

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report January 29, 2019

Auditor Information

Name: Elisabeth Copeland Email: sunflowerorgsolutions@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: 603 Boeckman Drive City, State, Zip: Seneca, KS 66538

Telephone: 785-294-0830 Date of Facility Visit: December 17 – 20, 2018

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Johnson County Department of Corrections Johnson County

Physical Address: 111 S Cherry Street City, State, Zip: Olathe, KS 66061

Mailing Address: same as above City, State, Zip: Click or tap here to enter text.

Telephone: 913-715-5000 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: Leading by example, we support and protect our community by encouraging responsibility and positive lasting change for a better future.

Agency Website with PREA Information: www.jocogov.org/dept/corrections/about-us/prison-rape-elimination-act

Agency Chief Executive Officer

Name: Robert Sullivan Title: Director

Email: Robert.Sullivan@jocogov.org Telephone: 913-715-4524

Agency-Wide PREA Coordinator

Name: Jodi Taylor Title: Agency-Wide PREA Coordinator

Email: Jodi.Taylor@jocogov.org	Telephone: 913-715-7218
PREA Coordinator Reports to: Ted Jester, Director of Juvenile Services Center	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility: Adult Residential Center
Physical Address: 141 Mission Parkway, New Century, KS 66031
Mailing Address (if different than above): same as above
Telephone Number: 914-715-6300

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: Leading by example, we support and protect our community by encouraging responsibility and positive lasting change for a better future.

Facility Website with PREA Information: www.jocogov.org.dept/corrections/about-us/prison-rape-elimination-act

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Antonio Booker	Title: Director
Email: Antonio.Booker@jocogov.org	Telephone: 913-715-6345

Facility PREA Compliance Manager

Name: Linda Hadel	Title: Policy & Compliance Manager/Property Supervisor
Email: Linda.Hadel@jocogov.org	Telephone: 913-715-6306

Facility Health Service Administrator

Name: Mike Diviney	Title: Supervisor
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Email: mdiviney@correctcaresolutions.com Telephone: 913-715-6947

Facility Characteristics

Designated Facility Capacity: 398		Current Population of Facility: 223	
Number of residents admitted to facility during the past 12 months			782
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			Unknown – data not tracked
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			652
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			771
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
	18-65	Click or tap here to enter text.	Click or tap here to enter text.
Average length of stay or time under supervision:			120
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			111
Number of staff hired by the facility during the past 12 months who may have contact with residents:			15
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0

Physical Plant

Number of Buildings: 4		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		3 building with 98 rooms	
Number of Open Bay/Dorm Housing Units:		0	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Click or tap here to enter text.

Medical

Type of Medical Facility:	Onsite – exam rooms
Forensic sexual assault medical exams are conducted at:	Shawnee Mission Medical Center

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	185
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

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

Pre-Audit:

On November 6, 2018 the Auditor emailed the "Notice of Audit" to the Adult Residential Center (ARC). The Auditor received verification the notice of audit was posted on November 20, 2018.

ARC provided pre-audit documentation to the Auditor on November 9, 2018. It was well organized and easy to follow. The Auditor reviewed the documentation and completed the audit tool identifying any areas of concern.

On-site Audit:

The on-site portion of ARC's PREA audit was conducted December 18 – 20, 2018. The Auditor was greeted by the Director of ARC (DARC) and the PREA Manager. An opening meeting was held with upper level administration which was immediately followed by a complete tour of the facility. The Auditor was provided a list of staff on duty during the on-site portion of the audit and a roster of clients.

The Auditor selected twenty-five (27) clients to interview: 12 random, two (2) who reported sexual abuse, one (1) with cognitive disability, one (1) who was identified as being deaf, one (1) who was identified as limited English proficient (LEP) and three (3) clients who identified as being lesbian, gay or bisexual. At the time of the audit, ARC did not have any clients with physical disabilities or who identified as transgender or intersex.

The Auditor was provided a private, comfortable room to conduct interviews in with staff and clients.

Three clients who identified as being lesbian, gay or bisexual refused to be interviewed. The clients who identified as being LEP and deaf were not available for interviews due to their work-release and sleep schedules.

By the end of the on-site portion of the audit, the Auditor interviewed one (1) client identified with cognitive disability, two (2) clients who reported sexual abuse and 17 random client interviews. A total of twenty clients were interviewed.

The Auditor interviewed a total of 12 random staff from all three shifts and completed 11 targeted interviews. These interviews consisted of Agency Head, Director of ARC, PREA Manager, Retaliation Monitor, Chief of Operations, Human Resources, Medical, Mental Health, Contractor, Incident Review Team Member, Intake and staff who conduct PREA orientation for clients.

While onsite, the Auditor reviewed seventeen investigative files, verified background checks, reviewed curriculum and rosters and obtain copies of blank Incident Review forms and the risk screening tool.

Post Audit:

The Auditor reviewed all notes from interviews conducted, the tour of ARC and onsite documentation and completed the final audit report. ARC was found to be compliant with all standards.

Facility Characteristics

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

The Adult Residential Center (ARC) is a 398-bed minimum-security residential facility serving high risk offenders sentenced to community corrections probation as well as county and state inmates serving custody time in work release. The ARC serves as an alternative to incarceration and provides an environment for successful transition back into the community. The average daily population is 220.2 clients. The facility serves both male and female clients and includes a 50-bed, licensed Therapeutic Community (TC) for offenders with significant substance abuse histories.

Except for TC clients, residential and work release clients are required to go into the community and work and are responsible for paying daily fees for their participation in the program.

ARC's clients consist of male and female adults between the ages of 18 and 65 with the average length of stay being 120 days. ARC does not house juveniles or youthful offenders. In the past 12 months, ARC has admitted 782 clients and 652 staying longer than 30 days. On the first day of the audit, ARC's population was 223.

ARC consists of four (4) buildings with three of these buildings housing clients. ARC currently has 111 staff who has contact with clients and 185 contractors and volunteers. There has been no expansions or modifications to the buildings since the last PREA audit in 2016. Additional cameras have been installed since that time.

The Administrative Building: Consists of administrative offices, medical, intake, dining and classrooms.

Administrative Offices: Clients are only allowed to enter these areas with an escort.

Medical/Mental Health: Medical services involve only medication dispensing and minor trauma injuries. There is one staff bathroom that is secured. Clients can make anonymous reports via a sick call box attached to the wall.

Dining: Dining is done by housing unit. One resident bathroom is located here. If it is needed by a client, they must contact the officer on duty to unlock the door.

Classrooms: Each classroom contains clear view windows; easily viewed by staff walking the hallway. Classes are mixed gender.

Male clients are housed in **Building 4**

This building consists of four housing units and a control center. Each housing unit contains 4-man rooms with two bunkbeds and a restroom/shower area. Toilet stalls are individual with a door for privacy. This area also contains three individual showers with double curtains.

During the tour, the Auditor found a notice of audit posted along with PREA reporting posters near client phones.

This building also contains a detox and isolation room. Offices for case managers are also present. It should be noted any interview with a client is done in individual interview rooms for privacy.

Therapeutic Building

This building contains female housing wings and male housing wings. Each wing unit contains 4-man rooms with two bunkbeds and a restroom/shower area. Toilet stalls are individual with a door for privacy. This area also contains three individual showers with double curtains.

During the tour, the Auditor found a notice of audit posted along with PREA reporting posters near client phones.

Female Clients are also house in **Building 1.**

Each wing has a capacity to hold 50 female clients. Each wing unit contains 4-man rooms with two bunkbeds and a restroom/shower area. Toilet stalls are individual with a door for privacy. This area also contains three individual showers with double curtains.

During the tour, the Auditor found a notice of audit posted along with PREA reporting posters near client phones.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Number of Standards Exceeded: 0

No standards were exceeded at ARC

Number of Standards Met: 41

All standards were met by ARC. They include: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.251, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115, 278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401 and 115.403.

Number of Standards Not Met: 0

ARC met all standards.

Summary of Corrective Action (if any)

ARC does not require any corrective action.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

211(a): ARC policy, 03.12A, "Sexual Misconduct and Undue Familiarity," effective 09/03/2018 states, "The Johnson County Department of Corrections mandates a zero tolerance toward all forms of sexual abuse and sexual harassment," (page 1).

Pages 1 – 8 of policy 13.01, "Client Sexual Abuse," effective 10/22/2018 outlines ARC's implementation plan for PREA. This policy covers the prevention, detection and response sexual abuse at ARC.

The Adult Residential Handbook, revised in 2016, which is given to all clients at intake states, "The Johnson County Department of Corrections mandates a zero tolerance toward all forms of sexual misconduct and abuse. Retaliation against any employee or client for filing a complaint, reporting an incident or allegation, or participating in an investigation shall be strictly prohibited."

Employee interviews supported this policy. Every employee interviewed stated their job was to keep clients safe.

211(b): The Johnson County Department of Corrections has designated an agency wide PREA Coordinator who reports to the Director for Juvenile Services Center. The PREA Manager at ARC works with the Agency-Wide PREA Coordinator on maintaining compliance and reports directly to the Director of ARC.

The ARC organizational chart supports this finding.

The PREA Manager feels she has enough time to and authority to implement and oversee ARC's efforts to comply with the PREA standards. She stated, "I conduct annual review of policies and get input from staff. I then publish the policy with the changes and track acknowledgements from staff. I work with the training manager to get curriculum ready for initial and annual PREA training. If I have questions, I contact the PRC (PREA Resource Center.) While there have been no issues, I have had questions on little things." She went on to state she had direct access to the Director and has his input on any compliance issues that arise at ARC.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ion No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

212(a)(b)(c): This standard is not applicable as this facility does not contract for placement of clients.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

213(a): Since ARC's last PREA audit, the average daily population was 220.2. This is the same number ARC's staffing plan is based on.

ARC policy 06.02, "Operational Staff Coverage, "effective March 27, 2017 covers the requirements for a staffing plan. It states, "A staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring." (Section IC, page 1) This same policy continues, "Levels per building per shift shall be based upon the resident population and facility needs. Minimum staffing level shall be reviewed as needed by the Deputy Director or designee." (Section IIA (1)(2), page 1)

ARC's Director stated, "We talk about minimum staffing levels, relief factors, intake staffing, who is coming through intake and other factors such as client population when looking at the staffing plan. Every month we review schedules and see who is on vacation, etc."

The PREA Manager reported she is not directly involved in determining levels other than reporting PREA data to the Director and participating in the annual review. She also shared her staff, who work in property, are used when staffing levels in the living areas fall below minimum levels.

The Auditor reviewed a schematic of the physical layout of ARC and a spread sheet used to calculate staffing levels and overtime. ARC also uses information from any Sexual Abuse Incident Reviews conducted in the past 12 months, as well as information from the PREA annual report to determine the following years staffing plan.

213(b): ARC documents when staffing levels are not met. ARC reports the top six reasons for not meeting staffing levels are as follows: sick, FMLA, vacation, training, open positions and military leave.

The Auditor reviewed schedules from October 14, 2018 – October 20, 2018. Each shift log included the staff scheduled to be on duty, why a staff person is missing and how the shift was covered. In most cases, the shift was covered by utilizing overtime hours. The Auditor also reviewed ARC’s “Call Off Log.” This log records all shift information and the reasons why a staff person does not come to work. This log is how ARC determined the top reasons why staffing levels were not met in the past 12 months.

ARC Director stated shift schedules and opening are reviewed at the beginning of every shift during briefings.

213(c): ARC reviews the staffing plan annually. The review team consists of ARC’s Operations Commander, PREA Manager and the Agency-Wide PREA Coordinator.

The Auditor reviewed meeting notes from 2016, 2017 and 2018. The notes consisted of information reviewed and recommendations by the team to the Director.

The PREA Manager stated, “We review the information annually.”

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

215(a): ARC does not conduct cross-gender strip or cross-gender visual body cavity searches of clients. In the past 12 months, zero cross-gender strip or cross-gender visual body cavity searches have been conducted in exigent circumstances or were performed by non-medical staff.

ARC policy 05.12, "Searches," effective March 27, 2017 states, "Strip searches shall be conducted by a staff member of the same sex as the client, documented each time they occur on the search log." (Section IB (2), page 2) This same policy continues, "Staff of the Residential Center shall not perform body cavity searches. If deemed necessary by the Director of the Adult Residential center (DARC), the client may be transported to a medical facility for such a search. Documentation of such search shall be maintained by medical staff." (Section IC (1), page 2)

The Auditor reviewed an example of a blank search log which would be used if a cross-gender strip search or cross-gender visual body cavity search happened at ARC.

215(b): ARC does not permit cross-gender pat-down search of female residents, absent of exigent circumstances.

ARC policy 05.12, "Searches," effective March 27, 2017 states, "Pat searches shall be conducted by a staff member of the same sex as the client.

Interview of male employees reported if a female staff member was not available to pat down a female client, the male employee will call ahead to the building the female client is going to and have a female staff member pat her down at that time.

Interviews with female clients revealed they had never been pat searched by a male staff member or restricted from participating in activities because a female staff member was not available.

215(c): ARC policy 05.12, "Searches," requires all cross-gender strip searches and cross-gender visual body searches be documented. This same policy also requires cross-gender pat-searches to be documented. This policy states, "Pat down searches shall be specifically recorded unless the search results in the findings of contraband which then would require the contraband policy documentation." (Section I(A)(3), page 1)

215(d): ARC has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in the exigent circumstances or when such views are incidental to routine cell checks.

ARC policy 06.01, "Physical Plant," effective December 5, 2015 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, headcount, or medical emergencies." (Section IIE (1), page 2) This same policy also states, "Staff of the opposite gender shall announce their presence when entering wings, restrooms, and client sleeping rooms." (Section IIB, page 2)

Interviews with random clients and random staff supported this practice.

During the tour of each living area at ARC, the Auditor observed toilets in single stalls with solid doors (only the feet show during staff checks) and single stall showers. The showers have two curtains.

Clients change their clothes behind the first curtain and shower behind the second curtain. There are no cameras in the restrooms.

215(e): ARC has a policy prohibiting staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client's genital status

ARC policy 05.12, "Searches," effective March 27, 2017 states, "Staff shall not search or physically examine any transgender or intersex client for the sole purpose of determining the client'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 professional." (Section IB (3), page 2)

Interviews with random staff supported this practice. Staff was every emphatic this practice was not allowed at ARC.

During the onsite portion of this audit, no transgender or intersex clients was on site. This was verified through interviews with random staff and intake staff.

215(f): Staff at ARC have not been trained on how to conduct cross-gender pat searches. However, they have been given guidance on how to conduct pat searches on clients who identify as transgender or intersex.

The Auditor reviewed the curriculum "Pat Down Searches." This curriculum states, "We do not pat search across the genders (i.e. cross gender). Clients with male anatomy (regardless of clothing or gender identity) will be searched by a male staff. Clients with female anatomy (regardless of clothing or gender identity) will be searched by a female staff."

100% of security staff have received this pat down training.

Interviews with random staff supports this practice.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

216(a): ARC has established procedures to provide disabled clients equal opportunity to participate or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

ARC policy 07.14, "Access to Services, Programming, and Staff," effective June 2, 2017 states, "Clients shall be provided with assistance in obtaining information related to facility rules and regulations, assistance with understanding legal obligations, and overall operations; assistance with medical, physical, mental health, sexual abuse/harassment, language or communication issues in order to fully benefit from all services and programming available." (page 1)

This same policy also states, "The agency shall take appropriate steps to ensure that equal opportunities to understanding rules and information, all programs and services or participate in or benefit from all aspects of the agency are afforded to clients with issues such as, but not limited to: blind or low vision, hearing disabilities, intellectual disabilities, psychiatric disabilities, speech disabilities, physical disabilities and cultural/language issues. (Section IV(A), page 2)

During the tour of ARC, the Auditor noted victim advocacy fliers in both English and Spanish, as well as, PREA posters in English and Spanish. Both the Client Handbook and the Risk Screening tool are offered in English and Spanish.

The Agency Head stated, “We use language lines throughout the department take advantage of their services. Our buildings have wheelchair accessible ramps and have lowered phones for those clients to use. We have a dedicated ADA attorney to make sure we are meeting all of the national requirements.”

ARC had one client who was identified as limited English proficient and one client who is identified as being deaf. However, due to their work schedules they were not available for interview.

The Auditor did interview one client with a physical disability and two clients identified has having cognitive disabilities. All three reported no issues understanding the rules and expectations of ARC and could describe how to report allegations of sexual abuse or sexual harassment. One client stated, “I don’t read so well or spell. Staff is always helping me.”

216(b): ARC policy 07.14, “Access to Services, Programming, and Staff,” effective June 2, 2017 states, “Written materials may be provided in formats, methods, or languages more easily understood by the client.” (Section IV(B), page 2) This same policy also states, “Effective communication may be provided through interpreters.” (Section IV(C), page 2)

In addition to this policy, ARC has contract #R26437, dated April 7, 2017, with Translation and Interpretation Services.

ARC had one client who was identified as limited English proficient and one client who is identified as being deaf. However, due to their work schedules they were not available for interview.

216(c): ARC prohibits the use of client interpreters.

ARC policy 07.14, “Access to Services, Programming, and Staff,” effective June 2, 2017 states, “Staff shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first-responder duties or investigation into client allegations.” (Section IV(D), page 2)

ARC had one client who was identified as limited English proficient and one client who is identified as being deaf. However, due to their work schedules they were not available for interview.

Random staff interviews resulted in mixed answers regarding this topic. Most staff reported they would not allow another client to act as an interpreter under no circumstances. The remaining staff reported they would allow another client to act as interpreter in every circumstance with the exception if the client was trying to report a sexual abuse allegation.

RECOMMENDATION:

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

217(a): ARC does not hire or promote any person who may have contact with clients who have engaged in sexual abuse of person in custody. This applies also to contractors who have may have contact with clients.

ARC policy 03.06A, "Employment Practice," effective January 4, 2017 states, "The agency shall not hire or promote staff or utilize contract personnel, volunteers or interns who may have contact with clients who: Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1977). Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or Have been civilly or administratively adjudicated to have engaged in the activity described in paragraph #2 of this section." (Section I(E), pages 1 – 2) The agency shall ask all applicants or employees who may have contact with clients directly about previous misconduct described in Section I. E of this section in written applications or interviews for hiring or promotions. All staff shall sign the Prison Rape Elimination Act Acknowledgement Form acknowledging understanding of staff criteria. (Section I(F), page 2)

This same policy also states, "If an investigation reveals an employee/volunteer has misrepresented or omitted significant facts concerning his/her personal history, this may result in grounds for immediate termination." (Section I(D), pages 1)

Auditor reviewed the written application forms and found the three questions listed in this subsection are asked of each applicant and those staff seeking promotion.

217(b): ARC considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients.

ARC policy 03.06A, "Employment Practice," effective January 4, 2017 states, "The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contract personnel, volunteer, or intern who may have contact with clients."

Interview with human resources revealed at all incidents are looked at on a case by case basis. It is not an automatic disqualifier for employment.

217(c): ARC requires criminal background checks on any new hires who may have contact with clients. ARC also contacts previous institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

ARC policy 03.06A, "Employment Practice," effective January 4, 2017 states, "Name-based criminal record checks shall be conducted on qualified candidates in accordance with state and federal statutes prior to initial employment." (Section IV(A), page 3). This same policy also states, "Consistent with Federal, State, and local law, the agency shall make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." (Section I(G), page 2)

Interview with human resources supports this practice.

The Auditor reviewed information on 17 employees interviewed during this audit and found criminal background checks had been completed on all 17 employees.

217(d): ARC requires criminal background checks on to be completed before enlisting the services of any contractor who may have contact with clients.

ARC policy 03.06A, "Employment Practice," effective January 4, 2017 states, "Before hiring new employees or enlisting the services of any contractor who may have contact with juvenile clients, the agency shall consult any child abuse registry maintained by the State or locality." (Section I(H), page 2)

Interview with human resources supports this practice.

The Auditor reviewed information on two contractors who have contact with clients and found that both contractors had criminal background checks completed.

217(e): ARC performs criminal background on every employee and contractor annually.

ARC policy 03.06A, "Employment Practices," effective January 4, 2017 states, "A subsequent record check should be conducted annually for each employee, contract personnel or volunteer." (Section IV(E), page 4)

This same language can also be found in ARC policy 03.07A, "Recruiting and Screening of Volunteers and Contract Personnel," effective September 2, 2018. (page 3)

Interview with human resources supports this practice.

The Auditor reviewed information on 17 employees and two contractors and found that annual criminal background checks have been completed.

217(f): ARC asks all applicants and employees about previous misconduct of sexual abuse.

ARC policy 03.06A, "Employment Practices," effective January 4, 2017 states, "The agency shall ask all applicants or employees who may have contact with clients directly about previous misconduct described in Section I. E of this section in written applications or interviews for hiring or promotions. All staff shall sign the Prison Rape Elimination Act Acknowledgement Form acknowledging understanding of staff criteria." (Section I(G), page 2)

Interview with human resources supports this practice.

The Auditor reviewed the written application and the online application and found these questions are asked.

217(g): ARC terminates any employee, contractor or volunteer who fail to report misconduct.

ARC policy 03.06A, "Employment Practice," effective January 4, 2017 states, "Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination." (Section I(G)(3), page 2)

217(h): ARC will provide information on substantiated allegations of sexual abuse involving former employees only if a written release is provided.

ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employment has applied to work." (Section III(E)(1), page 5)

Interview with human resources supports this practice.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

218(a): This subsection is not applicable. ARC has not acquired a new facility or made a substantial expansion to existing buildings since the last PREA audit dated February 3, 2016.

218(b): This subsection is not applicable. ARC has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit dated February 3, 2016.

It should be noted ARC has updated several cameras each year for the last three years. ARC has also added additional cameras to limit blind spots.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

221(a): ARC is responsible for conducting administrative investigations only. Johnson County Sheriff's Office is responsible for conducting criminal investigations of sexual abuse and sexual harassment.

ARC has a Memorandum of Agreement (MOA) with the Johnson County Sheriff's Office dated October 11, 2018. The MOA states, "The purpose of this MOA is to serve as an agreement between the SHERIFF and CORRECTIONS for the SHERIFF to provide investigative services and/or forensic services in accordance with the attached Prison Rape Elimination Act (PREA) standards 115.221 for evidence protocol and forensic medical examinations, at the request of CORRECTIONS, in the event of a sexual assault situation at the Adult Residential Center. In the event of a sexual assault, a CORRECTIONS administrative staff will call a Shift Commander from the Adult Detention Center (715-5926) to request investigative services."

Interviews with random staff revealed they were familiar with how to preserve a potential crime scene and were able to list the requirements for preserving evidence. Each staff person interviewed had a first responder card which outlined the protocol for ARC. Each staff person also knew law enforcement would be called in to investigate sexual abuse cases.

221(b): This subsection is not applicable as ARC does not house juveniles or youthful clients. This was verified through interviews with random and administrative staff.

221(c): ARC offers all clients who experience sexual abuse access to forensic medical examinations. ARC does not conduct these examinations onsite. In the past 12 months, zero forensic examinations have been conducted.

ARC currently has a Memorandum of Understanding (MOU) with Shawnee Mission Medical Center (SMMC) dated June 29, 2018. The MOU states, "Responsibilities to be rendered by SMMC Forensic Assessment Consultation and Treatment (FACT) Program include, but not limited to: FACT Program will provide a specifically trained professional to conduct assessments, and provide forensic examination and care for sexual assault patients; FACT Program will provide documentation and forensic photography; FACT Program will provide assistance filing a police report if desired; FACT Program will provide these services free of charge." (Section III (b), page 2)

The Auditor interviewed one client who has a substantiated sexual abuse allegation. The victim reported he did not have a forensic exam as he was a victim of inappropriate touching and sexual harassment. The Auditor reviewed this investigation and found a forensic examination was not recommended by the investigators.

221(d): ARC attempts to make victim advocates from rape crises center available to victims, either in person or by other means.

ARC currently has a MOU with the Metropolitan Organization to Counter Sexual Assault (MOCSA) dated March 18, 2013. This MOU states, "In the event of reported sexual assault, clients of JCDOC would receive crises intervention and emotional support from MOCSA advocates during the medical/forensic examinations process at the hospital. Support, information, and referrals may be provided to clients of JCDOC over the phone or at existing MOCSA service sites. Additionally, individual counseling and/or supports may be assessed by clients of JCDOC at existing MOCSA service sites."

The PREA Manager stated, "We have a great relationship with MOCSA. Victims of sexual abuse or sexual harassment are given pamphlets outlining the services MOCSA can provide and how to contact them."

While onsite, several MOCSA advocates were onsite to tour ARC.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "As time and circumstances allow, SS shall provide information to victim about processing and options regarding: JCDOC procedures, Medical services (hospital and JCDOC), Emotional support services, and Investigative procedures." (Section II(B)(6)(d), page 4)

The Auditor interviewed two clients who have reported sexual abuse. Both clients reported they were aware of outside services; however, they have chosen not to use them as they are currently receiving mental health counseling at ARC.

221(e): ARC allows victims of sexual abuse to request a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany through a forensic medical examination process.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "Determine which staff shall accompany victim to hospital. Staff accompaniment shall meet the request of the victim if possible." (Section II(B)(6)(e)(1), page 4)

The PREA Manager reported, "This information is provided immediately to the client."

221(f): ARC is responsible for conducting administrative investigations only. Johnson County Sheriff's Office is responsible for conducting criminal investigations of sexual abuse and sexual harassment.

ARC has a Memorandum of Agreement (MOA) with the Johnson County Sheriff's Office dated October 11, 2018. The MOA states, "The purpose of this MOA is to serve as an agreement between the SHERIFF and CORRECTIONS for the SHERIFF to provide investigative services and/or forensic services in accordance with the attached Prison Rape Elimination Act (PREA) standards 115.221 for evidence protocol and forensic medical examinations, at the request of CORRECTIONS, in the event of a sexual assault situation at the Adult Residential Center. In the event of a sexual assault, a

CORRECTIONS administrative staff will call a Shift Commander from the Adult Detention Center (715-5926) to request investigative services.”

221(h): This subsection is non-applicable as ARC attempts to make a victim advocate from a rape crisis center available to victims per 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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222(a): ARC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct.)

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes and Discipline," effective August 31, 2015 states, "Adult Residential Center (ARC) to ensure that all reports to the facility of sexual abuse and harassment are investigated to ensure the safety and security of the staff and clients in the facility." (page 1)

In the past 12 months, ARC has had nineteen (19) sexual abuse/sexual harassment allegations. Of these nineteen (19) allegations, seventeen (17) resulted in administrative investigations only and two allegations were referred for criminal investigation.

The Director of Johnson County Department of Corrections stated, "We have a dedicate investigator for administrative investigations. We always want to make sure we close the loop and complete the investigations. The ARC Director will email/text me about the allegations and we make sure there is no delay in getting started. I initiate the investigation and tell them (ARC Director, PREA Manager and Investigator) what I want investigated. If it is criminal, our investigator reaches out to law enforcement."

While on site, the Auditor reviewed twenty-one (21) sexual abuse and sexual harassment allegations from November 1, 2017 to October 31, 2018. Of these allegations, seven (7) were sexual abuse allegations (2 substantiated and 5 unsubstantiated) and fifteen (15) were sexual harassment allegations (2 substantiated and 13 unsubstantiated). One case reviewed contained both sexual abuse and sexual harassment, the finding on both allegations was unsubstantiated. Each file contained full investigative reports.

222(b): ARC has a policy requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes and Discipline," effective August 31, 2015 states, "Allegations of sexual abuse or sexual harassment may be referred to the Johnson County

Sheriff's Office. All criminal investigations shall be handled by the Johnson County Sheriff's Office in accordance with its policies and procedures. All allegations shall be documented."

222(c): ARC has policy 13.04, "Sexual Assault – Investigations, Outcomes and Discipline," effective August 31, 2015 published on its website. The URL is as follows:

<https://www.jocogov.org/sites/default/files/documents/COR/13.04%20-%20PREA%20Investigations%20Outcomes%20and%20Discipline.pdf>

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

231(a): ARC trains all employees who may have contact with clients on all components listed in this subsection.

ARC policy 13.03, "Training," effective November 14, 2014 states, "All ARC staff shall be trained in the following: Zero tolerance policy for sexual abuse and sexual harassment; How to fulfill responsibilities for sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Client's right to be free from sexual abuse and sexual harassment; The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in facility confinement; How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual contact and sexual abuse between clients; How to recognize the common reactions of sexual abuse and sexual harassment victims and how to respond to reports of victimization; How to avoid inappropriate relationships with clients; How to define and communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and the roles and responsibilities of the local Sexual Abuse Response Team (SART)." (Section I(A), pages 1 -2)

The Auditor reviewed the curriculum titled, "Johnson County PREA Training." This curriculum is used as the initial PREA training for all newly hired employees.

All staff interviewed reported receiving initial PREA training and were able to discuss what topics were covered during this course.

The Auditor reviewed training records for all staff interviewed and confirmed staff attended the required PREA training.

231(b): ARC house adult male and female clients. They tailor their PREA curriculum to match the genders housed at the facility.

ARC policy 13.03, "Training," effective November 14, 2014 states, "Training shall be tailored to the needs and attributes to the gender of the clients at the facility." (Section I(B), page 2)

231(c): ARC currently has 111 employees who have contact with clients. All 111 employees have been trained in PREA requirements.

Between trainings the PREA Manager stated staff receive information on changes to PREA policy in email updates. These updates include policy revisions and information from supervisor review meetings.

Employees at ARC receive PREA refresher trainings annually. ARC policy 13.03, "Training," effective November 14, 2014 states, "All current employees who have not received such training shall be trained within one year of the effective date of the Prison Rape Elimination Act (PREA) standards and ARC shall provide staff with refresher training annually thereafter with PREA updates and/or current sexual abuse and sexual harassment policies and procedures." (Section I(C), page 2)

The Auditor reviewed training records for all staff interviewed and found each employee has received the required annual PREA refresher training.

231(d): ARC documents that employees who may have contact with clients understand the training they have received through employee's signature or electronic verification.

ARC policy 13.03, "Training," effective November 14, 2014 states, "ARC shall document, through employee signature or electronic verification, employees understand the training they have received." (Section I(D), page 2)

The Auditor reviewed electronic verifications of employees who have attended PREA trainings at ARC.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

232(a): ARC has approximately 185 volunteers and individual contractors who have contact with clients. ARC has a 100% PREA training rate for their volunteers and contractors.

The Auditor interviewed one (1) contractor and advised he has received PREA training.

232(b): The level and type of training provided to volunteers and contractors is based on the services they provide the level of contact they may have with a client at ARC.

The Auditor reviewed curriculum provided to volunteers and contractors and found that information on ARC's zero-tolerance was covered as well as how to report any incidents of sexual abuse and sexual harassment.

The contractor interviewed stated, "I would go straight to the shift supervisor with any suspicion I have or if something was reported to me by a client. I would keep the client safe until I am relieved of that responsibility."

The Auditor also reviewed training records of contractors and volunteers and found they have received the required PREA training.

232(c): The Auditor reviewed electronic verifications of volunteers and contractors who have received PREA training.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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233(a): Clients at ARC receive PREA information at the time of intake.

ARC policy 13.03, "Training", effective November 14, 2014 states, "During the intake process, clients shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents." (Section I(A), page 2)

This information is also found in the Adult Residential Handbook on page 3.

RECOMMENDATION: While the Adult Residential Handbook covers ARC's zero tolerance policy and provides multiple ways for a client to report sexual abuse and sexual harassment, it does not include information on the client's right to be free from retaliation for reporting such incidents. It is recommended ARC include this information in the PREA section of the Adult Residential Handbook.

Interviews with intake staff supports this practice.

Interviews with clients supported this practice. Multiple clients reported receiving a packet with PREA information.

233(b): Johnson County DOC only operates one community confinement facility. Clients are either sentenced to ARC or discharged. They are not transferred to another facility.

233(c): Client PREA education is available in accessible formats for all clients.

ARC policy 13.03, "Training," effective November 14, 2014 states, "Client education shall be formatted to be accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills." (Section II(B), page 2)

ARC policy 07.14, "Access to Services, Programming and Staff," effective June 2, 2017 states, "Clients shall be provided with assistance in obtaining information related to facility rules and regulations, assistance with understanding legal obligations and overall operations; assistance with medical, physical, mental health, sexual abuse/harassment, language or communication issues in order to fully benefit from all services and programming available." (page 1)

This same policy also states, "The agency shall take appropriate steps to ensure that equal opportunities to understand rules and information, all programs and services or participate in or benefit from all aspects of the agency are afforded to clients with issues such as, but not limited to: Blind or low vision; Hearing disabilities; Intellectual disabilities; Psychiatric disabilities; Speech disabilities; Physical disabilities; or Cultural/language issues. Effective communication may be provided through interpreters. Information on available staff and/or services is available on SharePoint and My Resource Center. Written materials may be provided in formats, methods, or languages more easily understood by the client. The agency shall make contact with additional community resources (i.e., mental health providers, developmental support providers, etc.) in assisting clients with issues as needed. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164." (Section IV(A)(B)(C)(E)(F), page 2)

233(d): ARC maintains documentation of client participation in PREA education sessions per this standard and ARC policy 13.03, "Training," effective November 14, 2014.

The Auditor reviewed client intake records and verified PREA education is given to clients during orientation.

The Auditor interviewed staff who provide client orientation. Staff stated, "We review the PREA stuff like how to report, definitions, safety tips, resources, and retaliation."

233(e): ARC ensures that key information is continuously and readily available or visible through posters and client handbooks per the requirements of this subsection and per ARC policy 13.03, "Training," effective November 14, 2014, Section II(C), page 2.

During the tour of ARC, the Auditor observed the PREA poster, "End the Silence" posted by each resident phone in English and in Spanish.

ARC currently has one limited English proficient client who first language is Spanish and one client who is deaf. Interpretive services are provided to the client who is hearing impaired. ARC's Adult Residential Client handbook is also available in Spanish.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of

administrative or criminal sexual abuse investigations. See 115.221(a).]

Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

234(a) ARC conducts administrative investigations only.

ARC policy requires investigators are trained in conducting sexual abuse investigations in confinement.

ARC policy 13.03, "Training," effective November 11, 2014 states, "The ARC shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its' investigators have received training in conducting such investigations. (Section IV(B), page 3).

ARC has one investigator responsible for conducting all administrative investigations. This position also serves as a liaison to the Johnson County Sheriff's Department who conducts criminal investigations when needed. ARC's investigator completed specialized training in 2016 through Training Force USA's Prison Rape and Sexual Assault Investigations Inside Correctional Facilities. ARC maintained the table of contents of this training and the Auditor found it met the requirements in this subsection.

234(b): ARC policy 13.03, "Training," effective November 14, 2014 states, "The ARC shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its' investigators have received training in conducting such investigations. Specialized training shall include techniques for interviewing

sexual abuse victims, proper use of *Miranda and Garrity* warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” (Section IV(C), page 3)

234(c): ARC maintains documentation showing investigators have completed the required training per the requirements of this standard and per ARC policy 13.03 Training, Section IV(C), page 3.

ARC maintains a copy of the certificate of completion of the investigators training in 2016 from Training Force USA.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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235(a)(c)(d) ARC has a policy related to the training of medical and mental health practitioners who work regularly in its facility and maintains documentation of training.

ARC policy 13.03, “Training,” effective November 14, 2014 states, “All on-site medical and mental health care practitioners shall be trained in: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; How and to whom to report allegations or suspicions of sexual abuse and sexual harassment; and Expectations of client privacy and confidentiality considerations.” (Section III(A), page 2)

The Auditor reviewed the curriculum, “Introduction to PREA,” by Correct Care Solutions. This curriculum covered all required topics in accordance with this subsection and ARC policy.

Training records support medical and mental health contractors have received specialized training and the required employee training as outlined under §115.231.

235(b): This subsection is NA as medical staff at ARC do not conduct forensic exams.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on

the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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241(a)(b): ARC has a policy requiring screening (upon admission) for risk of sexual abuse victimization or sexual abusiveness towards other clients. In the past 12 months, ARC admitted 518 clients.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "Within seventy-two hours of the client's arrival at the facility, a Victim and/or Predator Screening Instrument shall be completed to obtain information necessary to reduce the risk of sexual abuse by or upon a client." (Section I(A), page 1)

Interview with a staff person who conducts the Victim and/or Predator Screening Instrument supports this practice.

Interviews with random clients also supported this practice.

While on the tour, the Auditor observed the area in which the screening instrument is conducted. The area is private and allows for client confidentiality while answering question

The Auditor reviewed a spreadsheet containing clients name, the date the assessment was due, the date it was completed. This spreadsheet also contains date the 30-day assessment is due when it was completed. This spreadsheet covers the dates of November 5, 2018 through December 19, 2018. The information on this spreadsheet supports compliance for 115.241(b) and 115.241(f).

241(c)(d)(e): ARC's Victim and/or Predator Screening Instrument is based on objective screening.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "The information shall be gathered by correctional staff and shall attempt to ascertain information about: Prior sexual victimization or abusiveness; Whether client has previously experienced sexual victimization; Age; Level of emotional and cognitive

development; Physical size and stature; Mental illness or mental disabilities; Intellectual or developmental disabilities; Physical disabilities; Whether criminal history is exclusively non-violent; Prior convictions for sexual offenses; Whether client is or perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; The client's own perception of vulnerability; Any other specific information about individual clients that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other clients." (Section I(A)(B), pages 1-2)

Interview with staff responsible for conducting the screening instrument stated, "We ask about PREA knowledge, we use the instrument about being victim, sex offense history, mental health issues, disabilities, LGBTI, have they been in PC, perceived themselves as being victimized, violent history, current sex abuse history, DV, gang affiliation, sexual activity while incarcerated." This staff person added, "We call them individually in a classroom where we can have private casual conversation."

The Auditor reviewed a blank Victim and/or Predator Screening Instrument and found all required questions (as required in 241(d)(e)) are listed and asked during the assessment.

241(f): ARC has a policy requiring a reassessment of each client's risk of victimization or abusiveness within 30 days after the client's arrival at the facility.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "After 15 days, but no later than 30 days of intake, the residential case manager shall reassess the client using the Victim and/or Predator Screening Instrument to include any additional, relevant information received by the facility since intake." (Section III(A), page 3)

Interview with a staff person who conducts the risk screening supports this practice. The staff person stated, "All reassessments are done 30 days after intake by the case manager."

Interviews with random clients supports this practice.

241(g): ARC's policy requires clients' risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "Risk level shall be reassessed by case managers when warranted due to referral, request, incident or receipt of additional information that bears on client's risk of victimization or predatory behavior." (Section III(B), page 3)

Interview with a staff person who conducts the risk screening supports this practice.

241(h): ARC does not discipline clients for refusing to answer or for not disclosing complete information related to the Victim and/or Predator Screening Instrument.

ARC policy 13.02, "Training," effective August 1, 2016 states, "Clients may not be disciplined for refusing to answer, or for not disclosing complete information during assessment." (Section I(C), page 2)

Interview with a staff person who conducts the risk screening supports this practice. They stated, "We are not allowed to do that."

241(i): ARC does not disseminate responses to questions on the Victim and/or Predator Screening Instrument.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "ARC shall implement appropriate control on the dissemination within the facility of responses to questions ask in order to ensure that sensitive information is not exploited to the client's detriment by staff of other clients." (Section IV(A), page 3)

The PREA Manager stated, "There is limited access to the answers on the screening instrument. The initial assessment is conducted at intake and the reassessment is conducted by the case manager. Both assessments are then sent to me. I notify staff of the results."

Interview with staff person who conducts the risk screening tool states, "This information is stored on our U drive. Only the screener, supervisor and administration have access to this drive."

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement

would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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242(a)(b): ARC uses the information from the Victim and/or Predator Screening Instrument to make individual decisions regarding housing, beds, education, programming and work assignments.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "Staff shall use this information for treatment plans, security and management decisions, including housing, employment, programming, or operational participation." (Section II(C)(2)(a), page 2)

Interview with staff who conducts risk screening stated, "They (victims and predators) cannot be in the same room together or use the same transportation to work. We make sure staff is more aware for the safety of the clients. While they are in programming, staff is always present for direct supervision."

The PREA Manager stated, "We always discuss special housing situations. For those who have been identified has high risk for victimization can be housed in Building 3, especially if they have concerns about safety. Those clients identified as predators require direct supervision. We also make sure they are not housed together."

242(c): ARC makes housing or programming assignment for transgender or intersex clients on a case-by-case basis.

ARC policy 13.02, "Screening," effective August 16, 2016 states, "In deciding whether to assign a transgender or intersex client to a housing unit for male or female residents, and making other housing and programming assignments, ARC 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." (Section II(D)(2), page 2)

The PREA Manager stated, "We always discuss special housing situations. If they have concerns for their safety, we can place them in Building 3."

There were no transgender or intersex clients placed at ARC during the onsite portion of this audit. This was verified through interviews with administration and random staff.

242(d): ARC policy 13.02, "Screening," effective August 16, 2016 states, "A transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration." (Section II(D)(3), page 3)

There were no transgender or intersex clients placed at ARC during the onsite portion of this audit. This was verified through interviews with administration and random staff.

242(e): ARC allows transgender or intersex clients the opportunity to shower separately upon request.

ARC policy 13.02, "Screening," effective August 16, 2016 states, "Transgender and intersex clients shall be given the opportunity to shower separately from other clients."

Interviews with the PREA Manager, staff responsible for risk screening and random staff support this practice.

242(f): ARC does not place lesbian, gay, bisexual, transgender or intersex clients in dedicated housing units.

ARC policy 13.02, "Screening," effective August 1, 2016 states, "Lesbian, gay, bisexual, transgender, or intersex clients shall be placed in dedicated housing units or wings solely on the basis of such identification or status, nor shall agency consider lesbian, gay or bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive." (Section II(D), page 2

Interviews with the PREA Manager, Operations Commander and random staff supports this practice.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

251(a): ARC has established procedures allowing for multiple internal ways for clients to report privately to agency officials.

ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "There shall be multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." (Section I(C)(1), page 4)

The Adult Residential Handbook, page 3, lists the multiple ways clients can report sexual abuse and sexual harassment.

During the tour of ARC, the Auditor located PREA posters, "End the Silence," which included a hotline phone number for clients to call. The Auditor also found locked boxes for anonymous reporting located in the medical waiting room.

Interviews with random staff showed staff knew how clients could report sexual abuse and sexual harassment. This same information was provided through client interviews.

251(b): ARC provides at least one way for clients to report sexual abuse and sexual harassment to another entity outside of ARC.

ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "The agency shall inform clients of at least one way to report abuse or harassment to a public or private entity or office that is not a part of the agency, and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request." (Section I(C)(2), page 4)

ARC has MOU/MOA with MOCSA, dated September 3, 2018 and with Johnson County Sheriff's Office, dated October 11, 2018 to receive confidential and/or anonymous reports of sexual abuse and sexual harassment from clients at ARC.

During the tour of ARC, the Auditor found "End the Silence" posters posted by every client phone throughout the facility.

The PREA Manager reported clients have the ability to report sexual abuse/harassment allegations to law enforcement directly, MOSCA and to SAAFE Home.

Clients interviewed at ARC reported if they did not want to report an allegation to staff, they would call local law enforcement.

251(c)(d): ARC has a policy mandating staff to accept reports of sexual abuse and sexual harassment in all forms. ARC has also established procedures for staff to privately report sexual abuse and sexual harassment.

ARC policy 03.12A "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Any employee, upon receipt of written notification, or third-party notification of allegation of misconduct by this policy or of retaliation for reporting such conduct shall provide oral or written notification of such to a supervisor within one (1) business day." (Section I(B)(1), page 3) This same policy also states, "Employees receiving oral, third-party or anonymous notification shall document information." (Section I(B)(f), page 3)

Interviews with staff and administration supports this practice. Staff also reported that once a report is made to supervisors, the information is only shared on a "need to know basis."

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a) "

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

252(a): ARC is not exempt from having administrative procedure for dealing with client grievances regarding sexual abuse.

ARC policy 13.06, "Sexual Assault Grievances," effective November 14, 2014 states, "It is the policy of the Johnson County Department of Corrections Adult Residential Center (ARC) to acknowledge, investigate, and respond to client's complaints in a timely fashion." (page 1)

252(b): ARC has a policy imposing no time limits on filing grievances alleging sexual abuse and does not require its' clients to use an informal grievance process to attempt to resolve an alleged incident of sexual abuse with staff.

ARC policy 13.06 "Sexual Assault Grievances," effective November 14, 2014 states, "The ARC shall not impose a time limit when a client may submit a grievance regarding an allegation of sexual abuse. ARC may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. ARC shall not require a client to use any informal grievance process, or to otherwise attempt to resolve with staff, an allege incident of sexual abuse. ARC shall not be restricted in its ability to defend against a lawsuit filed by a client on the ground that the applicable statute of limitations has expired." (Section I, page 1)

The Adult Residential Handbook, page 3, echoes this policy.

252(c): ARC has policy and procedure in place allowing a client to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

ARC policy 13.06, "Sexual Assault Grievances," effective November 14, 2014 states, "A client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such a grievance is not referred to a staff member who is the subject of the complaint." (Section II (A), page 1)

The Adult Residential Handbook, page 3, echoes this policy.

252(d): ARC has policy and procedure requiring a decision on any grievance or portion of grievance alleging sexual abuse be made within 90 days. ARC also has policy in place outlining a request can be made extending the 90-day period by 70 days.

ARC has not had a grievance filed alleging sexual abuse in the past 12 months.

ARC policy 13.06, "Sexual Assault Grievance," effective November 14, 2014 states, "The DARC or designee shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period does

not include time consumed by client in preparing any administrative appeal. The DARC may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for reply, including any properly noticed extension, the client may consider the absence of a response to be a denial at that level.” (Section III (B)(C), page 2)

252(e): ARC has policy in place allowing third parties to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse.

In the past 12 months, ARC has not had a third-party grievance filed alleging sexual abuse of a client.

ARC policy 13.06, “Sexual Assault Grievance,” effective November 14, 2014 states, “Third parties, including fellow clients, staff members, family members, attorneys, and outside advocates, shall be permitted to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of clients. If a third-party file such a request on behalf of a client, ARC may require as a condition of processing the request that the alleged victim agree to have the request filed on his/her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the client declines to have the request processed on his/her behalf, the agency shall document the client’s decision.” (Section IV, page 2)

252(f): ARC has policy and established procedure for filing emergency grievance alleging they are subject to a substantial risk of imminent sexual abuse. If such a grievance is filed, ARC has 48 hours to respond.

In the past 12 months, ARC has not received an emergency grievance alleging they are subject to a substantial risk of imminent sexual abuse.

ARC policy, 13.06, “Sexual Assault Grievance,” effective November 14, 2014 states, “Clients may file a Request for Administrative Remedy alleging that he/she is subject to a substantial risk of imminent sexual abuse with any ARC employee or contract employee who shall forward the remedy to a level of review at which immediate corrective action may be taken. This review shall be by a position of shift supervisor or higher. The client shall be provided an initial response within forty-eight (48) hours and shall receive a final facility decision within five (5) calendar days. The initial response and final facility decision shall document the facility’s determination whether the client is in substantial risk of imminent sexual abuse and the action taken in response to the Request for Administrative Remedy.” (Section V, pages 2-3)

252(g): ARC may discipline a client for a grievance alleging sexual abuse in bad faith.

ARC policy, 13.06, “Sexual Assault Grievance,” effective November 14, 2014 states, “ARC may discipline a client for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the client filed the grievance in bad faith.” (Section VI, page 3)

There have been no grievances alleging sexual abuse filed in the past 12 months.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

253(a): ARC provides clients with access to outside victim advocates for emotional support services related to sexual abuse.

ARC policy, "13.01, "Client Sexual Abuse," effective October 22, 2018 states, "The ARC shall provide clients access to immediate and follow-up medical care, mental health counseling, continued crisis counseling, and other support as necessary." (page 1) This same policy also states, "Metropolitan Organization to Counter Sexual Assault (MOCSA) shall be contacted immediately and shall support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals in conjunction with a Memorandum of Understanding (MOU)." (Section III(B), page 6) "A victim advocate from MOCSA shall be available to clients to provide confidential emotional support services related to sexual abuse as per the Memorandum of Understanding between the Johnson County Department of Corrections and MOCSA. The agency shall maintain copy of agreement. The facility shall provide clients with access to outside victim advocates for emotional support services related to sexual abuse by providing mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, in as confidential a manner as possible." (Section IV(A)(B), page 7)

Contact information for MOCSA and Safe Home are in the Adult Residential Handbook, page 3, and on posters located in the living areas by the phones.

Interviews with clients who have reported sexual abuse advised they were offered emotional support services; however, both clients refused these services.

In random client interviews, the Auditor received mixed messages on whether they were aware of outside emotional services available to them. 8

253(b): ARC informs clients, prior to giving them access to outside supports, of the extent to which such communications will be monitored.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "The Client shall be given privacy to contact with mental health providers and/or MOCSA. Mental health providers and MOCSA shall forward reports of abuse to legal authorities in accordance with mandatory reporting laws." (Section IV(B)(1), page 7)

253(c): ARC currently has a MOU with the Metropolitan Organization to Counter Sexual Assault (MOCSA) dated March 18, 2013. This MOU states, "In the event of reported sexual assault, clients of JCDOC would receive crises intervention and emotional support from MOCSA advocates during the medical/forensic examinations process at the hospital. Support, information, and referrals may be provided to clients of JCDOC over the phone or at existing MOSCA service sites. Additionally, individual counseling and/or supports may be assessed by clients of JCDOC at existing MOCSA service sites."

Interviews with clients who have reported sexual abuse advised they were offered emotional support services; however, both clients refused these services.

In random client interviews, the Auditor received mixed messages on whether they were aware of outside emotional services available to them.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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254(a): ARC has a phone number for friends and family to call to report sexual abuse on behalf of a client.

This information is provided on the “End the Silence” poster which is posted on their website. The website is located at <https://www.jocogov.org/dept/corrections/about-us/prison-rape-elimination-act>

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

261(a)(e): ARC requires all staff to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse.

ARC policy 13.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Employees shall be required to report any and all incidents and sexual misconduct with clients and/or their family members immediately to any division supervisor. All staff shall immediately report (verbally or written) any knowledge, suspicion, allegation, third party or anonymous report or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency." (Section I(A)(B), page 3)

All staff interviewed reported they are mandated to report sexual abuse. They advised they could lose their job if they failed to report any incident of sexual abuse.

ARC's Director reported all allegations are reported to the investigator. This is done by the supervisors.

261(b): ARC has a policy setting the limits of confidentiality of staff who have reported sexual abuse.

ARC policy 13.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions." (Section I(B)(1)(e), page 3)

Interviews with staff support this practice.

261(c): ARC Policy 13.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Medical and mental health practitioners shall be 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. Such practitioners shall be required to inform clients at the initiation of services of their duty to report and the limitations of confidentiality." (Section I(B)(1)(b), page 3)

Mental health staff reported, "I am required to report any incident internally and to my organization, Johnson County Mental Health." Mental health staff also reported they have not received any reports of sexual abuse in the past 12 months.

261(d): ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or

local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.” (Section I(B)(1)(a), page 3)

ARC Director and PREA Manager interviews support this practice; however, ARC does not house clients under the age of 18 nor are clients at ARC deemed to be a vulnerable adult.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

:

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

262(a): ARC has a policy and practice in place to protect clients who are imminent risk of sexual abuse.

ARC policy 13.02, “Screening,” effective August 1, 2016 states, “Regardless of screening information, a staff member who learns that a client is subject to substantial risk of imminent sexual abuse shall take immediate action to protect the client.” (Section I(B), page 2)

In the past 12 months, ARC has had no reports of clients in imminent danger of sexual abuse.

The head of Johnson County Department of Corrections stated, “Staff are to immediately report this to their supervisor. The facility will then respond and get a plan together to keep the client safe.”

ARC Director states, "Staff are to document this information. They are to talk to the client to make sure they are safe and if they want to be moved. They are to gather more information and notify the deputy director and on duty supervisor."

Interviews with random staff supported this practice. All staff stated they would respond immediately to such a report.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

263(a)(b)(c)(d): ARC has policy and procedures in place to notify another facility upon receiving an allegation that a client was sexually abused while confined at that location.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "Upon receiving notification of an allegation that a client was sexually 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. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification." (Section I(D), page 3)

ARC has received no reports of sexual abuse at another facility from clients.

ARC Director reported, "We will document the information. I will then call or write the agency and let them know as soon as receive the information."

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

264(a): ARC has a first responder policy for allegations of sexual abuse.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018, provides guidance to staff on how to respond to sexual abuse allegations reported from the hospital, during transportation to and from work and when it is reported at ARC. Each of these topics include the following language, "Staff shall request victim not to take any actions that could destroy physical evidence on their person and separate the victim from the abuser; and If the abuse occurred within seven (7) days, request that the victim and direct the perpetrator not to take any actions that could destroy physical evidence, including (as appropriate), washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The collection of physical evidence beyond seven (7) days shall be determined by medical and/or law enforcement."

In the past 12 months, ARC has had six (6) allegations that a client was sexually abused. Of these allegations, only one allegation included a security staff as first responder. Physical evidence was not able to be collected in all allegations.

The Auditor interviewed the security staff first responder. They stated, "I received the notification from staff and immediately separated the clients. I reviewed cameras and made sure I asked the first responder questions as required. I also asked if they wanted to contact LEO." They added, "I immediately notified medical and mental health and notified MOCSA."

The Auditor interviewed two clients who reported sexual abuse at ARC. Both clients advised they were separated from their abuser, referred to medical, mental health and were offered victim advocate services.

264(b): ARC has policy in place requiring non-security staff first responder shall be required to contact a staff person immediately.

In the past 12 months, ARC has had two (2) non-security staff act as first responders to a sexual abuse/harassment allegation.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "If First Responder is not a radio-carrying staff person, contact a radio-carrying staff person to announce minor medical emergency. First Responder shall request victim not take any actions that could destroy physical evidence on their person."

The two non-security staff first responders were no longer with ARC and not available for interview.

Random staff reported they would separate the victim and perpetrator before contacting their supervisor. They also reported they would ask them not to change clothes or shower. They advised they would document this incident as soon as it was feasibly possible.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

265(a): ARC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018, is that plan. This policy outlines every party's responsibility to responding to sexual abuse including line staff, supervisors, medical and mental health.

Interviews with the random staff, the director and agency head supported this practice.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

ARC currently does not have a collective bargaining agreement.

Interview with the Director of Johnson County Department of Corrections supported this finding.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

267(a): ARC has a policy in place to protect all clients and staff who report sexual abuse or sexual harassment or cooperate with an investigation. ARC policy, 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "The agency shall take the following measures to address any concerns the client may have of retaliation as the result of making a report. The Operations Commander (OC) shall be charged with monitoring retaliation." (Section I(D)(1), page 4)

267(b): ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "The agency shall employ multiple protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." (Section I(D)(2), page 4) This same policy also states, "If an allegation is determined to be unfounded, the client shall continue to be provided support services as requested or needed." (Section I(D)(5), page 4)

DARC reported, "The OC monitors retaliation. He is looking for disciplinary actions, check-ins, and makes sure it's being reported."

The OC reported, "I check in with them and ask them how they feel. I want to make sure they feel safe. They are always on my radar."

The two clients interviewed who reported sexual abuse reported constant contact with the OC.

The Auditor reviewed investigative files from the past 12 months and found retaliation monitoring was conducted in each case. These files contained the form, "PREA Retaliation Monitoring."

267(c)(d): ARC monitors the conduct and treatment of clients or staff who report sexual abuse and clients who were reported to have suffered sexual abuse.

ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "On a monthly basis, for at least 90 days following a report of sexual abuse, the OC shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation and document on the PREA Retaliation Monitoring form. Items the agency should monitor include any client disciplinary reports, housing, or program change, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond the 90 days if the initial monitoring indicates a continuing need. The Operations Manager shall forward the completed PREA Retaliation Monitoring form to the COR-PREA ARC." (Section I(D)(3), page 4) This same policy also states, "Failure to comply with guidelines related to reporting of incidents and protecting against retaliation shall result in disciplinary action, up to and including termination of employment." (Section I(D)(6), page 4)

DARC reported, "We have not had any incidents of retaliation. Punishment for retaliation would depend on the severity of the act. Staff may be placed on administrative leave and investigated. If it's a client, we will talk with them and document it."

The OC reported, "We monitor for 90 days and can continue every 30 days if there is a concern. We would definitely investigate if we received a complaint of retaliation." He also added, "I check in with them and ask them how they feel. I want to make sure they feel safe. They are always on my radar."

267(e): ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation." (Section I(D)(4), page 4)

The Director of Johnson County Department of Corrections stated, "If we find retaliation by staff, human resources and the legal department would get involved. We would then remind supervisors of the consequences of retaliation."

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

271(a): ARC has a policy related to criminal and administrative agency investigations. ARC conducts administrative investigations only,

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "An Administrative or criminal investigation may be initiated for allegations of sexual abuse and/or sexual harassment. Any employee shall immediately report allegations of sexual abuse and sexual harassment including third-party reporting and anonymous reports, to the Director of Adult Residential Center (DARC) or Deputy Director of Adult Residential Center." (Section II(A)(B), page 2)

Interviews with supervisors, the PREA Manager and the DARC supports this practice.

271(b): ARC policy 13.03, "Training," effective November 14, 2014 states, "The ARC shall ensure that, to the extent the agency conducts sexual abuse investigations, it's investigators have received training in conducting such investigations." (Section IV(B), page 3)

Interview with the Training Manager supports this practice.

Auditor reviewed training records and found records support this subsection of 271(b).

271(c)(i): ARC only conducts administrative investigations.

ARC policy 13.03, "Training," effective November 14, 2014 states, "Shift supervisors or designees shall receive training on the procedures of securing the scene/location of a reported abuse." (Section IV(A), page 3)

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "The ARC shall retain all written reports for as long as the alleged accused abuser is incarcerated or employed at the ARC, plus five (5) years." (Section II(F), page2)

Interview with the Training Manager and DARC supports this practice.

271(d): ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "If at any time the information gathered from the investigation reveals additional information that is potentially a criminal action, the Security Investigation Specialist shall contact the Sheriff's Office." (Section III(C), page 3) This same policy also states, "If at any time the information gathered from the investigation reveals additional information that is potentially a criminal action or staff misconduct issue, the supervisor shall contact the Director of Adult Residential Center or designee. (Section IV(D)(1), page 3)

Interview with the PREA Manager supports this practice.

271(e): ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as client or staff. The ARC shall not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

Interviews with supervisors and PREA Manager supports this practice.

The Auditor interviewed two clients who reported sexual abuse at ARC. Both clients reported they were not required to take a polygraph.

271(f): While on site, the Auditor reviewed twenty-one (21) sexual abuse and sexual harassment allegations from November 1, 2017 to October 31, 2018. Of these allegations, seven (7) were sexual abuse allegations (2 substantiated and 5 unsubstantiated) and fifteen (15) were sexual harassment allegations (2 substantiated and 13 unsubstantiated). One case reviewed contained both sexual abuse and sexual harassment, the finding on both allegations was unsubstantiated. Each file contained full investigative reports containing descriptions of physical evidence and victim/abuser/witness statements. These reports also contained a final finding of the investigation.

Three of these cases were referred for prosecution.

271(g): All criminal cases at ARC are conducted by the Johnson County Sheriff's Office.

271(h): All substantiated allegations that appear to be criminal are referred for prosecution as outlined in ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline, effective August 31, 2015. (Section II(C)(3), page 2).

Three cases in the past twelve months have been referred for prosecution.

This was verified by reviewing investigative files and an interview with the PREA Manager.

271(j): ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "The departure of the abuser or victim from the employment or control of ARC shall not provide a basis for terminating an investigation."

All investigative files reviewed were closed.

Interview with supervisors and PREA Manager supports this practice.

271(l): ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "The ARC shall cooperate with the Johnson County Sheriff's Office investigators and endeavor to remain informed about the progress of the investigation, investigative findings, and case referrals for prosecution.

Interviews with DARC and PREA Coordinator supports this practice.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

272(a): ARC imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015 defines preponderance of the evidence as, "There is a greater than 50 percent chance that, based on all of the reasonable evidence, the event occurred or did not occur."
This same policy also states, "Based on the information gathered and preponderance of the evidence, the supervisor shall determine the incident to be substantiated, unsubstantiated, or unfounded," (Section IV(D), page 3)

Interviews with supervisors supported this practice.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

273(a): ARC has a policy requiring any client who makes an allegation of sexual abuse be notified of the outcome of the investigation.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015 states, "Following an investigation, the ARC shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." (Section V (A), page 3)

The DARC stated, "We notify them of the outcome of the investigation if they are still here."

Both clients interviewed, who reported sexual abuse to ARC, stated they were aware of the outcome of their investigations. One client learned the perpetrator in his case had been charged with sexual battery.

Upon review of the investigative files onsite, the Auditor found notification had been made to victims.

273(b): ARC remains in contact with the Johnson County Sheriff's Office as they conduct sexual abuse criminal investigations at the facility.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015 states, "If the investigation was completed by the Johnson County Sheriff's Office or another law enforcement agency, ARC shall request all relevant information in order to inform the client."

273(c): ARC has a policy requiring any client who makes an allegation of sexual abuse be notified of the outcome of the investigation.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015 states, "Following a client's allegation that a staff member has committed sexual abuse against the client, ARC shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted with the client's housing unit; ARC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and ARC learns that the staff member has been convicted on a charge related to sexual abuse within the facility." (Section V (B), pages 3 – 4)

The two clients interviewed, who reported sexual abuse to ARC, were not abused by staff, volunteer or contractor.

273(d): ARC has a policy requiring any client who makes an allegation of sexual abuse be notified of the outcome of the investigation.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015 states, "Following a client's allegations that he or she has been sexually abused by another client, the agency shall subsequently inform the alleged victim whenever: ARC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and ARC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." (Section V(C), page 4)

The two clients interviewed, who reported sexual abuse to ARC, abusers were clients at ARC. They reported they knew their abusers were no longer at the facility. One client reported they knew their abuser was charged with a crime.

273(e): ARC documents all notifications described under this standard per policy 13.04, "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015. (Section V(D), page 4) This same policy also states, "If the victim is released from the ARC, he/she shall be provided with contact information to inquire about the investigation outcome/status." (Section V(E), page 4)

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

276(a): Staff at ARC are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policy.

ARC policy 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency's sexual abuse or sexual harassment policies and/or lawful prosecution." (Section III(B), page 5)

276(b): In the past 12 months, one (1) staff member from ARC violated agency sexual abuse or sexual harassment policy and was terminated.

ARC policy, 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Termination shall be the presumptive sanction for staff who have engaged in sexual abuse." (Section III(C), page 5)

276(c): In the past 12 months there have been zero (0) staff from ARC that have been disciplined, short of termination, for violation of agency's sexual abuse or sexual harassment policies.

ARC policy, 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." (Section III(D), page 5)

276(d): In the past 12 months, one (1) staff member from ARC that have been reported to law enforcement or licensing bodies following their termination for violating ARC's sexual abuse or sexual harassment policies.

ARC policy, 03.12A, "Sexual Misconduct and Undue Familiarity," effective September 3, 2018 states, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." (Section III(E), page 5)

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

277(a): In the past 12 months, ARC has had zero (0) contractors or volunteers reported to law enforcement for engaging in sexual abuse of a client.

ARC policy 03.12A, “Sexual Misconduct and Undue Familiarity,” effective September 3, 2018 states, “This policy shall apply to all employees, interns, volunteers, consultants and contractors (collectively referred to as employees in this policy) who shall be bound by the standards and rules of conduct outlined in this policy.” (page 1) This same policy also states, “All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” (Section III(E), page 5)

277(b): ARC policy 03.12A, “Sexual Misconduct and Undue Familiarity,” effective September 2, 2018 states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and/or lawful prosecutions. (Section III(B), page 5)

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

278(a): In the past 12 months, ARC had one (1) administrative finding on client-on-client sexual abuse. ARC had zero (0) criminal findings of guilt for client-on-client sexual abuse.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse." (Section IV(A), page 4)

278(b): ARC policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories." (Section IV(B), page 14)

The DARC stated, "If it was as sexual harassment allegation, the client would get disciplinary report and counseled on appropriate behavior. If it was a sexual assault, there is zero tolerance. That information is immediately turned over to law enforcement and they will be removed from the facility."

The Auditor reviewed the one case of administrative finding of guilt and found the perpetrator was removed from ARC and the case was turned over to law enforcement.

278(c) ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline, states "The disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determined what type of sanction, if any, should be imposed." (Section IV(C), page 4)

Interview with the DARC and ARC's mental health provider supports this practice.

278(d): ARC offers therapy, counseling, or other interventions for clients who perpetrate client-on-client sexual abuse.

Interview with the mental health professional supports this practice. The professional also advised that as of this date, no perpetrators have been referred to counseling as they are removed from the facility.

278(e): Clients at ARC will be disciplined for engaging in sexual conduct with staff only upon finding the staff member did not consent to such contact. ARC has not had any clients punished for sexual contact with staff.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "ARC may discipline a client for sexual contact with staff upon a finding that the staff member did not consent to such contact." (Section IV(E), page 4)

278(f): ARC does not punish clients for making a report of sexual abuse in good faith.

ARC policy 13.04, "Sexual Assault – Investigations, Outcomes, and Discipline," effective August 31, 2015 states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." (Section IV(F), page 4)

278(g): ARC prohibits all sexual activity between clients.

ARC policy 13.04 "Sexual Assault – Investigations, Outcomes, Discipline," effective August 31, 2015 states, "All sexual activity between clients shall be prohibited and discipline shall be enforced for clients whom engage in such activity." (Section IV(G), page 5)

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

282(a)(b): Victims receive timely access to emergency medical services and crises intervention services.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "First Responder initial assessment includes the following questions and, as time and circumstances allow, supportive information... Supportive Information; JCDOC procedures; Medical Services (hospital and JCDOC) Emotional Support Services available (internally and externally); and, Investigative Procedures. (Section II(A)(2), page 3) This same policy also states, "On-duty medical staff shall perform medical triage. Victim shall again be requested not to take any actions that could destroy physical evidence. If on-duty medical staff is not available, security staff first responders shall take preliminary first-aid precautions to assist the victim." (Section II(B)(4), page 4)

The policy continues with, "Notifies on-duty medical staff. On-duty medical staff shall ask victim whether he/she needs to go to hospital. If transportation is requested, two staff shall transport victim to SMMC. With victim approval, staff may inform victim of primary steps to be taken at hospital. Contact SMMC and advise of estimated time of arrival. If the client refuses further medical treatment, a Services Refusal Form shall be completed." (Section II(C)(3)(c), page 5)

Interviews with medical and mental health staff support this practice.

Interview with the first responders also support this practice.

The Auditor interviewed two clients who reported sexual abuse. Both clients stated they were offered medical and mental health services. This information was also documented in the investigative files.

282(c): Victims at ARC are offered timely information about emergency contraception and sexually transmitted infections prophylaxis.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "Client victims of sexual abuse shall be provided timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, as well as tests for sexually transmitted infections as medically appropriate." (Section IV(E), page 7)

Interviews with medical staff supports this practice.

The two clients interviewed who reported sexual abuse involved unwanted touching and sexual comments. While medical was offered to both clients, they refused services.

282(d): All treatment services at ARC are available to clients at no cost.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident." (Section IV(F), page 7)

Interviews with administration, medical and mental health professionals support this practice.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

283(a)(b)(c)(d)(e)(f)(g)(h): ARC offers follow-up medical and mental health services for sexual abuse victims and abusers.

ARC policy 13.01, "Client Sexual Abuse," effective October 22, 2018 states, "A victim advocate from MOCSA shall be available to clients to provide confidential emotional support services related to sexual abuse as per the Memorandum of Understanding between the Johnson County Department of Corrections and MOCSA. The agency shall maintain copy of agreement. The facility shall provide clients with access to outside victim advocates for emotional support services related to sexual abuse by providing mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or

national victim advocacy or rape crisis organizations, in as confidential a manner as possible. The client shall be given privacy to contact with mental health providers and/or MOCSA. Mental health providers and MOCSA shall forward reports of abuse to legal authorities in accordance with mandatory reporting laws. Clients shall be provided follow up medical services at SMMC, as required. Client victims of sexually abusive vaginal penetration shall be offered pregnancy tests. If pregnancy test indicates positive results, victim shall receive timely and comprehensive information and timely access to all lawful pregnancy-related medical services. Client victims of sexual abuse shall be provided timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, as well as tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Within 48 hours of return to the residential center, the Victim Resource Specialist or designee shall be available to clients to provide additional resources and/or information.” (Section IV, page 7)

Interviews with medical and mental health staff support this practice.

Interview with the first responders also support this p Interviews with medical and mental health staff support this practice.

Interview with the PREA Manager, DARC and Agency Head also support this practice.

The Auditor interviewed two clients who reported sexual abuse. Both clients stated they were offered medical and mental health services. This information was also documented in the investigative files.

The Auditor interviewed two clients who reported sexual abuse. Both clients stated they were offered medical and mental health services. This information was also documented in the investigative files.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

286(a): ARC conducts sexual abuse incident reviews at the conclusion of every criminal or administrative abuse investigation.

ARC policy 13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014 states, "The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded." (Section I(A), page 1)

The Auditor reviewed 17 investigative files from November 1, 2017 through October 31, 2018 and found sexual abuse incident reviews had been conducted in each case.

286(b): ARC conducts their incident reviews within 30 days of the conclusion of the criminal or administrative investigation.

ARC policy 13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014 states, "Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation." (Section I(A)(1), page 1)

Review of investigative files supports this practice.

286(c): ARC's incident review team consists of upper-level management with input for line officers, investigators, medical and mental health staff.

ARC policy, "13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014 states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners, forensic examiners, and victim advocates, as available, and applicable to the case." (Section I(A)(2), page 2)

The DARC advised that in addition to himself, the Deputy Director, Operations Commander, PREA Manager and Senior Case Managers participate in the incident reviews at ARC.

286(d)(e): ARC prepares a report of the findings of the incident review team.

ARC policy 13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014 states, "The review team (as applicable to the case) shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identify; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and; Prepare a report of findings and any recommendations for improvement, and submit such report to the Director of Adult Residential Center and PREA compliance manager. The facility shall implement recommendations for improvement or shall document its reasons for not doing so." (Section I(A)(3), pages 1-2)

Interviews with the DARC, PREA Manager and member of the incident review team supports this practice.

The Auditor reviewed completed Sexual Abuse/Assault Follow-up Reports and found these forms also support this practice.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

287(a)(c): ARC collects accurate, uniform data for every allegation of sexual abuse.

ARC policy 13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014, "The facility shall collect accurate, uniform data for every allegation of sexual abuse at the facility using the U.S. Department of Justice's most recent published survey of sexual assault." (Section I(B), page 2)

287(b): ARC aggregates the incident-based sexual abuse data.

ARC policy 13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014 states, "The facility shall aggregate the incident based sexual abuse data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training..." (Section I(C), page 2)

Auditor reviewed ARC's 2017 Annual Report.

287(e)(f): These subsections are non-applicable to ARC as this facility does not contract for confinement of its clients and DOJ has not requested agency data.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

288(a)(b)(c)(d): ARC reviews data collected and aggregated pursuant to 115.287. This annual report includes a comparison of the current's year data and corrective actions from prior years. This report is approved annually by the director and is made public on Johnson County website. If needed, ARC redacts any information that would present a clear and specific safety and security of the facility.

Interviews with the Agency Head, Director and PREA Manager supports this practice.

The Auditor reviewed ARC's 2017 Annual Report. This report is published at: <https://www.jocogov.org/dept/corrections/about-us/prison-rape-elimination-act>

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

289(a)(b)(c)(d): ARC reviews data collected and aggregated pursuant to 115.287 and ensures this information is securely retained. ARC does not contract with other facilities for the placement of clients. If needed, ARC redacts any personal identifiers from its reports. All sexual abuse information is held for at least 10 years.

ARC policy 13.05, "Sexual Assault – Review, Data, Documentation," effective November 14, 2014 states, "Data collected shall be securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise." (Section I(G), page 2)

The Auditor reviewed ARC's 2017 Annual Report. This report is published at:
<https://www.iocogov.org/dept/corrections/about-us/prison-rape-elimination-act>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

401(a)(b): This is the second year of the second audit cycle for ARC. Johnson County Department of Corrections only operates one facility: ARC.

401(h): The Auditor had access to all areas of ARC. No areas were off limits.

401(i): The Auditor was able to review and request any documents needed to ensure compliance with the National PREA Standards.

401(m): The Auditor was given a private room to conduct interviews with clients and staff.

401(n): The Auditor observed the Notice of Audit posted throughout the facility. Clients and staff could send confidential correspondence to the auditor; however, no correspondence was received.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

403(f): ARC's Final PREA Audit report from 2016 can be found at:

<https://www.jocogov.org/dept/corrections/about-us/prison-rape-elimination-act>

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

February 4, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.