

# SEDGWICK COUNTY DEPARTMENT OF CORRECTIONS POLICY & PROCEDURES

Chapter: Personnel Policy No: 1.301

Subject: Prison Rape Elimination Act (PREA) / Sexual Abuse Prevention and Intervention

**Date:** 08/31/07 **Pages:** 15

Program: SCDOC Administrative Services

K.S.A. 65-516, Prison Rape Elimination Act of 2003, Standards to Prevent, Detect and Respond to Prison Rape 2012.

Director Authorization

**Revision Dates:** 9/1/14, 5/6/15, 1/15/16, 3/2/16, 8/10/16, 11/18/16, 12/08/17, 06/08/18, 08/27/18, 06/07/19, 11/20/19, 8/27/20, 10/21/20, 10/22/21, 12/20/22, 06/21/23, 1/30/24, 5/6/25, 7/7/25

**Review Dates:** 9/1/14, 5/6/15, 1/15/16, 3/2/16, 8/10/16, 11/18/16, 08/25/17, 06/08/18, 08/27/18, 06/07/19, 10/11/19, 8/13/20, 10/2/20, 10/1/21, 12/19/22, 06/02/23, 1/19/24, 1/29/24, 4/28/25, 7/7/25

# POLICY:

Sedgwick County Department of Corrections shall promptly investigate and enforce laws and policies of "zero tolerance" relating to illegal sexual acts, sexual harassment, sexual abuse or misconduct in all of its facilities. The department shall provide a comprehensive Prison Rape Elimination Act (PREA) prevention and intervention program that includes education, prevention, prompt intervention, discipline/prosecution of assailants and appropriate treatment for victims. The department will refer all allegations of a criminal nature to the Sedgwick County Sheriff's Office.

# **APPLICATION:**

Sedgwick County Department of Corrections (SCDOC)

# **PURPOSE:**

To provide safe facilities for staff and clients. Forced and/or pressured sexual interactions by clients or staff are among the most serious threats to client safety and facility order and will not be tolerated. Every PREA allegation shall be investigated, and appropriate action shall be taken. Victims shall receive prompt and appropriate care.

# **DEFINITIONS:**

**Advocates** - A trained person who may be involved in initial victim contact (via 24-hour hotline or face-to-face meetings), offer victim advocacy, support, crisis intervention, information, translation or interpretation, and referrals before, during, and after the exam process. They often provide comprehensive, longer-term services designed to aid victims in addressing any needs related to the assault, including but not limited to counseling and legal (civil, criminal, and immigration) and medical systems advocacy. A victim shall be offered the opportunity to have an advocate present during any investigatory interviews.

**Client** - Any individual served by the Department of Corrections.

**Contractor** - A person or agency that provides services or has contact with clients on a recurring basis pursuant to a contractual agreement with the agency.

**Coordinated Community Response** - The immediate and longer-term agency and community response to sexual abuse for SCDOC clients that is coordinated among involved responders.

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Sedgwick County Department of Corrections will coordinate their sexual abuse response with the Sedgwick County Sheriff's Office, Ascension Via at Christi St. Joseph Hospital and community advocate groups.

**DCF** - Department for Children and Families.

**Exigent Circumstances** - Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility - Includes all Department of Corrections facilities, offices or work sites.

**First Responder** - A first responder is a staff person, volunteer, or contractor who initially responds to a disclosure of sexual abuse or sexual harassment (there may be more than one first responder).

**KDOC** - Kansas Department of Corrections

**LGBTQI** - Lesbian, Gay, Bisexual, Transgender, Questioning, or Intersex

PREA - Prison Rape Elimination Act of 2003

**PREA Compliance Manager (PCM)** - A person at each facility designated by the director as having overall responsibility and authority to coordinate the facility efforts to comply with the PREA standards.

**PREA Coordinator** - The PREA Coordinator's responsibilities include developing, implementing and overseeing the department's plan to comply with the PREA standards in all facilities.

**Preponderance of Evidence** – One type of evidentiary standard used in a burden of proof analysis. Under the preponderance standard, the burden of proof is met when the party with the burden convinces the fact finder that there is a greater than 50% chance that the claim is true.

**Residential Facility** - Includes the Juvenile Detention Facility (JDF), Juvenile Residential Facility (JRF) and Adult Residential Center / Work Release (ARES/WR).

**SARB** - Sexual Abuse Review Board reviews all PREA investigations within 30 days of the conclusion of the administrative investigation and submits findings and recommendations to the PCM and deputy director. The SARB shall be comprised of three (3) non-residential SCDOC supervisors approved by the director, with input from line supervisors, investigators, medical and mental health practitioners.

**UBI-DUO** - Communication device for the hearing impaired. The system removes communication barriers and allows clients to hold a conversation in real-time. The department currently has an Ubi-Duo device available for all facilities but located at the Juvenile Detention Facility (JDF) and Juvenile Field Services (JFS).

**Sexual Abuse** - Sexual abuse of a client by another client, staff member, contractor, or volunteer. Sexual abuse of a client by another client, staff member, contractor, or volunteer includes any of the

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following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation;
- 6. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 7. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1-6);
- 8. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a client and;
- 9. Voyeurism by a staff member, contractor, or volunteer; an invasion of privacy of a client by staff for reasons unrelated to official duties, such as peering at a client who is using a toilet to perform bodily functions; requiring a client to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a client's naked body or of a client performing bodily functions.

#### Sexual Harassment –

- Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client directed toward another; and
- 2. Repeated verbal comments or gestures of a sexual nature to a client by a staff member, another client, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

**Special needs** - Clients who are limited English proficient, deaf, vision impaired, physically impaired or have intellectual and/or developmental disabilities.

**Staff** - All employees, contract personnel, volunteers, or agency providers.

**Substantiated allegation** - An allegation that was investigated and determined to have occurred based on a preponderance of evidence.

**Undue Familiarity** - Conversations, personal or business dealings between a staff and a client which is unnecessary, not a part of the staff's duties and related to a personal relationship or purpose rather than a legitimate correctional purpose. Undue familiarity includes horseplay, betting, trading, dealing, socializing, family contact unrelated to the staff's duties, sharing or giving food, delivering or intending to deliver contraband, personal conversation, exchanging correspondence, including

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social networking via the internet. It also includes conversation or correspondence that demonstrates or suggests a romantic or intimate relationship between a client and the staff, sexual misconduct, or in any other manner developing a relationship with a client.

**Unfounded allegation** - An allegation that was investigated and determined not to have occurred.

**Unsubstantiated allegation** - An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

**Victimization Services** – Medical, mental health or advocacy services offered to a client who has experienced sexual victimization or perpetrated sexual abuse. These services are offered at no cost to the client.

**Volunteer** - Any person, including interns, who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

# PROCEDURE:

# I. PROCEDURES

# A. Program Coordination

- 1. The director shall assign one staff at each facility to perform the duties of the PREA compliance manager (PCM). The director or deputy director shall assign an alternate PCM when necessary. The duties involve the overall responsibility for coordinating all elements of the sexual abuse and intervention program. The PCM assignments are to the persons in the following positions:
  - a. Juvenile Detention Facility administrator;
  - b. Adult Residential Center/Work Release administrator;
  - c. Juvenile Residential Facility program manager;
- 2. The PCM or designee provides direction to the on-duty supervisor regarding all allegations of sexual abuse sexual harassment or undue familiarity. The PCM or designee shall discuss all allegations and next steps with the PREA Coordinator or designee.
- 3. Coordination activities shall include:
  - Educating and training staff and clients;
  - b. Safeguarding, assessing, treating and managing sexually assaulted clients;
  - c. Initial assessment and reporting;
  - d. Investigating; and,

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- e. Initiating disciplinary action.
- 4. The director shall assign a PREA Coordinator to oversee the development, implementation and monitoring of the department's plan to comply with the PREA standards in all facilities.
- 5. The PREA Coordinator shall ensure PREA investigations are completed by specially trained supervisors.
- The PREA Coordinator shall complete an annual report for the director on data collections, investigation reviews, corrective action plans, and training plans to meet the federal standards.
- 7. The PREA Coordinator shall ensure that key information about PREA is continuously available on the county website, posters, client handbooks and informational brochures throughout the department.

### B. Prevention

- 1. All staff and clients are responsible for being alert to signs of potential situations in which sexual abuse or sexual harassment might occur.
- 2. The following procedures are designed to help prevent these behaviors:
  - a. During the initial intake / orientation process, staff shall review available materials with clients for any indication of prior sexual victimization. The PREA Screening Tool (1.301.9a, 1.301.9b, or 1.301.9c) shall be completed by designated personnel to determine appropriate classification within 72 hours of admission and kept with the client's file. Clients may not be disciplined for refusing to answer or disclose information.
  - b. If there is concern indicating substantial risk of imminent sexual victimization, the client shall be identified and appropriate classification and safety precautions implemented. Appropriate precautions may include changing housing assignments, being placed on no roommate status and/or increased supervision to prevent further harm to the client.
  - c. Residents in the juvenile detention facility may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, facilities shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Every 30 days, the facility shall review to determine whether there is a continuing need for separation from the general population.
  - d. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall

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programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

- e. The PCM shall determine housing and programming assignments on a case-by-case basis for all transgender and intersex clients. All transgender / intersex housing assignments shall be reassessed at least twice each year and documented to show if the client was housed by their gender identity or if the client presented safety and security concerns that prevented the assignment from being approved. Transgender and intersex clients shall be given the opportunity to shower separately from other clients.
- f. The PCM or designee shall make a recommendation regarding any treatment, counseling or special housing needed for those that screen at risk for victimization or abusiveness. The PCM or designee shall ensure that victimization services are offered to the victim and documented on the PREA Screening Tool (1.301.9a, 1.301.9b, or 1.301.9c).
- g. If screening indicates that a client has experienced prior sexual victimization or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the client is offered a follow-up meeting from victimization services within 14 days of the intake screening and document such treatment on the client's PREA Screening Tool (1.301.9a, 1.301.9b, or 1.301.9c).
- h. If screening indicates that the client has experienced prior victimization within the last 96 hours, a forensic medical examination shall be arranged with the coordinated community response stakeholders.
- 3. All clients shall receive instructions on the importance of reporting any sexual abuse and sexual harassment during initial formal orientation. Clients assigned to residential or field services programs shall acknowledge their receipt of these instructions by signing the PREA Client Acknowledgement Form (1.301.1a or 1.301.1b).
- 4. Clients shall have privacy to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.
- 5. All staff shall announce their gender each time they enter a housing area of the opposite gender.
- 6. All facilities shall have supervisors on each shift conduct and document unannounced rounds every two weeks to identify and deter sexual abuse and sexual harassment or signs of undue familiarity. The PCM for facilities shall conduct quarterly unannounced rounds for the same purpose on each shift. Unannounced rounds shall be documented on the PREA Unannounced Rounds form (1.301.7). Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

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7. The PREA Coordinator shall ensure all facilities review their PREA Staffing Plan annually to ensure adequate levels of staffing, and, where applicable, video monitoring, to protect clients against sexual abuse.

#### II. REASSESSMENT

- A. Within 30 days from an adult client's arrival, the facility shall reassess the adult client's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake process. Juvenile clients shall be reassessed periodically throughout their confinement. This needs to be documented and dated on the client's PREA Screening Tool (1.301.9a, 1.301.9b, or 1.301.9c).
- B. A client's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

# III. PERSONNEL

- A. The department shall not hire, promote or retain staff who have been found to have engaged in sexual abuse or sexual harassment in an institutional setting or who have been found to have engaged or attempted to engage in sexual activity in the community facilitated by force, the threat of force or coercion.
- B. The department shall conduct criminal background checks, adult and child registry checks on all staff, prior to their start date and annually thereafter, to ensure they have not been adjudicated or convicted of, or been civilly or administratively adjudicated (found to have violated a regulation or law) for engaging in sexual abuse in a corrections setting.
  - 1. The department shall conduct reference checks, using the PREA Institutional Reference Form (1.301.11), on all applicants, volunteers and contractors to make contact with all prior institutional employers for information on substantiated allegations of sexual abuse / harassment or any resignation during a pending investigation of an allegation of sexual abuse.
- C. Employees shall be subject to disciplinary action up to and including termination of employment for violations of sexual abuse or sexual harassment pursuant to Sedgwick County personnel policies and procedures.
- D. Volunteers and/or contractors shall be subject to removal from the agency for violations of sexual abuse, or sexual harassment.
- E. A letter shall be filed with Human Resources on any substantiated allegations of sexual abuse or sexual harassment and / or resignation during a PREA investigation. This letter shall be provided to any future institutional employer pursuant to PREA standards.
- F. Staff terminated for violations of agency sexual abuse and sexual harassment policy, or when staff resign who would have been terminated if not for their resignation, these actions will be

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reported to local law enforcement, unless the activity was clearly not criminal. This includes reports to relevant licensing bodies.

G. All staff have an obligation to disclose or report any illegal sexual acts, sexual abuse, sexual harassment, and undue familiarity with client(s); failure to report may be grounds for termination.

# IV. PROFESSIONAL DEVELOPMENT

- A. During the hiring/onboarding process and annually, all staff having direct contact with clients shall:
  - 1. Review the Prison Rape Elimination Act (PREA) / Sexual Abuse Prevention and Intervention policy (1.301).
  - 2. Be trained on the physical, behavioral and emotional signs/reactions of sexual abuse, inclusive of but not limited to the following:
    - a. Difficulty sleeping
    - b. Difficulty walking
    - c. Anal/vaginal discharge
    - d. Change in behavior
    - e. Anxiety
    - f. Depression
    - g. Problems concentrating
    - h. Withdrawn behavior
  - 3. Understand the first responder duties when an alleged sexual abuse or sexual harassment occurs, to include:
    - a. Separate the alleged victim and alleged perpetrator.
    - b. Ask the first responder questions.
      - i. Are you hurt? Do you feel safe? Do you want to be moved? Who did this?
      - ii. Where did this happen? When did it happen?
    - c. Make sure no one can access the crime scene (evidence protection / collection).

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- d. Request that victim and perpetrator do not: change clothes, use the bathroom, eat, drink, brush teeth, or wash-up.
- e. Notify the on-duty supervisor.
- 4. Have a basic understanding of sexual abuse and sexual harassment prevention, detection, reporting, and response strategies.
- 5. Understand the need to promptly report all illegal sexual acts, sexual abuse, sexual harassment, or undue familiarity and the penalties for violations.
- 6. Complete and sign the PREA Acknowledgment Form (1.301.2), Disclosure of PREA Employment Standards Violation form (1.301.6), and PREA Quiz for SCDOC during new employee orientation (1.301.8)
  - a. The annual training completion will be recorded in HR/LMS.
  - b. The PREA Acknowledgment and Disclosure of PREA Employment Standards Violation Forms shall be submitted to SCDOC Administrative Services for placement in the employee's E-Personnel file.
- B. The PREA Coordinator shall provide documentation on the number of staff, clients, volunteers, and contractors that receive PREA training.
- C. Staff authorized to perform searches of clients shall be trained in the proper procedures before being assigned the duty. The department shall not conduct cross-gender strip searches or cross-gender visual body cavity searches.
- D. Cross-gender pat searches shall only be conducted during exigent circumstances, require supervisor approval and shall be documented. If cameras or monitors exist in the facility, pat searches shall be conducted in front of the camera, if possible.
- E. Transgender / intersex searches shall be conducted by their identified gender, unless a safety / security concern was identified and documented on the Screening for Victimization & Abusiveness form. If cameras or monitors exist in the facility, pat searches shall be conducted in front of the camera, if possible.
- F. A facility shall not search or physically examine a transgender or intersex client for the sole purpose of determining the resident's genital status. If the client's genital status is unknown, it may be determined during conversations with the client, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- G. Supervisors must complete the department's Conducting Internal Investigations training and 'NIC: PREA Investigating Sexual Abuse in a Confinement Setting' before conducting an administrative PREA investigation.

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#### V. CLIENT EDUCATION AND REPORTING

A. Within 10 days of intake, any residential facility shall provide comprehensive age-appropriate education to clients either in person or through video regarding the department's zero tolerance policy outlining sexual abuse and sexual harassment, their rights to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting such incidents. Documentation of client participation in PREA education shall be kept in the client file.

# B. Facility client PREA training shall include:

- 1. Rules and expectations regarding inappropriate sexual behaviors, including that all sexual activity between clients is prohibited.
- 2. Education and awareness on PREA.
- 3. How to report incidents of sexual abuse and sexual harassment.
- 4. Sexual abuse response process if they become victimized.
- 5. Information regarding the investigative process that will occur.
- 6. Right to have a victim advocate present during the investigative process.
- 7. Information about victimization services and that all services are provided at no cost to the client.
- C. All facilities shall ensure that clients with special needs are trained on PREA.
- D. All facilities shall utilize interpreters or the UBI-DUO to train clients with limited English proficiency or that are deaf / hard of hearing, when appropriate training materials are not available.
- E. The department prohibits use of client interpreters, client readers or other types of resident assistants for training purposes.

# VI. INTERVENTION

- A. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall immediately initiate a facility specific incident report to the appropriate chain of command.
- B. Staff sensitivity toward clients who are victims of sexual abuse and sexual harassment is critical. Staff shall take seriously all complaints or statements from clients that indicate they have been victims of sexual abuse or sexual harassment.
- C. Staff shall immediately report, to the appropriate chain of command, any suspected or known retaliation against a client or staff.

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- D. Staff are prohibited from revealing any information related to sexual abuse or sexual harassment reported to anyone other than those necessary to make treatment, investigation and other security and management decisions.
- E. All facilities shall ensure that clients who have special needs are able to report sexual abuse or sexual harassment to staff directly through interpretive technology or through non-resident interpreters. Accommodations shall be made to convey all PREA information, including how to report sexual abuse or sexual harassment with limited reading skills, visually impaired or with identified special needs.
- F. Alleged victims of sexual abuse or sexual harassment will not be asked to take a polygraph or any truth analysis test.

# VII. RESPONSE

- A. When victimization has been reported or when staff become aware of cases of sexual abuse or sexual harassment, the matter shall be immediately referred to the on-duty supervisor.
- B. Given the sensitive nature of the information, initial staff notifications are to be made verbally by private means (no radio use and not in a location where others can overhear the report) followed by an incident report and email.
- C. The on-duty supervisor shall make a preliminary assessment of the allegation, separate the alleged perpetrator and victim, secure the potential evidence and area, and promptly contact the PCM for instructions in handling the clients, any staff members alleged to be involved, physical evidence, medical needs, law enforcement report, gathering of statements and documentation. This includes third party and anonymous reports on all allegations of sexual abuse or sexual harassment. The on-duty supervisor makes the initial notification to outside law enforcement. Any PREA investigation shall not terminate solely because the victim or source of the allegation recants the allegation or is released from the program.
- D. Using the PREA Protocol Checklist (1.301.3) as a guide, the on-duty supervisor shall conduct an immediate preliminary assessment of the allegation(s) or complaint. Information regarding the identity of the victim and the facts of the report shall be limited to those who have a business need to know.
- E. Any client who alleges that he or she has been sexually abused or sexually harassed shall be offered immediate protection from the assailant, and be provided a coordinated community response, which shall include victimization services, forensic medical examination, timely access to emergency contraception and sexually transmitted infections prophylaxis.
- F. Use of client interpreters, client readers or other types of client assistants may be used in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety in the performance of first-response duties of the client's allegations.
- G. The PCM and primary investigator shall utilize the PREA Investigations Flowchart (1.301.5a) and PREA Processing Map (1.301.5b) as a guide for all PREA investigations.

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- H. The PCM shall notify the PREA Coordinator, deputy director and director regarding allegations of sexual abuse within 24 hours.
- I. The PCM shall coordinate the department process with law enforcement to ensure appropriate steps are taken in sequence to gather evidence of a crime and/or violation of the facility rules for allegations of sexual abuse. The PCM shall start the PREA Protocol Checklist (1.301.3). and provide regular status updates and law enforcement reports to the director, deputy director, and PREA Coordinator. Once law enforcement has concluded their investigation, or declined to investigate, the PREA Coordinator shall assign a trained primary and secondary investigator to complete the administrative investigation.
- J. The PREA Coordinator shall assign a trained primary and secondary investigator to complete administrative sexual harassment or undue familiarity investigations. The PREA Coordinator shall notify the facility PCM, deputy director, and director regarding these assignments within 24 hours.
- K. In all PREA related investigations, the primary investigator shall be responsible for completing the PREA Investigation Summary (1.301.12), and the PREA Protocol Checklist (1.301.3).
- L. After completing and collecting all documents, the primary investigator will submit the report to their supervisor for review.
- M. The primary investigator will submit the final report to the PCM, PREA Coordinator, deputy director and director. The final report shall include: PREA Investigation Summary (1.301.12), PREA Protocol Checklist, all recordings and documentation related to the PREA case, and evidence collected.
- N. The PCM shall notify DCF, KDOC, parent / guardian, and the client's community case manager (intensive supervision officer), if applicable, regarding all allegations within 24 hours.
- O. When a client is the victim or alleged perpetrator in an incident, the PCM shall be responsible for notifications of the parents/legal guardians if applicable. The staff assigned to make these notifications shall document the conversations as part of the incident report. The client involved shall not be permitted to hear the staff member during the notification conversation with the parent/guardian/legal custodian but shall be provided an opportunity to speak with their parent/guardian/legal custodian as part of the process (unless law enforcement provides other instructions).
- P. Retaliation against any client or staff that reports sexual abuse or participates in an investigation shall not be tolerated.
  - 1. Clients and staff that report a PREA incident and/or are cooperating with an investigation shall be monitored monthly by the facility PCM for signs of retaliation or intimidation for at least 90 days from the date the allegation was reported. The obligation to monitor retaliation shall terminate if the agency determines that the allegation is unfounded.
  - 2. Monitoring for retaliation shall be extended for another 90 days if the initial monitoring indicates a continuing need. The PCM shall monitor, document and promptly act to

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resolve any such retaliation. Monitoring shall be documented on the PREA Retaliation Monitoring form (1.301.4) Documentation shall be sent to the PREA Coordinator to retain with the investigation file.

- 3. Staff shall immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- 4. If any other individual who cooperates with an investigation expresses a fear of retaliation, the PCM shall take appropriate measures to protect that individual against retaliation.
- Q. Upon receiving an allegation that a client was involved in a possible PREA incident while confined or in the custody of another facility staff shall immediately notify their PCM or program administrator. The PCM program administrator shall notify the head of the facility or appropriate office of where the alleged sexual abuse or sexual harassment occurred and notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Given the sensitive nature of the information, the PCM or program administrator shall document that an allegation and notifications were made, but shall not document the specifics of the allegation, in the client's file.
- R. The facility shall attempt to conduct a mental health evaluation of all known client on client abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.
- S. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in department policy, to make treatment, investigation, and other security and management decisions.
- T. If a juvenile client and the juvenile court retains jurisdiction over the alleged victim, the PCM shall report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.
- U. Clients shall be subject to disciplinary action for violations of sexual abuse or sexual harassment pursuant to Sedgwick County facility policies and procedures. Upon completion of an investigation, law enforcement may present the case to the district attorney's office for charging.
- V. The department prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

# VIII. SERVICES PROVIDED

A. The PCM shall be responsible for coordinating victimization services available to all clients who claim to be the victim of sexual abuse or sexual harassment. Victimization services and forensic medical examinations shall be provided to every victim without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any

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investigation arising out of the incident. The PCM shall ensure all efforts and referrals are made and documented in the client's file. The services available shall include:

- 1. Assessment of the victim's acute medical needs;
- 2. Inform the victim of their rights under relevant Federal or State law;
- 3. Provide a means for a forensic medical exam and advise the victim;
- 4. Offer the presence of a victim advocate or qualified staff member to be present during the exam and during the investigative interview process;
- 5. Offer timely information about and access to emergency contraception and sexually transmitted infections prophylaxis;
- 6. Provide access to community sexual assault programs and crisis intervention counseling;
- 7. Provide for any accommodations the victim may need, including all lawful pregnancy-related medical services.
- B. Following a client's allegation against a staff member, the department shall inform the client of the following:
  - 1. When the staff member is no longer posted within the client's unit or when the staff member is no longer employed at SCDOC.
  - 2. When SCDOC learns that the staff member has been charged or convicted related to sexual abuse within the facility.
  - 3. When the outcome of the investigation has been determined.
- C. Following a client's allegation that they have been sexually abused by another client, SCDOC shall inform the alleged victim of the following:
  - 1. When SCDOC learns that the alleged abuser has been indicted/convicted on a charge related to sexual abuse within the facility.
  - 2. When the outcome of the investigation has been determined.
- D. Client victims of sexual abuse located in Sedgwick County shall be transported to Ascension Via Christi at St. Joseph Hospital, which is equipped to evaluate and treat sexual abuse victims. Other appropriate medical facilities will be used for clients located in other counties across Kansas.

# IX. REQUIRED FACILITY REPORTS

A. The PREA Coordinator is responsible for compiling and retaining the data for all PREA investigations, which shall include the PREA Investigation Summary, PREA Protocol

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Checklist, facility incident report(s), camera video recordings, PREA Retaliation Monitoring, recorded or signed statements, and any supporting documentation. PREA standards require agencies to securely retain the data for at least 10 years or longer if required by state statute.

- B. The PREA Coordinator shall assign case numbers to all PREA investigations for tracking and quality assurance purposes.
- C. The PREA Coordinator shall develop and implement a formalized Sexual Abuse Review Board (SARB). The SARB will meet within 30 days of the conclusion of a substantiated or unsubstantiated administrative investigation with the PREA Coordinator to review all PREA incidents, investigation findings and policy. The SARB shall consist of three (3) upper-level, non-residential supervisors, that are selected and approved by the director. The SARB shall receive input from line supervisors, investigators and medical staff as applicable when reviewing investigations. Board members will serve a one-year term and may be reappointed by the director. The board appointment begins July 1st and ends June 30th. All board comments and recommendations will be documented and retained by the PREA Coordinator. Any decisions to not follow the recommendation will also be documented via email and retained by the PREA Coordinator.

# The SARB shall:

- 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse or sexual harassment;
- 2. Determine whether physical barriers or technology should be enhanced and make recommended changes;
- 3. Assess adequacy of staffing levels; and,
- 4. Submit the SARB Incident Form (1.301.10) with findings and recommendations to the PCM, primary investigator (if applicable), deputy director and director.
- D. The PCM and primary investigator (if applicable) shall review and respond to the SARB's recommendation within five (5) business days to the PREA Coordinator. Corrective actions shall be documented and retained in the PREA investigation file.
- E. If the PCM disagrees with the SARB's recommendations, the PREA Coordinator will schedule a meeting and seek guidance from the director and deputy director.
- F. The PREA Coordinator shall, on an annual basis, review and analyze the data to assess for compliance with the PREA standards and to improve the effectiveness of sexual abuse prevention and intervention procedures.