

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Auditor Information	
Auditor Name:	Vevia Sturm
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Telephone number:	573-338-4577
Date of facility visit:	August 3 rd – 5 th , 2015
Facility Information	
Name of facility:	Johnson County Adult Residential Center
Physical Address:	141 Mission Parkway, New Century, KS 66031
Mailing Address:	Same
Telephone Number:	913-715-6300
Date report submitted:	September 3, 2015
Facility Type:	County Community Confinement Facility
Name of facility's Chief Executive Officer:	Antonio Booker
Number of staff assigned to the facility in the last 12 months:	126
Designed facility capacity:	342
Current Population of facility:	256
Facility security levels/inmate custody levels:	minimum
Age range of population:	18-65
Name of PREA Compliance Manager: Linda Hadel	Title: Policy & Compliance Manager
Email Address: Linda.Hadel@jocogov.org	Phone Number: 913-715-6300
Agency Information	
Name of agency:	Johnson County Department of Corrections
Governing authority or parent agency: (if applicable)	
Physical address:	W. 78 th Street Parkway, Olathe, KS 66061
Mailing address: (if different from above)	
Telephone Number:	913-715-5000
Agency-Wide PREA Coordinator	
Name: Jodi Taylor	Title: Policy & Compliance Manager
Email address: Jodi.Taylor@jocogov.org	Phone Number: 913-715-7218

AUDIT FINDINGS

NARRATIVE:

A PREA Compliance Audit was conducted at Johnson County Department of Corrections Adult Residential Center (ARC) on August 3rd, 4th and 5th. The audit team consisted of Lead Auditor, Vevia Sturm and Certified Auditor, Sherie Korneman.

The notice of audit was posted throughout the facility June 22, 2014, to notify clients and staff of the upcoming audit and to provide an address to write with issues or concerns regarding the implementation of PREA standards. The auditors received no staff or client correspondence due to this posting. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditors to review in advance of the onsite portion of the audit. All documentation received was very well organized which was appreciated by the audit team. The audit team conducted an organized and comprehensive review of the pre audit questionnaire and supporting documentation prior to the onsite audit. Throughout the pre audit phase the Lead Auditor stayed in contact with the Director and Compliance Monitor by phone and email.

The team arrived at the facility at 9:00, Monday, August 3, 2015, to begin the onsite portion of the audit. An entrance meeting was conducted with Antonio Booker, Director, and his administrative staff. After the entrance meeting Director Booker lead the auditors on a tour the facility. The tour included all areas of the facility to verify compliance with PREA standards.

The team interviewed staff on all three shifts and all housing units. In total, the team interviewed 10 random staff and 10 random clients. In addition, 18 specialized staff and 4 specialized clients (1 disabled, 2 that report sexual abuse, 1 LGBTI) were interviewed.

During the audit ARC administration were very receptive to the feedback provided by the auditors. Information requested by the auditors was readily provided. It was very apparent that client safety is of utmost importance at ARC. The exit meeting was held on August 5th with Director Booker and his administrative staff. The auditors provided attendees with a written document containing our preliminary findings to assist in the discussion and the development of the corrective action plans and timelines. The audit team exited the facility on August 5, 2015, at 11:30 AM.

A conference call was held on August 14th with Director Booker and his staff. During the call the auditors were provided an update on the progress made toward compliance since the exit meeting on August 5th and the auditors and facility staff worked to finalize corrective action plans and timelines.

During the corrective action period (CAP) that began on September 10, 2015, ARC implemented policies and practices and provided the auditors with significant documentation to demonstrate compliance.

DESCRIPTION OF FACILITY CHARACTERISTICS

Johnson County Department of Corrections Adult Residential Center (ARC) is a minimum security community based detention housing facility located in New Century, KS. ARC is a 398 bed facility that houses both male and female clients. It is a modern and very well maintained facility. Clients at ARC are ordered by the court, probation violators or on inmate status from Johnson County Department of Corrections. The main objective of the ARC program is the integration of clients back into the community as successful, productive citizens. ARC has onsite medical and mental health services available. Medical care is contracted through Correct Care Solutions. Services are free of charge to the clients. Mental Health is provided through a partnership with Johnson County Mental Health. A mental health specialist is onsite approximately 4 hours a week to provide evaluations, medication management and groups. ARC offers a variety of programs for its clients that include education, substance abuse services, AA/NA classes, pre employment training and resource development, etc. The facility has a very positive atmosphere; it was obvious that staff takes an interest in the success of the clients. Clients interviewed were positive about their experiences at ARC.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 1
Number of standards met: 42
Number of standards not met: 0

115.211	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The facility has written policy 03.12A Sexual Misconduct and Undue Familiarity mandating zero tolerance towards all forms of sexual abuse and sexual harassment. This policy states, "The Johnson County Department of Corrections mandates a zero tolerance toward all forms of sexual abuse and sexual harassment." This policy outlines the Residential Center's response to any allegations of sexual abuse or harassment as well as responses to any sexual abuse allegations.</p> <p>The Residential Center's PREA Compliance Monitor is given sufficient authority to oversee the centers compliance to the standards. The PREA Compliance Monitor reports directly to the Director of the Adult Residential Facility. She stated that although the PREA portion of her position kept her quite busy she did have sufficient time to oversee compliance to the standards.</p> <p>Facility policy 03.12A Sexual Misconduct and Undue Familiarity reflects the definitions as outlined in the PREA standards however, but was found to be in conflict with policy 13.01 Client Sexual Abuse. During the corrective action period (CAP) the facility revised policy 13.01 to reflect the definitions as outlined in the PREA standards. The facility provided the auditor with a copy of the revised policy.</p>	

115.212	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF CLIENTS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has not entered into any contracts for the confinement of clients.</p>	

115.213	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The facility documents a staffing plan that provides adequate staffing and utilizes video monitoring to protect its clients against sexual abuse. The staffing plan was developed for an average daily census of 342 clients. The facility reports that the average daily number of clients since August 20, 2012 was 248 indicating the staffing plan provides for adequate levels of staffing. The facility documents any deviations from this plan. The facility has the capability of collapsing posts to provide for the needed coverage in key areas. Staffing is evaluated on each shift daily and is documented on a form to include any reasons for shortages and comments on how any shortages were covered. The most common reasons for deviations were due to sick leave, vacations and</p>	

training. The department received funding for an extensive video monitoring enhancement in February, 2014.

The facility reviews this plan yearly as well as their deployment of video monitoring. This review was held on June 5, 2014.

115.214

YOUTHFUL CLIENTS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility does not house youthful clients.

115.215

LIMITS TO CROSS GENDER VIEWING AND SEARCHES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility does not conduct cross gender strip searches or cross-gender body cavity searches. The facility has a policy 05.12 Searches which indicates that strip searches shall be conducted by a staff member of the same sex as the client and also indicates staff of the Residential center shall not perform body cavity searches. If deemed necessary by the Director of Adult Residential Center, the client may be transported to a medical facility for such a search. All strip searches are documented and reflect compliance to this policy.

The facility does not permit cross-gender pat searches of female clients. Policy 05.12 Searches indicates pat searches shall be conducted by a staff member of the same sex as the client. Staffing allows for female staff on all shifts and when speaking with staff on duty they confirmed that female staff are present to conduct these searches when required which allows female clients to participate in available programming or other opportunities. Interviews with clients also reflected that searches are conducted by female staff and that they are not restricted from programming.

The facility has policy 06.01 Physical Plant which states, "Clients shall be enabled to shower, perform bodily functions, and change clothing privately 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, headcounts, or medical emergencies." During the tour it was observed that toileting and showering areas were equipped with private stalls. The shower stalls also had a curtained dressing area which allowed for further privacy when changing clothing. Clients were allowed to close the door to their living area when changing clothing as well. Staff and clients indicated that they would knock before entering these areas. Clients felt that they had privacy to shower, toilet and change clothing.

Policy 06.01 also reflects that staff of the opposite gender shall announce their presence when entering wings, restrooms and client sleeping rooms. Staff of the same gender shall announce their presence when entering restrooms and client sleeping rooms. During the tour announcements were heard when female staff entered male housing and vice versa when male staff entered female living areas.

During the tour the audit team found that cross gender viewing could occur in the two detox rooms and one isolation room. Since the audit, the facility provided a picture of a window to one of the detox rooms which impeded the staff's view of a client toileting or changing their clothes. The audit team approves of the modifications.

During the CAP, the facility placed a film on the lower half of the windows in both the detoxification rooms and the isolation room to prevent cross gender viewing.

Policy 05.12 indicates the facility shall not search or physically examine a transgender or intersex client for the sole purpose of determining the client's genital status. It indicates if the client's genital status is unknown, it may be determined during conversations with the client, or if necessary, by reviewing medical records or as part of a broader medical examination conducted in private by a medical practitioner.

During the CAP, the facility revised their searches curriculum to include a method to search transgender and intersex clients which was forwarded to the auditor for approval. Once approved, the facility provided the training to all staff. The facility provided sign in sheets to the auditors to demonstrate compliance.

115.216

CLIENTS WITH DISABILITIES AND CLIENTS WHO ARE LIMITED ENGLISH PROFICIENT

XX 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 comments, including corrective actions needed if does not meet standard

Agency/facility Policy 07.14, Access to Services, Programming, and Staff, shows client interpreters, client readers or other types of client assistants will only be utilized when extended delay in obtaining an effective interpreter could compromise a client's safety. ARC has established practices that enable disabled clients equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. PREA signage and the client handbook have been translated into Spanish.

ARC staff has a variety of options available to assist in communication with limited English proficient clients and clients with disabilities. These options include a list of bilingual staff available to assist if needed, a contract with UbiDuo which can be utilize to communicate with the deaf or hard of hearing client, as well as, an account with Propio. Propio coordinates interpreting and translation services in more than 200 languages.

ARC has not had an occasion to utilize an interpreter within the last 12 months.

115.217

HIRING AND PROMOTION DECISIONS

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 comments, including corrective actions needed if does not meet standard

The facility's policy 03.06A Employment Practices regarding hiring and promoting of staff shows compliance to standard 115.217 (a). The facility considers any incidents of sexual abuse and harassment in determining promotion.

The facility indicated that 21 staff had been hired within the last 12 months. Human Resource staff were able to identify 13 of these staff during my meeting with human resource staff. Four random files were reviewed which reflected that background checks were completed and these new staff had completed a Johnson County Department of Corrections Prison Rape Elimination Act Acknowledgement form outlining the prohibited sexual behavior with clients and their responsibility to report any cases of sexual abuse or sexual harassment in the facility or in the community. Ten current employee files were reviewed and all contained signed copies of the Johnson County Department of Corrections Prison Rape Elimination Act Acknowledgement forms as indicated above.

The agency's Investigator conducts yearly background checks on all employees. Ten random staff were selected for review for compliance to this standard. All ten selected had received a yearly background check. The investigator was able to verbalize his procedure for conducting these checks.

During the interview with the Human Resources Officer for the Department she indicated that the application requires the applicant provide a work history that dates back 10 years. She further reported that the staff member was not required to indicate if they had ever been employed at a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S. C. 1997. This does not meet the standard for hiring and promotion.

In addition to the 10 year employment history, the applicant should also be asked if they have ever been employed in any facility as outlined in the standard. It is recommended the question be added to the application and the applicant should be required to provide the name of all "institutional" facilities where they have been employed along with contact information.

During the CAP, ARC implemented the "PREA Employer Verification" form which requires all applicants to list all past institutional employers as well as a "Release of Information Form". The release is signed by the employee and forwarded to all past institutional employers. This form asked that past employers respond to the specific questions outlined in this standard and return to ARC. ARC provided the auditor with documentation showing the new forms have been implemented.

115.218	UPGRADES TO FACILITIES AND TECHNOLOGY
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility has not made substantial expansion or modification to its existing facilities since August 20, 2012. The facility did enhance its video monitoring in February 2014, taking into consideration the placement of the cameras to enhance the facility's ability to protect clients from sexual abuse. If an expansion or modification occurred in the future the facility will take into consideration the effect of the design expansion or modifications to their facility will have upon their ability to protect clients from sexual abuse.

115.221	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility’s policy 13.04, Sexual Assault – Investigations, Outcomes and Discipline, shows an administrative or criminal investigation may be initiated for allegations of sexual abuse and/or sexual harassment. The policy continues to say “Allegations of sexual assault, abuse or sexual harassment may be referred to the Johnson County Sheriff’s Office.”

The agency has one investigator tasked with investigating all administrative investigations. During interviews the investigator reported he does not collect evidence. However, it was established that he would collect video recordings, testimonial evidence, etc. The agency did not provide an evidence collection protocol. **It is recommended that Johnson County Department of Corrections develop an evidence collection protocol to ensure evidence related to administrative investigations are collected and securely stored.**

If there is a need for a forensic exam, the client would be transported to Shawnee Mission Medical Center and accompanied by staff. Advocacy services would be provided by Metropolitan Organization to Counter Sexual Assault (MOSCA) through an agreement with ARC. All services would be provided at no cost to the victim. MOSCA would provide emotional support services during the forensic exam and during the investigative process.

In the past 12 months, ARC has had no allegations of sexual abuse that required a forensic exam.

ARC provided documentation showing they have requested that Johnson County Sheriff’s Office to comply with PREA Standards when investigating incident within their facility.

115.222

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

As noted in standard 115.221, the facility’s policy requires allegations of client sexual abuse or sexual harassment be referred to the Johnson County Sheriff’s Office for investigation, however, during interviews and documentation review it was found that allegations are not regularly referred to the Sheriff’s office for investigation or to the agency investigator.

At the time of the onsite audit the facility received 11 allegations of sexual abuse or harassment in which only 1 allegation resulted in an internal investigation within the last 12 months.

The auditors were concerned that the facility did not have a definite procedure/protocol for referring allegations for investigation. This concern was discussed with the facility. Since the audit the agency/facility has amended Policy 13.04 Sexual Assault-Investigations, Outcomes and Discipline. The policy now contains a clear process to ensure all allegations are referred investigation by a trained agency investigator or by the Sheriff’s Office. The policy now clearly defines the role of the agency investigator when the allegation is being investigated by the sheriff’s office.

115.231	EMPLOYEE TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ARC provides PREA training to staff during orientation and annually thereafter. The training curriculum reviewed by the auditors addresses all the criteria listed in 115.231.</p> <p>Staff interviews, as well as, a random sample of employee training records of the facility's 126 staff confirmed staff received PREA training as required by this standard.</p> <p>ARC houses both male and female clients; therefore, training was developed to address both genders.</p>	

115.232	VOLUNTEER AND CONTRACTOR TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>All volunteers and contractors receive PREA training during orientation. A review of the curriculum shows volunteers and contractors are trained on their responsibilities under the agency's policies and procedures regarding client sexual abuse and harassment. Each year volunteers and contractors review and sign an acknowledgment document which outlines the department zero tolerance policy and explains their responsibility as a mandated reporter.</p> <p>The facility has 123 volunteers and contractors that may have contact with clients and reported 100% have received training. Interviews and a random review of training records shows volunteers and contractors at ARC have received training.</p>	

115.233	CLIENT EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ARC policy 13.03, Training, outlines Client Education, states during admission, client will received information explaining the facility's zero tolerance policy; how to report sexual abuse and their right to be free from sexual abuse, harassment and retaliation.</p> <p>Staff reported that during initial intake clients are handed the client handbook which contains PREA information and then each Thursday all new clients attend orientation which includes a comprehensive review of PREA.</p>	

Auditors were provided the client handbook; the handout reviewed during orientation and an auditor observed orientation on the last day of the onsite audit. The auditor was impressed with the information provided to the clients during the orientation. In addition, the Director and Deputy Director attended the orientation to speak to and encourage the clients. The auditor felt this approach speaks volumes about the positive culture of ARC.

However, the auditors were concerned that basic information was not being provided verbally during intake. It was recommended basic PREA information be provided verbal during the intake process as well as in writing. This was discussed with agency administration and since the audit the agency/facility policy, 05.14 Intake, has been revised to include the need to provide a “verbal overview of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions and their right to be free from sexual harassment.” In addition, ARC revised post orders and the New Client/Inmate Intake Checklist to include the need to provide PREA information verbally.

115.234 SPECIALIZED TRAINING: INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 comments, including corrective actions needed if does not meet standard

ARC Policy 13.03, Training, shows “The agency shall maintain documentation that agency investigators have completed required specialized training in conducting sexual abuse investigations.”

Johnson County Department of Corrections employs one investigator responsible for conducting administrative investigations. ARC provided documentation showing the investigator attended Training Force’s Strategies for Sexual Assault Investigations. A review of the agenda showed the training did not cover the topics necessary to meet the standard.

During the CAP, the facility’s investigator completed Training Force USA’s Prison Rape and Sexual Assault Investigations Inside Correctional Facilities training. ARC provided the auditor with the certificate of completion and the curriculum table of contents to demonstrate compliance.

115.235 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 comments, including corrective actions needed if does not meet standard

Facility policy 13.03, Training, shows medical and mental health staff must complete specialized medical and mental health training as outlined in PREA standard 115.235.

Mental health services are provided through a partnership with Johnson County Mental Health; therefore, Johnson County Mental Health staff are only required to receive the same level of PREA training as a volunteer or contractor. ARC provided documentation showing mental health professionals and medical contract staff providing services to ARC clients reviewed and signed the “Prison Rape Elimination Act of 2003 (PREA) Acknowledgement form for Volunteers, Contract Personnel and Interns”. The document outlines the agency’s zero tolerance policy and their responsibility to report allegations.”

ARC contracts for medical services provided onsite. The pre audit questionnaire shows 71% of medical staff had received specialized training. ARC provided the auditor with the curriculum which covered the required information and documentation showing medical staff completed the training.

115.241

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The Department has a policy which indicates clients will be screened within 72 hours and again within 30 days of arrival to reduce the risk of sexual abuse by or upon a client. This is referenced in Policy 13.02 Prison Rape Elimination Act (PREA), Screening Section I., A. and II. A. The policy indicates that the Admission/Orientation Assessment will be conducted by medical staff. During the interview with medical staff it was determined that the assessment as outlined in Policy 13.02 was not being utilized. Medical staff would contact facility staff if they believed a client may be susceptible to victimization after completing the medical assessment. Clients were also not aware of an assessment being conducted and could not verbalize the time frames for the assessments. Due to the facility not completing assessments on clients no records were available for review.

A review of the assessment that was referenced in the policy indicates that it does ask the nine questions as required in the standards. The Victimization/Aggression Assessment was found not to be objective i.e. physical build could be identified as small, medium or large but there were no definitions as to how the client's build would be qualified and there was not a scale for male clients versus female clients. The Assessment also provided for staff to score the client as a Potential for Victimization, Potential for Aggression and Deferred but the assessment did not provide any instructions as to how the staff were to score the assessment to place the client into one of the three classifications.

Policy 13.02 did allow for reassessment when warranted due to referral, request, incident, or receipt of additional information that bears on client's risk of victimization or abusiveness.

Policy 13.02 does reflect that a client may not be discipline for refusing or not disclosing information during the assessment.

During the CAP, the facility revised their assessment which now includes criteria for physical build and detailed information on scoring clients into the three categories.

In addition, ARC provided the auditor with the revised policy 13.02 which now includes language that supports this standard, 20 examples of the 72 hour and 30 days assessments and the sign in log showing staff received training on conducting the risk assessments.

It should be noted that the revised assessment shows "Prior conviction for sexual offense against minor" and Prior conviction for sexual offense against adult" listed as factors for both victims and perpetrators. It is recommended the facility revise the assessment based on current published research regarding the risk of sexual abuse associated with having a history of sexual abuse against a child and sexual abuse against an adult.

115.242

USE OF SCREENING INFORMATION

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Due to the facility not utilizing a screening tool that assesses the risk of sexual victimization or aggressiveness there is no information to be taken into consideration when assigning an client to housing or bed assignments or placement in a work assignment, education or other program assignments.

Policy 13.02 Prison Rape Elimination Act (PREA) Screening reflects the information from the admission screening may be used in changing housing, bed, program, education and work assignments for individual clients. Once the new screening is put in place and a procedure developed for informing staff of the client's classification the policy should be revised to reflect the expectations of how those who may be classified as a possible victim will be protected from those who may be classified as a possible aggressor in housing assignments, work details, education and programming. The facility should also consider and document how this will be utilized in the transportation of clients to their job locations in vans. Clients identified this as one of their biggest concerns after there has been a substantiated allegation of sexual harassment.

The facility indicated that they had not housed an intersex or transgender client. Policy 13.02 reflects that they shall consider on a case-by-case basis whether a placement would ensure the client's health and safety and whether the placement would present management or security problems. The policy goes on to indicate that transgender and intersex clients shall be reassessed at least twice, at 30 days and 90 days after admission and prior to discharge if necessary.

During the CAP the facility revised policy 13.02 Screening to show placement and programming assignments for each transgender or intersex client would be reassessed at least twice, at 30 days and 90 days after admission and prior to discharge.

In addition, the agency developed a protocol that allows the risk assessment to be utilized to ensure the safety of clients scored at high risk of victimization which includes email notifications from the PREA Compliance Monitor to the Supervisors who are responsibility for making pertinent staff aware.

ARC staff received training on the new policy and practice and the facility provided the auditors with sign in sheets to demonstrate training was received.

115.251

CLIENT REPORTING

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 comments, including corrective actions needed if does not meet standard

The facility provides multiple internal ways a client could report sexual abuse and sexual harassment. During the tour the facility had posters in English in common areas of the living areas. The audit team recommends that this signage also be displayed prominently in areas near the telephones. The auditor recommended that the posters be translated into Spanish and posted with the English version. Since the audit ARC has had their posters and client handbook translated into Spanish. ARC provided the auditors with a memorandum indicating the English and Spanish versions of the posters have been placed in areas surround telephones and in the intake area.

The facility provides several means of providing client education regarding the facility's policy regarding zero tolerance for sexual misconduct and sexual abuse. The client handbook and a pamphlet provided to clients upon intake emphasize the definitions for Sexual Misconduct and Sexual Abuse as well as the Agency's policy towards all forms of sexual misconduct and abuse. It further provides the client with information regarding how to report allegations of sexual misconduct/abuse. This information stresses the importance of reporting sexual misconduct/assaults as soon as possible but the wording in the handbook minimizes the zero tolerance policy of the facility for all forms of sexual harassment.

During the tour the audit team observed that the telephones for clients were pay phones which required the client to have money to place a call outside of the facility to report an allegation of sexual abuse or harassment as indicated on the posters. Additionally, clients who were assigned to the therapeutic community had limited access to the phones for the first month and to maintain compliance to the TC rules had to document their use of the telephone on a log hung on the wall. This was a concern to the audit team that some clients would not be able to privately report allegations of sexual abuse, misconduct or harassment if the abuser was located in their assigned living area.

On August 26, 2015 a memorandum was submitted to the audit team which outlined a way a client could report allegations by utilizing a form in the medical lobby. This procedure would give clients who may be indigent or who did not have telephone privileges a way to anonymously report. During the CAP, ARC impaneled a committee tasked with revising the Adult Residential Center handbook to include the process for reporting PREA incidents anonymously through Medical but until such time as the handbook is revised, ARC has included inserts outlining the process for reporting anonymously in the handbook.

While the agency does not have a means for clients to report sexual abuse or sexual harassment to a public or private entity outside the agency, the auditor finds the facility in substantial compliance with this standard but **recommends the facility continue to work to identify an outside reporting entity as outlined in the standard.**

115.252	EXHAUSTION OF ADMINISTRATIVE REMEDIES
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The Department has a policy that allows administrative remedies to address allegations of sexual abuse as outlined in Policy 13.06 Prison Rape Elimination Act (PREA) Sexual Assault- Grievances. Although no grievances has been filed with regards to allegations of sexual abuse the policy does meet the standards as outlined in 115.252 sections b, c, d, e f and g.

The audit team recommends that information regarding the procedure for filing an administrative remedy with regards to sexual abuse be included in the client handbook.

115.253

CLIENT ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility provides the clients, upon intake, the phone numbers of local organizations and agencies where they can gain emotional support within the community. The address of the sexual assault organization is also provided to the clients in the Adult Residential Client Handbook. A flyer was provided with the pre-audit questionnaire from the sexual assault organization in the community utilized by the facility

The Johnson County Department of Corrections entered into a Memorandum of Understanding in March of 2013 with a local organization to provide crisis intervention and emotional support advocacy services during the medical/forensic examination process at the hospital as well as support, information and referrals to clients.

115.254

THIRD-PARTY REPORTING

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

ARC's publishes a phone number on their website available to receive third party reports from the community.

115.261

STAFF AND AGENCY REPORTING DUTIES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Facility policy 03.12A requires all staff report an allegations of misconduct shall provide written notification of such to a supervisor within (1) business day. This does not meet the standard which requires that all staff report immediately. During the CAP, ARC revised policy 03.12A and 13.04 to show "Any employee shall immediately report allegations of sexual abuse and sexual harassment..."

PREA Training Curriculum covers all the requirements of 115.231, Employee training, which includes the requirement that staff immediately report suspicion or allegations of sexual abuse or sexual harassment. A random review of training records demonstrated staff had received this training.

Facility policy 03.12A also indicates that medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials as well as to the designated state or local services agency, where required by mandatory reporting laws.

In addition, the facility provided documentation that all medical contract staff had received PREA Specialized training which includes their responsibility to report any suspected, alleged and or confirmed sexual harassment or sexual abuse. Both contracted medical staff and Johnson County Mental Health staff, who provides limited services onsite, signed the "Prison Rape Elimination Act of 2003 (PREA) Acknowledgement form for Volunteers, Contract Personnel and Interns" which outlines their mandated reporting duties.

115.262

AGENCY PROTECTION DUTIES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The agency has policy that requires any staff member who learns that a client is subject to substantial risk of imminent sexual abuse shall take immediate action to protect the client. In talking with medical staff that had been relied upon to provide the facility with this information, she indicated that she reported the information to a facility staff member immediately. The facility reported only one incident in which a client was considered at risk for possible victimization or manipulation by other clients. This incident was documented in an e-mail. The client's housing assignment was reassessed and he was moved due to the vulnerability detected by medical within 3 hours of the report.

In speaking with other staff regarding their responsibility to take address clients who may be at substantial risk of victimization, some reported having 72 hours, while some said by the end of their shift and others said immediately. The audit team recommends the staff's responsibility to take immediate action should be reiterated in training with staff and a memorandum be distributed to all staff reminding them of this responsibility.

Policy 03.12 Sexual Misconduct – Undue Familiarity designates medical and mental health practitioners as mandatory reporters. The audit team recommends that these staff be reminded of their responsibility and the procedure to utilize when reporting. These staff's lack of knowledge about who within the facility they are to report may be due to the lack of such incidents at the facility.

115.263

REPORTING TO OTHER CONFINEMENT FACILITIES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The agency policy 13.01, Client Sexual Abuse, shows, "upon receiving a notification of an allegation that a client was sexual abused while confined at another facility, the Director of Adult Residential Center (DARC) shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred."

Within the last 12 months ARC received one allegation that a client was sexual abuse while confined at another facility. ARC provided the auditors with documentation showing the allegation was forwarded to the appropriate facility within the required 72 hours.

115.264	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy 13.01 Client Sexual Abuse requires security staff to ensure the safety of the victim, preservation of the crime scene and ensures that both the victim and abuser are not allowed to destroy evidence by washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Both security and non-security staff were able to verbalize their responsibilities as a first responder. The facility reported one allegations of sexual abuse that occurred at the facility during the preceding 12 month period. In speaking with a staff member who had been a first responder they took the appropriate actions as outlined in the standard.</p>	

115.265	COORDINATED RESPONSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The facility provided a very detailed flow chart as to how allegations of sexual assault were to be handled. Although it was detailed as the steps to take when an allegation is reported it did not easily provide a way to track the incident and to ensure all steps were taken to address the allegation. Following the audit, ARC developed a coordinated response form that was approved by the audit team. During the CAP the facility revised policy 13.01 to include the utilization of the coordinated response form. In addition, the facility trained staff and provided the auditor with sign in sheets to demonstrate staff received training. The facility has not had an alleged incident of sexual abuse or harassment since the audit to enable the facility to demonstrate implementation of the new protocol.</p>	

115.266	PRESERVATION OF ABILITY TO PROTECT CLIENTS FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Neither the agency nor ARC has a collective bargaining agreement.</p>	

115.267

AGENCY PROTECTION AGAINST RETALIATION

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Policy 03.12A outlines the facility’s plan for protecting client and staff from retaliation by other clients or staff. The facility has designated a staff person to conduct retaliation monitoring.

Document review and interviews showed retaliation monitoring was only recently implemented at ARC with only one follow-up monitoring session conducted by the time of the onsite audit. Staff tasked with retaliation monitoring was able to verbalize what to look for to detect possible retaliation of staff or clients. He was very aware of the length of time monitoring would occur and that he would continue to monitor for 90 days or until retaliation is no longer noted.

The auditors recommended the facility develop a retaliation monitoring form to document monitoring activities. Since the audit the facility has revised agency/facility policy 03.12A Sexual Misconduct and Undue Familiarity, to include retaliation monitoring and developed a retaliation monitoring form. Both the revision of the policy and the form will enable retaliation monitoring to be effectively implemented and documented.

During the CAP, the facility reported via a memo to the auditor that they have had no “sexual assaults” during the CAP therefore was unable to provide documentation showing implementation of the standard.

The auditor wants to remind the facility that retaliation monitoring must also be provided to victims and reporter of sexual harassment as well as sexual abuse.

115.271

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Policy 13.04, Sexual Assault Investigations, Outcomes and Discipline, addresses criminal and administrative investigations. Criminal investigations are to be referred to the Jackson County Sheriff’s Office and administrative cases conducted by the agency’s investigator.

During the CAP, the agency’s investigator completed Specialized Investigator training as outlined in 115.234.

The agency did not have an evidence collection policy. While the agency investigator does not collect physical evidence, the investigator collects electronic monitoring data, written statements, etc. therefore, the agency should develop an evidence collection protocol which addresses how evidence will be collected and stored. **It is recommended the agency/facility develop an evidence collection protocol.**

The auditor discussed with the facility the need to ensure administrative investigations, included sexual harassment investigation, be documented in a written report that contains a description of the physical and testimonial evidence, investigative facts and findings. Since the audit, the agency/facility has developed a standardized report format to be utilized for administrative investigations. In addition, agency policy 13.04

Sexual Assault-Investigations, Outcomes and Discipline has been revised to include the need to utilize the PREA Administrative Investigation format. The revised policy also contains a clear process to ensure all allegations are referred for investigation by a trained agency investigator or by the Sheriff's Office and the role of the agency investigator when the allegation is being investigated by the sheriff's office.

115.272

EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

ARC's policy 13.04, Sexual Assault Investigations, Outcomes and Discipline addresses criminal and administrative investigations imposes a standard of a preponderance of evidence when determining the findings on administrative investigations of sexual abuse and harassment investigations. A review of facility investigations as well as the interview with the agency investigator showed preponderance of evidence is the standard used with determining the findings.

115.273

REPORTING TO CLIENTS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Policy 13.04 outlines the necessary steps to be taken to ensure appropriate notification are made to clients following a sexual abuse investigation. A review of event files shows ARC regularly provides written notification to the clients following the closing of an investigation.

115.276

DISCIPLINARY SANCTIONS FOR STAFF

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility has reported that they have had no incidents where an employee received disciplinary sanctions up to or including termination over the past twelve months due to allegations of sexual abuse or harassment.

The Agency does have policy that addresses the response to allegations of sexual abuse or sexual harassment if they were substantiated. Johnson County Department of Corrections Policy 03.12A Sexual Misconduct and Undue Familiarity Section III., Responses to Investigative Findings A. – E. clearly states the Director of Corrections or designee shall review the written findings of all investigative findings. Staff shall be subject to disciplinary sanctions up to and including termination for violating the agencies' sexual abuse or sexual

harassment policies. It further states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Other than actually engaging in sexual abuse, all other disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment be commensurate with the nature of the circumstances of the acts committed the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. The policy also allows for reporting of allegations to law enforcement agencies within the community and licensing bodies if the employee resigns prior to termination due to violations of the agency's sexual abuse or sexual harassment policies.

115.277 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

In the past twelve months there have been no incidents of contractors or volunteers who engage in sexual abuse of any clients. The Department policy 03.12 Sexual Misconduct and Undue Familiarity applies to all employees, interns, volunteers, consultants and contractors, therefore, the policy allows for termination from their services and reporting to law enforcement or any licensing bodies.

115.278 DISCIPLINARY SANCTIONS FOR CLIENTS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

The facility had only one administrative finding of client-on-client sexual abuse. Policy 13.04 Sexual Assault- Investigations, Outcomes, and Discipline, Section IV. Discipline A. – H. outline policies statements which would meet the standard requirement regarding disciplinary sanctioning of clients. Clients are subject to disciplinary sanctions, but due to the nature of the facility, perpetrators of an incident of sexual abuse are often returned to the county jail system, thus disciplinary sanctioning for violations of sexual abuse is rare. It would be more likely that a disciplinary hearing would be held to address substantiated cases of sexual harassment.

If the client was allowed to remain at the Residential Facility, they would be subject to disciplinary actions as outlined in the Adult Residential Client Handbook. This interaction includes, but is not limited to: b) inappropriate touching between clients and d) Flirtatious, sexual suggestive gestures, sexual stimuli and or sexual intercourse with other clients.

The standard requires the disciplinary process consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed following a substantiated PREA investigation. During the onsite audit it was noted that facility policy reflected this statement as outlined in the standard however; the facility did not have a practice in place to receive, document and consider mental health input prior to determining discipline. During the CAP, the facility revised policy 05.22 to include obtaining, and considering mental health input prior to a disciplinary hearing following a substantiated investigation. In addition, ARC provided training to staff regarding the revised policy and protocol. ARC did not have a substantiated PREA investigation during the CAP therefore was unable to provide the auditor with documentation demonstrating implementation of the revised policy.

115.282

ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Policy allows for clients who report incidents of sexual abuse to staff at the residential facility to receive forensic medical examinations at a local hospital who have SAFE and SANE Nurses on duty. The organization that provides sexual assault advocacy services is contacted by the local hospital utilized by the residential facility and reports to the hospital to provide advocacy services. Due to clients being in the community for work details, they can also report to any hospital for an examination if not reported to staff. In these cases, residential facility staff is to make contact with the organization for advocacy services. Clients are also given information regarding mental health providers who can provide services.

The initial forensic exam or the needed treatment is provided at the hospital free of charge to the client. All follow-up medical appointments conducted at the facility and medications are also provided to the client free of charge. This was confirmed during an interview with the head of the medical department at the facility.

115.283

ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS

- Exceeds Standard (substantially exceeds requirement of standard)
- XX** 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 comments, including corrective actions needed if does not meet standard

Policy 13.01 Client Sexual Abuse allows for clients who report being sexually abused while confined at another facility receive treatment and support services provided through the Adult Residential Center. Since the audit, the facility has developed a coordinated response form that includes an area to document referrals to medical and mental health.

In talking with medical and mental health staff they both reported that they would provide follow-up services and would make referrals to the community as necessary. Both also reported that they provided services consistent with the community level of care and often these services were provided in the community due to the facility being a residential care center.

The medical staff indicated that they do not conduct pregnancy tests or tests for sexually transmitted diseases but would send the client for such testing to a community provider. They further indicated that any treatment for care, follow-up for testing would be free of charge to the client.

This standard mandates that the facility attempt to provide perpetrators of client-on-client sexual abuse a mental health evaluation within 60 days of learning of the abuse. Since the audit, the facility has developed a PREA Administrative Investigation Form that includes an area to document a referral to mental health for all perpetrators of client-on-client sexual abuse however, during the CAP the facility had no substantiated investigations that would require mental health follow-up for the perpetrator therefore, the agency was unable to provide documentation demonstrating implementation of this standard.

115.286	SEXUAL ABUSE INCIDENT REVIEWS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Policy 13.05, Sexual Assault-Review, Data, Documentation outlines when the facility will conduct sexual abuse incident reviews which contains all the elements of the standard. ARC provided examples of incident reviews conducted following the closing of investigations. The Sexual Abuse/Assault Follow-up Form utilized for the incident reviews include all points the 115.286 requires. All documentation reviewed shows the sexual abuse incident reviews were conducted within 30 days as outlined in policy and standard.</p>	

115.287	DATA COLLECTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The agency to collects incident based data necessary to answer the question on the survey of sexual violence. The agency aggregates the incident-based data at least once per year. Jackson County Department of Corrections is not required to report incident based data to the Department of Justice at this time.</p>	

115.288	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training. All incident data is manually entered into an excel spreadsheet. 2014 was the first year the agency has tracked PREA data therefore there is not a comparison from previous years. Johnson County Department of Corrections 2014 Annual PREA Report is available on their agency's website.</p>	

115.289	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

Johnson County Department of Corrections 2014 Annual PREA Report is available on the agency's website.

Agency policy 13.05 shows, "Data collected shall be securely retained and maintained for at least 10 years after the data of initial collection unless Federal, State or local law requires otherwise."