form (1.301.4)
- Sedgwick County Department of Corrections website: www.sedgwickcounty.org

Standard 115.388 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.

The agency's PREA Coordinator reports that the first annual report was produced in January 2015. Interviews with the agency director and PREA Coordinator demonstrate compliance with this standard. The management of the Department of Corrections will utilize the data for corrective action purposes as required by §115.388. The auditor verified that the 2014 PREA Annual Report was posted on the Sedgwick County Department of Corrections' website.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interview with Glenda Martens (PREA Coordinator)
- Interview with Mark Masterson (Director)
- First annual PREA aggregated data report for calendar year 2014 for the Sedgwick County Department of Corrections posted on the agency website at http://sedgwickcounty.org/corrections/client_protection.asp

Standard 115.389 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.

The agency's PREA Coordinator reports that the first annual report was produced in January 2015 covering calendar year 2014. Interviews with the agency director and PREA Coordinator demonstrate compliance with this standard. State law addresses required records retention periods.

Policy, Materials, Interviews and Other Evidence Reviewed

- Sedgwick County Department of Corrections Policies: §1.301
- Completed Pre-Audit Questionnaire submitted by SCYP
- Kansas Statutes 38-2309 Court records, disclosure and preservations of records
- Sedgwick County Department of Corrections website: www.sedgwickcounty.org
- Interview with Lori Gibbs (PREA Compliance Manager and Residential Center Manager)
- Interview with Glenda Martens (PREA Coordinator)
- Interview with Mark Masterson (Director)

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.

Lisa A. Capers, J.D.

September 5, 2015

Auditor Signature

Date

