Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report August 26, 2019

Auditor Information

Name: Michele Dauzat	**Email:** dmdrec3@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: 17321 Highway 80 East	**City, State, Zip:** Minden, La. 71055
Telephone: 318-349-1291	**Date of Facility Visit:** August 14-15, 2019

Agency Information

Name of Agency: **Kemper County Regional Correctional Facility**		**Governing Authority or Parent Agency** *(If Applicable)*: Mississippi Dept. of Corrections	
Physical Address: 330 Stennis Industrial Park Rod		**City, State, Zip:** DeKalb, MS 39328	
Mailing Address: same		**City, State, Zip:** Click or tap here to enter text.	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Agency Website with PREA Information: www.mdoc.ms.gov			

Agency Chief Executive Officer

Name: James R. Moore	
Email: sheriffmoore@kempercountysheriff.com	**Telephone:** 601-743-4880

Agency-Wide PREA Coordinator

Name: Zac Houston	
Email: zhouston@mdoc.state.ms.us	**Telephone:** 662-359-5547
PREA Coordinator Reports to: Sean Smith	**Number of Compliance Managers who report to the PREA Coordinator** 18

Facility Information

Name of Facility: Kemper County Regional Correctional Facility			
Physical Address: 330Stennis Industrial Park Rd.		**City, State, Zip:** DeKalb, MS. 39328	
Mailing Address (if different from above): Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	

Facility Website with PREA Information: www.mdoc.ms.gov

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
PREA

Warden/Jail Administrator/Sheriff/Director

Name: **Johnny Crockett**	
Email: jcrockett@knrcf.us	**Telephone:** 601-743-5767

Facility PREA Compliance Manager

Name: Sandra Smoot	
Email: ssmoot@knrcf.us	**Telephone:** 601-743-5767

Facility Health Service Administrator ☐ N/A

Name: **Catherine Eldridge**	
Email: celdridge@knrcf.us	**601-743-5767**

Facility Characteristics	
Designated Facility Capacity:	541
Current Population of Facility:	350
Average daily population for the past 12 months:	338
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	18-65
Average length of stay or time under supervision:	6 months to 5 years
Facility security levels/inmate custody levels:	Medium/Minimum
Number of inmates admitted to facility during the past 12 months:	**1172**
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	1172
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	1172
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	43

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	7
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	6 dormitory/5 seg cells
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	5
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	1
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

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 interviewees, and the auditor's process for the site review.

The on-site PREA audit of the Kemper County Correctional Facility audit was conducted August 14-15th, 2019 by Department of Justice Certified Auditor Michele Dauzat. The purpose of this audit was to determine the facility's degree of compliance with the Federal Prison Rape Elimination Act Standards. The site review was led by Corrections Consultant, Ed Hargett, Warden Crockett, Chief of Security/PREA Compliance Manager Smoot, Security Supervisor, Brenda Bennamon and Office Manager, Catherine Walton. Prior to the onsite portion of the review, the PREA Compliance Manager provided the auditor with the PREA Pre Audit Questionnaire which included all policy and facility documentation relevant to each PREA standard for review. Following review of the documentation and in preparation for the onsite visit, the auditor and the PREA Compliance Manager engaged in ongoing contacts concerning the additional documentation needed for review.

The Notice of the Audit was posted throughout the facility prior to the scheduled Onsite Audit Phase. The PREA Compliance Manager reported the notice was posted in all housing areas, visitation and programming areas. The flyer explained the purpose of the audit and provided offenders and staff with the auditor's contact information.

The Mississippi Department of Corrections (MDOC) has developed a network of contracts with local governments to manage Regional Correctional facilities (RCF) that house inmates with lower custody level designations. It requires all Regional County Facilities, as well as all private prisons, to adopt and comply with their established and detailed PREA policy. The MDOC PREA policy is directly compatible with acceptable PREA Standards and promotes uniformity through-out the state.

The Mississippi Department of Corrections Policy, which all RCFs must follow, is SOP 20-14-01. The facility also has a detailed, facility specific policy for PREA, both policies and procedures are totally aligned with PREA National Standards.

All inmates at this Regional Correctional Facility are adult male offenders that have already been processed through the state reception unit. This facility does not house female or youthful inmates. The RCFs also do not house inmates with specific, special issues, such as medical, disabilities, language barriers and/or immigration proceedings.

The use of RCFs for lower security inmates and those nearing release also includes the transfer of special-needs inmates back into a larger State prison if the need for special services arises.

Pre-Audit Phase preparation included a thorough evaluation of all documentation and materials submitted by the facility along with the data included in the Pre Audit Questionnaire. In addition, the Prea Compliance Manager also sent documentation regarding the facility training curriculum, educational material, staffing plan, unit register, organizational chart, etc.. The Mississippi Department of Corrections (MDOC) maintains a policy regarding Sexual Abuse and Response and the Kemper County Correctional Facility maintains a facility specific policy as well as adhering to MDOC policies.

An entrance meeting was held August 14th, 2019 at 8:00 a.m., in which the auditor and leadership staff met and conducted an onsite review of the facility. Following the entrance meeting, the auditor began the site review. This included an observation of the facility configuration, staff supervision of inmates, housing units, segregation

units and programming areas. Informal interviews were conducted with both staff and inmates while in the various areas of the facility. While on the site review, the auditor was permitted access to all areas of the facility. During the site review, camera placement and staff placement were reviewed to determine standards compliance. Privacy in bathroom area was inspected to include any areas with barriers. Staff were aware of the requirement to announce the presence of the opposite gender and notification of such notice is posted on pod doors. Interviews with inmates and staff supported that the facility does ensure these announcements and that this practice is adhered to during daily operation.

It was obvious that staff and inmates receive appropriate training concerning PREA. The facility implements a zero tolerance policy and conducts training upon hire as well as annual and regular refreshers. When interviewed, staff were fully aware of their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. When questioned about responder duties, staff was familiar with their duties to protect victims and each staff member could vocalize the procedure for evidence preservation.

The facility utilizes roving staff to make random checks. The housing areas had clear lines of sight for officers and there were no noted blind spots. The camera system has excellent clarity and detail, enhancing the security of the inmate housing zones.

Searches are conducted by same sex staff with the normal exception for exigent circumstances, which have not yet occurred. Male staff are available on all shifts to conduct strip searches when necessary and this was verified during interview of both staff and inmates.

Several staff and inmates were interviewed and acknowledged receiving training for reporting sexual abuse and harassment and the right to be free from retaliation. All inmates were aware of the phone number for reporting and many verified that higher ranking staff including the Warden and Chief of Security make frequent rounds throughout the facility. Unannounced rounds are documented in the unit register which clearly indicates when a supervisor or high ranking official enters and exits the area. Several of the inmates specifically stated that the Warden addresses any and all concerns very quickly and is always willing to listen to the inmates.

If an incident occurs, John C. Stennis Memorial Hospital-Rush Medical Center would provide the forensic exams. During the review, it was noted that the on-site nurse is involved in providing screening upon intake. The nurse asks questions regarding victimization and educates the inmate on reporting procedures. The nurse has not only completed a PREA training provided from Centurion but also completed the Specialized PREA Medical Training from NIC.

Pre-Onsite Audit Phase

Prior to the onsite review to the facility, the auditor requested a list of inmates, staff, volunteers, and contractors who would be interviewed for specialized and targeted interviews. From these listings, once on-site, the auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The listings requested by the auditor in the pre-onsite audit phase included:

Complete inmate roster of population on the first day onsite.

Youthful inmates- None at this Facility
Inmates with disabilities- One cognitive disability/three elderly inmates
Inmates who are Limited English Proficient (LEP)- One
Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates- None identified
Inmates in segregated housing- None

Inmates who reported sexual abuse- None at this Facility
Inmates who reported sexual victimization during risk screening -None at this facility

Complete staff roster (indicating title, shift, and post assignment)
Specialized staff, particularly:
Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
Medical staff
Administrative (human resources) staff
Volunteers who have contact with inmates
Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)
Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
Staff who perform screening for risk of victimization and abusiveness
Staff who supervise inmates in segregated housing
Staff on the sexual abuse incident review team
Designated staff member charged with monitoring retaliation
First responders, security staff who respond to an incident of sexual abuse
Intake staff

All incident reports from the 12 months preceding the audit
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months
Total number of allegations was zero

In reviewing the targeted inmate categories recommended by DOJ for interviews, there were very few categories of inmates that were housed at KCCF. Inmates with any presenting issues and or vulnerability concerns would be transferred to a DOC facility and not be housed in the Regional Correctional Facility environment.

INTERVIEWS

Staff

Staffing pattern is consistent and an on-call process is utilized to fill any vacancies. Currently they have a total of 43 staff, including 27 full time correctional officers, 12 non security staff, 3 non security contract staff and 1 Investigator.

A total of 30 staff were interviewed during the course of this audit. Staff interviews consisted of:

1 Agency Head Designee

1 Agency PREA Coordinator

1 Warden

1 HR/Administrative Manager

1 Investigator, Sheriff's Department

1 Volunteer Supervisor/Chaplain

1 Medical (Nurse)

1 PREA Compliance Manager

1 Retaliation Monitor

2 Intake

2 Intermediate/High Level Security Supervisor

2 Staff Who Perform Screening for Risk of Victimization

2 First Responder Staff (Line)

2 Incident Review Team Members

MINIMUM 12 Random Staff interviews 14

Many of the specialized staff of the facility, serve in multiple capacities/roles, due to the overall limited amount of staff. Staff were able to articulate their role in their PREA responsibilities, such as reporting, responding and evidence preservation. All security staff are trained First Responders and they appeared to be diligent in their responsibility to protect the inmates from harm.

SAFE or SANE certified staff are available through the local Baptist Hospital, which the facility uses.

Inmate

The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Thirty two random inmate interviews were conducted during the on-site visit. There were no inmates that identified as LGBTI at KCCF. There were no inmates reporting sexual abuse at the facility and no inmates had been segregated at any point for any sexual abuse-related issue, either for investigation, separation or protection. One with cognitive impairment, and three elderly inmates and one LEP were interviewed.

Inmates interviewed indicated that they have received training in PREA and PREA related documents (handouts and pamphlets). Several inmates mentioned the postings with reporting phone number without being prompted. Inmates admitted they felt safe and considered the possibility of sexual abuse, unlikely. They also indicated that they believed staff would take complaints seriously and thoroughly investigate.

Youthful Inmates	0
Inmates with a Physical Disability	0
Inmates who are Elderly	3
Inmates who are LEP	1
Inmates with a Cognitive Disability	1
Inmates who Identify as Lesbian, Gay, or Bisexual	0
Inmates who Identify as Transgender or Intersex	0
Inmates in Segregated Housing	0

Inmates Who Reported Sexual Abuse	0
Inmates Who Reported Sexual Victimization During Risk Screening	0

Total Targeted Inmate Interviews*5

Type text here…

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 Kemper County Correctional Facility is located in DeKalb, Mississippi. The facility opened in 2000. The facility is owned and operated by Kemper County, but is required to comply with the Mississippi Department of Corrections' mission and policies, as they house state offenders. The facility is in excellent condition and is well maintained and sufficiently staffed. The KCCF Warden is selected by the Sheriff and approved by MDOC to manage the Correctional Facility. The facility is a single, story building. All operational and program areas of the agency are accessible from entry inside the single, story building. Recreation attendance requires exiting the building into a secure perimeter area which is supervised by staff and cameras providing full video monitoring coverage. Audit postings were available in multiple areas and viewed throughout the facility during the site review. Segregation cells are only utilized for emergency and temporary placement and each the facility has already placed a barrier on the window of the cell to ensure privacy for inmate. In the event used, the inmate would be under security monitoring until the inmate could be transferred to an MDOC facility for appropriate housing and treatment. Staff conduct regular documented rounds of this area.

This is a medium custody facility operated by Kemper County for contracted Mississippi State DOC adult male prisoners who have been screened thoroughly. It contains five, fifty six man zones and one pod that holds 75 inmates for a capacity of 355 male inmates. Pods A-E have three toilets and five showers and pod F 5 has eight toilets and nine shower heads. There is one tower or control room where the video monitoring is viewed for the five dorms and a separate control room for F dorm. There are five double occupancy cells and a multipurpose room that is used for programs and visitation. There is a barber area and library accessible to the inmate population.

The Administration portion of the facility has offices and a multipurpose room used for staff meetings.

Upon entrance into the facility, you are greeted by staff within the sallyport where further access into the facility is restricted pending approval for entry. During the site review, the facility was noted as being very clean, sanitary and secure. The 74 cameras provide excellent clarity and limits the number of blind spots. The Housing areas are monitored through use of the cameras and random, irregularly scheduled rounds from roving personnel. In the event of a suicidal inmate, staff would provide one on one supervision until transferred. The transfer would happen almost immediately depending on the circumstances of the transfer. The segregation unit is only utilized as a temporary shelter pending immediate transfer.

During the site review, the facility was noted as being very clean, sanitary and secure. The 74 cameras provide excellent clarity and limits the number of blind spots. The Housing areas are monitored through use of the cameras and random, irregularly scheduled rounds from roving personnel.

An additional advantage of the KCCF is that the facility's manageable size contributes to a safer environment for the inmates. Additionally, many of the inmates are lower security as they near their release and problems are few, and staff responds to those few quickly.

The facility's efforts in the area of privacy in the bathroom areas are appropriate and commendable. Curtains are strategically positioned to allow visibility at the top and bottom on the shower area, while still providing appropriate privacy. Barriers were added to toiletry areas to provide privacy that works effectively. In areas where camera coverage is limited, staff presences is constant.

Conclusion

Upon concluding the on-site portion of the audit, an exit meeting was held with Warden Crockett, Capt Smoot, Lt. McCade, Officer Clayton, Intake officer Wren, Food Service Manager, Brenda Bennaomon, Mrs. Walton, office administrator and numerous other key employees. The auditor reviewed the findings and all recommendations that were made. The auditor advised them she would be available as a resource at any time if necessary.

The MDOC PREA Coordinator and the facility PREA Compliance Managers are familiar and well-versed in their responsibilities to facilitate compliance with the PREA standards. The facility Compliance Manager indicated that she has the authority and ample time to coordinate the facility's mission of full PREA compliance.

Most of the those interviewed (staff and inmates) noted the commitment to PREA of both Warden Crockett and Chief of Security Smoot. It's apparent that PREA compliance is at the forefront of the facility's mission and goals, and their leadership is dedicated to staff and inmate safety.

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Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.31/115.34/115.41

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
  ☒ 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.

Type text here…

The facility's policy, 12.004.1, Prison Rape Elimination Act specifies zero tolerance of sexual abuse and harassment. The agency policy outlines the agency approach to preventing, detecting and responding to sexual abuse and sexual harassment. Interviews with both inmates and staff confirm that the policy is in practice and sexual safety is taken very seriously at KCCF. The policy is very detailed and specific addressing every standard and all prohibited acts are clearly defined. The MDOC state-wide PREA Coordinator and facility PREA Compliance Manager were both familiar with their respective responsibilities to ensure compliance to policies by staff. The KCCF Compliance Manager indicated that although she is very busy, she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. The agency addresses its policy against sexual abuse and sexual harassment in the Inmate Handbook, Staff PREA Handbook and an array of educational material provided to staff and inmates throughout the facility.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) ☐ Yes ☐ No ☒ NA

115.12 (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 inmates.) ☐ 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.

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According to documentation provided and interviews with the facility leadership, the determination was made that this facility does not contract with other facilities to house inmates assigned to their custody. Per the agency's contract with MDOC, which is through the confinement of inmates designated to KCCF, inmates will only be returned to the MDOC for housing. Therefore, KCCF does not contract for the confinement of inmates. This standard was found to meet standards, although contracting for inmates is not applicable to KCCF.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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.

Type text here…
Auditor reviewed all aspects of the staffing plan prior to site review. During the onsite visit, the plan was discussed with the Warden and PREA Compliance Manager and it is noted that all aspects of the standard are considered when developing and reviewing the staffing plan. The facility has documented any deviations from the staffing plan. Any time the plan is not followed, the Captain is notified, and it is documented. Shift rosters are reviewed daily to monitor shift coverage. The plan is reviewed annually by the senior members of the staff to include the PREA Compliance Manager, Sheriff and Warden and any recommendations are sent to the MDOC PREA Coordinator. In addition to facility staff review annually, the departmental PREA Coordinator also reviews the staffing plan. Intermediate and higher-level staff are required by facility policy to conduct and document unannounced rounds. The rounds are documented in red ink in the log book. This process was verified through inmate and staff interview as well as facility register logs.

The facility utilizes two 12 hour shifts consisting of security and supervisory staff in addition to 24 hours of extensive video monitoring. The video monitoring has a 30 day retention to allow for review of any alleged incidents reported. Each area of the facility is evaluated annually by the Warden to determine any blind spots.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☐ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ 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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Type text here…
KCCF does not house youthful offenders. This standard is not applicable since KCCF only houses adult inmates. Therefore, this meets standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (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 inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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

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Type text here…

Policy covers the procedures for searches and is compliant with the mandates of this standard. This facility does not house female or youthful offenders. The facility does not conduct cross-gender strip searches and/or cross-gender body cavity searches, and this was verified through staff and inmate interviews. Appropriate policies and training curriculums are in place to address cross-gender searches. There have been no exigent circumstances of cross-gender searching, but polices to address this, are in place as well. Training records/transcripts and staff interviews, confirmed that staff is receiving all training related to cross-gender searching, and the importance of the need for thorough documentation is prevalent. Established policies prohibit staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's actual genital status.

During the interview process, it was noted that staff acknowledged receiving training on conducting cross gender pat down searches.

Cameras are strategically located through-out the facility to ensure inmate privacy, while maintaining a secure environment. Staff of opposite sex are required to announce their presence prior to entering housing areas, and this was observed during the onsite review. These announcements are common based on information gathered during interviews. Although there have been not transgender inmates at the facility, applicable policies are in place and training records indicate that staff are familiar with searching procedures with this population.

Barriers in the toilet areas and in the shower area allow for inmate privacy, while not infringing upon good security practices. Lastly, interviews with inmates revealed no concerns with cross-gender viewing during shower and/or bathroom use.

The toilet area is located toward the back of the open dormitory; however, a privacy barrier was installed to ensure each stall has added privacy. During the interview process, there were no concerns relating to cross gender viewing during showering or toilet use. Every inmate interviewed voiced the feeling of safety at KCCF, some even indicating it was the safest facility in Mississippi. The facility does not house female inmates.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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

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Type text here…
Policies are in place to ensure that inmates with disabilities are equally able to benefit from the efforts of the facility to prevent and investigate any occurrences of sexual abuse or harassment. Additionally, inmates with problems communicating are able to benefit from the facilities available resources to ensure effective communication, regardless of language and/or level of understanding. Typically, inmates with disabilities will not be housed at KCCF. The facility has an agreement with a staff member, Marquice Collins, to provide services to any inmate with language barrier. To date, there have not been any need for interpreter services provided by Mr. Collins.

Agency policy prohibits the use of offender interpreters to gather information related to an allegation of sexual abuse or sexual harassment.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, 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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

- 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*)

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Type text here…

Policy reviews and interviews with HR personnel verified that this facility does not hire, promote or enlist the services of any contractor that may have contact with inmates, if the said party has committed or been convicted of any of the prohibited acts as defined in sections 1-3 of Standard 115.17(a), or had any incidents of sexual harassment. New prospective employees/contractors are subjected to criminal background checks through the NCIC System (every five years). The HR director maintains a database and spreadsheet that keeps track of when background checks were completed and when the new ones are due. This organized process ensures compliance with this standard. The auditor reviewed the spreadsheet with additional documentation to verify checks have been completed. New hires and employees applying for promotion are specifically asked about misconduct through a separate reporting form. Requests by employers, concerning former employees, is responded to by HR staff. By law, the facility is prohibited from providing any information concerning a substantiated allegation of sexual abuse or sexual harassment by a former employee.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates 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*)

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Type text here…
There have been no major modifications during this reporting period. During the interview with the Warden, he indicated that all areas of the facility are reviewed annually to ensure camera placement is appropriate and designed to increase and enhance the facility's sexual safety. The facility reviews all areas including blind spots to determine the need for additional camera coverage on an annual basis. The video monitoring system installed has the clarity to monitor activities within the housing zones and other facility areas with clear lines of sight and coverage. The Control Center Officer has access and is assigned to monitor the 74 cameras. Staff as well as inmates confirmed during interviews that they felt safe and secure with the camera system. During the site review, it was obvious that almost every area of the facility can be viewed while still enabling the privacy of the inmates while dressing, showering and toileting.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of 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

115.21 (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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Instructions for Overall Compliance Determination Narrative

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Type text here…
The investigator who is responsible for conducting criminal investigations is Jeff Jowers who is a certified law enforcement officer employed by the Kemper County Sheriff Department. A uniform evidence protocol is used during the investigative process that maximizes the potential for obtaining usable physical evidence. Any reports of criminal violations are immediately submitted to the District Attorney office for prosecution. There have been no reports of sexual abuse, sexual harassment or sexual assault at KCCF and no investigation conducted.

Verified in interviews and through documentation, the individual conducting the investigations has received the required specialized training through the Mississippi Law Enforcement Academy. Investigator Jowers is also trained in interview and interrogations. In the case of an investigation determined to be administrative, the Warden and Captain work together to investigate the incident and notify CID at MDOC if necessary.

There have been no forensic medical exams conducted in the past 12 months due to there being no incidents.

The facility nurse does not conduct forensic work as part of her practice, anyone who alleges sexual assault will be offered access to forensic examination at no cost at John C. Stennis Memorial Hospital, where a SAFE/SANE is available as referenced per the facility's Memorandum of Understanding.

A trained victim advocate is made available as documented in an MDOC Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault (MCASA). According to the MOU, the service provides for the advocate to be designated as the statewide DOC Victim Advocate. The contact for the advocacy service is provided in every housing unit posting.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Type text here…

There have been no allegations of sexual abuse or harassment in the past 12 months.

Agency policy mandates immediate initiation of an investigation following an allegation of sexual assault. The policy states the agency shall follow a uniform evidence protocol when conducting the investigation.

This standard was addressed in KCCF policy, the PAQ, and during an interview with the investigative staff. All allegations of sexual abuse and sexual harassment reported by inmates, staff, third party, volunteers and/or contractors must be submitted to the proper investigative staff for investigation. All requirements of the standard are outlined in the policy published on the Mississippi Department of Corrections website as required.

The interview with the investigator indicated the Sheriff's office and the facility work together to maintain compliance with this standard. The investigator indicated he would be notified immediately and would follow alleged victim to John C. Stennis Memorial Hospital to initiate investigation as soon as possible. The communication between the facility administration and the Sheriff office is commendable and beneficial to both entities.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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.

Type text here…

Prior to the onsite portion of the audit, the auditor reviewed the training curriculum in addition to employee training rosters. While onsite, the audit reviewed additional rosters indicative of all staff completing the agency required training.

All full and part time staff at KCCF receive PREA training upon being hired. In addition, staff is required to complete an additional 120 hours of training within the first year and 40 hours annually. The training curriculum covers the specifics outlined in this standard, in addition to first responder training. All staff have received the required annual refresher training, during the last twelve months. It is apparent, based on interviews and documentation reviews, that staff receive initial PREA training and are aware of their responsibilities and role in preventing sexual abuse and harassment incidents, in addition to appropriate evidence collection requirements. All training is tailored based on the all-male inmate population and documentation reviews reveal that staff understand the training that is received. Documentation reviews also reveal that training records and staff training transcripts are maintained in the appropriate human resources individual/facility files on site. Staff knowledge of the policy and procedures for PREA was a clear indicator that the facility ensures the employees not

only receive the training but also have a great understanding of the training. In addition, the departmental PREA liaison for KCCF is the one to provide the PREA training to the employees which is indicative of the partnership between KCCF and MDOC. Based on interviews with staff and review of roster, training curriculum and signed statements, it is apparent the facility exceeds the requirement of this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? ☒ Yes ☐ No

115.32 (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*)

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Type text here…

All contractors and volunteers who may have inmate contact receive training on their responsibilities regarding the facility's sexual abuse and harassment prevention, detection and response policies and procedures. All contractors and volunteers received the required initial and annual refresher training. During the onsite portion of the audit, training records and signed acknowledgment forms were reviewed by the auditor. The Chaplain indicated he conducts the annual training for the volunteers and covers all necessary content for training. He stated they have a total of twenty five volunteers and all have been trained.

Annie Brown is a Religious Volunteer from God Cares ministry and was interviewed via telephone. Mrs. Brown has been a volunteer for over 15 years and was very knowledgeable about PREA and articulated that she received training from the Chaplain and Capt Smoot recently in addition to her annual volunteer training.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Type text here…
Before arriving at KCCF, all inmates are required to receive the PREA-required education and information concerning sexual safety to include reporting, response and retaliation. The information is provided at the MDOC Reception Center and the training/education is documented in the MDOC electronic inmate files.

During intake process at KCCF, inmates receive information explaining the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Much of this information is also provided by the Booking Officer in a pamphlet format at Intake. The Booking Officer and the Nursing staff are both involved in the intake assessment to determine risk for victimization. Upon arrival, every inmate has already completed the detailed assessment at the reception unit and are reassessed when they arrive to KCCF. To date, the facility has not received any inmates designated as high risk for sexual victimization, per the reception assessment.

There are adequate postings and signage strategically located throughout the facility, readily and continuously available in English and Spanish if needed. Random inmate interviews indicated that inmates have knowledge of PREA as well as acknowledgement receiving the education at the Reception Unit prior to arriving at KCCF.

Normally, KCCF does not receive inmates who have limited English proficiency, or who are deaf, visually impaired or otherwise disabled. If it was determined that a newly arrived inmate had significant disabilities, staff are available to personally assist with accessing services through MDOC or Volunteer Staff translator. Generally, these inmates would be immediately transferred to the Mississippi State Prison at Parchman for confinement and care.

Upon review of inmate files, training curriculum, inmate handbook and PREA pamphlet, it is determined that the facility meets each subsection of this standard. The facility also provides a video for the inmates to watch upon arrival. The inmates are receiving PREA education and their Handbook upon arrival to the facility at intake. The auditor reviewed signed copies of documents in inmate case management files indicating they have received these PREA pamphlets and information and understand what information they have been provided. During interviews, it was evident the facility is providing ample education to each offender upon arrival and throughout the duration of the incarceration.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Type text here…
At KCCF, the lead criminal Investigator is Jeff Jowers, an officer with the Kemper County Sheriff Department. Investigator Jowers has 32 years of law enforcement experience and has been employed with the Sheriff Office for 8 years. Mr. Jowers has a Bachelor degree in Forensic Science and a Master Degree in Criminal Justice. He has completed numerous trainings regarding the investigative process to include interviews and interrogations. Mr. Jowers has conducted sexual assault cases for over 30 years. The policy, training curriculum records and interviews reveal that the investigative staff receive not only the generalized training that other staff receive, but also specialized training in conducting investigations in a confinement setting. Examples of this specific training received are: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections in a confined setting, and the criteria and evidence required to substantiate a case for administrative action and/or prosecution referral. All training documentation is maintained by the facility and it is

noted that the training received exceeds requirements for this standard. The trained investigator is extremely knowledgeable of the investigative process and his level of expertise in investigations is very beneficial to this facility. Although the facility is small, with limited resources, the investigative services are clearly a priority. The investigator articulated the great relationship with the facility in addition to the partnership with the local District Attorney office. Mr. Jowers not only maintains an office at the Sheriff Department but has one at KCCF as well. The level of dedication Mr. Jowers shows toward the overall mission of PREA for KCCF is impressive. Based on the commitment of ensuring a detailed, thorough investigative process, in addition to the level of expertise from Mr. Jowers, KCCF exceeds the requirement of this standard.

The facility Warden or Captain would begin any administrative investigations and refer to CID as necessary.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (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 *or* the agency does not employ medical staff.) ☐ Yes ☐ No ☒ NA

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
  ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Type text here…

Mental Health Services are provided through the Mississippi Department of Corrections, not in an RCF, and an offender requiring such services would be transferred back into the State prison system. Any inmate in need of mental health services would be transferred on an emergent basis and would have the possibility of returning, depending on the reason for transfer.

Per the organizational chart, two full time and one part time medical staff are employed at KCCF. Medical staff is employed by Centurion via contract with MDOC. In addition to the mandatory training from Centurion, the facility medical staff also received specialized PREA training through the National Institute of Corrections.

There are no forensic examinations conducted at KCCF.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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Type text here…

The PAQ reports all inmates entered the facility within the last 12 months and all were screened for risk of victimization and abusiveness upon their arrival. The inmate is screened upon arrival by the Booking officer and Nurse. As required by the policy and standard, all inmates are screened upon intake at the regional MDOC Reception Facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates; they also receive their first reassessment there since they are normally there several months. The screening assessment considers whether the inmate has a mental, physical, or developmental disability, age, build, previous incarceration, prior sex offenses, criminal history, previous victimization, and whether the inmate is detained solely for civil immigration purposes. Any inmates identified by the assessment are retained in MDOC and not sent to an RCF.

Policy prohibits inmates from being disciplined for refusing to answer assessment questions, or for not providing information in response to the screening tool questions. All information is secured appropriately on a limited

access bases, with sensitive information strictly off limits to line staff or other inmates. Information gathered during the assessment, is privileged to staff making housing, work, or program assignments. At any time an inmate feels unsafe for any reason, he has the option to complete a Red Tag form that will ensure he is no longer housed with the inmate he is avoiding. This information is made a part of his permanent record, easily accessible if he transfers to another facility within MDOC.

In addition to the assessments by the Reception Center staff, the RCF Case Manager meets with every offender upon arrival and every thirty days, thereafter. During these meetings, the Case Manager inquires as to any issues the inmate may be having in their assigned zone. This information was verified through interviews with inmates and staff. It was a recommendation for the Case Manager to document in the running log the specifics of the contact to reflect the inquisition of inmate safety and perception of vulnerability. Staff was very receptive to suggestion and implemented immediately.

Screening is accomplished promptly, within the first seventy-two hours after arriving. In accordance with applicable policies and standards, the reassessment tool considers prior data, along with any new information that may have been received.

In addition to screening immediately upon intake, the nurse completes an additional assessment that includes a risk for victimization or the abusiveness of the inmate within the first 30 days of inmate arrival.

Based on documentation review and interviews, it is evident the leadership and staff at KCCF take the screening process seriously. The inmates are thoroughly screened by more than one discipline and all concerns are noted and acted upon in a timely manner. The screening staff is very familiar with PREA and takes pride in ensuring a thorough screening interview is completed. Most of the inmates that arrive at KCCF have recently been screened for victimization/abusiveness at the Reception unit, however; the staff at KCCF is diligent about conducting an additional screening before placing the inmate in his assigned zone. All factors are considered, and the information is appropriately disseminated to ensure the inmate safety. The facility has demonstrated excellent practice in this standard exceeding the requirement.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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Type text here…

Based on policy mandates and confirmed through staff interviews, KCCF accumulates information learned during the intake process, along with information gathered during the initial risk screening at the Reception Center and has done this for all inmates received during the past year.

If there was an inmate that is identified as high risk either during intake or through nurses screening, the senior staff would be notified and an individualized determination of how to ensure the safety of each inmate would be decided. The screening form has an indicator at the bottom to recommend the disposition for housing based on the level of risk. The facility can opt to either transfer the inmate back to the state facility or separate in housing and work assignments. In addition, the Cell Bed Assignment sheet is utilized to determine appropriate housing, work assignment, etc. Any information relative to the inmates high risk for victimization or predatory behavior will be considered when completing the Cell Bed Assignment form.

Typically, transgender or intersex inmates are not assigned here but reside at a state institution with more resources for housing and programming to ensure these inmates' health and safety. In the event that a transgender or intersex would be assigned to KCCF, policy states that all assignments would be reassessed twice yearly to review safety, with the inmate's own views of safety given serious consideration and this understanding. This information was verified through interviews with upper management staff. Although the facility has not received transgender or intersex inmates, facility policy provides the opportunity to shower separately from other inmates and facility staff were familiar with this requirement.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ 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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Type text here…

There were no instances of use of involuntary segregated housing in the past 12 months for inmates at risk of sexual victimization. KCCF policy does outline procedures to ensure inmates at risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made.

Although there have been no incidents or allegations at this facility in the past 12 months, staff interviewed were aware of the requirements of the standard as well as the facility policy.

Involuntary segregation is rarely used at an RCF. Inmates placed in involuntary segregation do not ordinarily remain for more than 24 hours pending transfer, unless an exigent circumstance exist. Reviewing practices and interviewing inmates indicated the policy was being followed.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ 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*)

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Type text here…
There are several different avenues provided to the inmate population for reporting purposes. These services include mail, free telephone services to internal offices and external agencies, and directly to any staff member or third party who may report back to the facility. Staff is readily available to the inmate population to receive any complaints. According to policy, any staff member receiving a report is required to verbally report that immediately and provide a written report prior to the end of that shift. All interviews with staff indicated this procedure is understood and would be followed in the event of an allegation. The information for the external agency is posted throughout the facility and listed in the inmate handbook; all inmates interviewed were aware of the telephone number posting. Inmates may remain anonymous by using the external agency or by submitting an anonymous letter. Staff knew the methods to report and all interviews stated that they would be comfortable doing so. The agency allows third parties to submit reports of allegations of sexual abuse/harassment on behalf of inmates.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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

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Type text here…

KCCF is not exempt from this standard and has procedures in place to address inmate grievances regarding sexual abuse. However, there have been no reports of sexual abuse or sexual harassment. Therefore, no grievances have been filed. KCCF policy addresses the administrative remedy process to be utilized. KCCF is required by the MDOC to forward all inmate grievances to MDOC for acceptance and review. MDOC will then provide response to KCCF. The procedure for filing a grievance is located in the inmate handbook and the agency policy. There is no designated time limit in which a grievance can be filed regarding an allegation of sexual abuse, harassment or retaliation. KCCF policy prohibits the grievance of sexual abuse to be submitted to or referred to the subject of the complaint.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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*)

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Type text here…
The agency maintains a state wide agreement with rape crisis centers throughout the state to address emergent and crisis centered issues. All contacts are confidential. The facility provides the inmate population with access to outside victim advocates for emotional support services related to sexual abuse through the Mississippi Coalition Against Sexual Abuse by way of a Memorandum of Understanding with MDOC. Auditor observed the postings and confirmed knowledge of the information in the Inmate Random interviews. Auditor also contacted MCASA to confirm the requirements of the MOU.

Mailing addresses and toll-free hotline numbers are provided to the inmate population. Outside and third-party reports can be sent to the advocate office and can be completely confidential. Information or requests can be received by mail or telephone. No identifying information is required for the office to act and become involved in an alleged incident or need or to provide direct service to the inmate.

The PAQ indicates that there have been no reports, no requests for advocacy, and no incidents occurring at KCCF in the past year. All inmates interviewed were knowledgeable about hotline and it is readily visible in all housing units.

All phones in the housing areas were tested and proved to be working. This was addressed immediately and corrected while onsite. The inmates can dial 6500 to report anonymously and this method was verified by auditor during onsite review.

The inmates were not only knowledgeable that there was a reporting method in place but could also articulate the exact numbers to use in the event of an assault. Each time an inmate picks up the phone, the prompt provides the option to connect to report sexual assault.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Type text here…
Third party reporting information is readily available to all inmates through the intake process. The contact information for the Mississippi Coalition Against Sexual Abuse (MCASA) is provided to the general public on the MDOC website, as well as in the handbook and on postings in the telephone areas in the inmate zones. In addition, the notification is also posted in the visitation area, readily available to all visitors for third party reporting options. All reports are taken seriously, regardless of the reporting method. Each allegation is investigated immediately upon receipt of the information. The MDOC information posted in all units indicates the ability and information needed to report this type of incident to MDOC central office staff as well.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 or not 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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (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

115.61 (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

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Type text here…

Failure to report is violation of policy and may result in administrative or disciplinary sanctions. Random staff interviews verified staff awareness of their responsibility for the immediate reporting requirement. Staff readily articulated knowledge of the confidential nature of allegations, with the only exception being treatment or investigative process. All staff interviewed stated they would also feel comfortable reporting to the Warden or Captain.

Facility requires all staff, to include medical practitioners, to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation. The nurse confirmed that he is a mandatory reporter by law in such cases. Staff must also report any allegations of retaliation against inmate or staff.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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Type text here…

During interviews, staff were aware of the steps to take to protect an inmate as well as their required first responder procedures and staff voiced their genuine commitment to this requirement. They indicated they would enforce it personally and believed that other staff also agreed with this approach.
The PAQ indicated there have been no reports where it was determined an inmate was subject to imminent sexual abuse. No reports were confirmed by the Agency Head or the PREA Compliance Manager. No staff

interviewed could recall any sexual incidents in recent past. Extensive training concerning this topic was evident throughout all interviews at the facility. Random questions to staff during the site review gave the same results and that they were aware of the steps and processes required.

If necessary, in order to protect an inmate, KCCF can transport predatorial inmates to an MDOC parent facility where more housing and treatment options would be available if needed.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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*)

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Type text here…

Agency and facility policy require reporting to the appropriate personnel upon receiving an allegation that an inmate was sexually abused while confined at that facility, in order to ensure it was investigated.

There have been no instances to date, but during an interview with the facility Warden and upper management staff, knowledge with the required procedure was indicated.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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*)

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Instructions for Overall Compliance Determination Narrative

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Type text here…
Per the PAQ, the agency first responder duties are listed in the KCCF policy on page 32-34. There were no allegations of sexual abuse received in the past 12 months. KCCF policy outlines the specific procedures for all staff to respond to an allegation that an inmate was sexually abused in accordance with the standard. All facility staff are trained as first responders and have knowledge of their expected responsibilities to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. Staff have received required training specific to these duties as confirmed through training rosters as well as staff interviews. It was apparent through staff interviews that it is imperative for staff to be familiar with the first responder duties. Every staff member interviewed easily articulated the first responder duties. This included security and non security staff.

Standard 115.65: Coordinated response

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

115.65 (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*)

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Type text here…

The policy outlines the requirements of the standard. No incidents have occurred and the facility has a very detailed institutional plan for staff to response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties. Policy provides specific details in the plan of actions to include staff notification, the protocol for response, collection of evidence, etc. A report has to be submitted to agency PREA Coordinator within ten days of incident occurrence. The facility utilizes the Sexual Assault Response and Containment Checklist as a the coordinated action plan.

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

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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☒ **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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Type text here…
The facility staff have the ability to move any inmate to a safe cell or segregation areas that is suitable for the protection of the inmate at high risk for sexual victimization. There are no current agreements that limit the agency's ability to remove a staff abuse from having contact with inmates during the course of an investigation. In the event an employee violates the KCCF policy regarding sexual abuse and harassment, the employee could be subject to disciplinary sanctions up to termination.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (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*)

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Type text here…
There have been no incidents that require monitoring for retaliation. The PREA Compliance Manager, who would be the designated employee to conduct monitoring, was interviewed. She was knowledgeable regarding his responsibility as the retaliation monitor. She stated multiple factors would be considered when determining if an offender or employee was being retaliated against. Per policy, retaliation is prohibited and staff is aware of

reporting requirements. The PCM stated if retaliation was reported during the monitoring process, an additional investigation would be initiated.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Typically, an inmate would be transferred to a state MDOC facility for housing to ensure safety if necessary. Policy states that if segregation is used, it will be short term and will include programming and privileges. The use of segregation relative to PREA would only be used as a final alternative and would only be implemented for safety purposes. Interviews with the Warden, and PREA Compliance Manager confirmed this procedure and understanding of the policy.

At KCCF there have been no inmates placed in involuntary segregation for protection following an allegation of sexual abuse during the last 12 months.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? ☒ Yes ☐ No

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

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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Type text here…
There were no allegations made in the past 12 months, so there were no files to review by Auditor. The certified investigator is also certified law enforcement. He conducts criminal investigations on behalf of Kemper County Sheriff Department. The policy requires that all investigations of sexual abuse and sexual harassment are conducted thoroughly and in a timely manner.

Upon interview of the Investigator, and documentation review, it was determined that substantial training had been received concerning sexual abuse investigations, evidence collection and preservation. All investigators and senior staff interviewed stated that any allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victim would not terminate the investigation. Facility policy requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and not be determined by any inmate status.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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

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KCCF policy discusses all components of the preponderance of evidence standard. When interviewing the designated investigator, he was able to adequately give examples of the burden of proof and preponderance for administrative cases. He understood that a standard no higher than preponderance of evidence is used when determining allegations of sexual abuse or sexual harassment is substantiated.

There were no administrative investigations needed in the past 12 months as there were no allegations

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Type text here…
Since there were no allegations during the reporting period, there were no notifications to review. Per policy, KCCF has the responsibility to inform the reporting inmate as to whether his allegation was determined to be substantiated, unsubstantiated or unfounded. Following an allegation that a staff member has committed sexual abuse against an inmate, the agency would inform the inmate in writing if the staff is no longer posted in the unit or no longer employed at the facility; and if they have been indicted or convicted. In addition, a PREA Worksheet is in place throughout the investigative process that ensures the victim notification.

Higher-level staff and PREA agency staff indicated in their interviews they were aware of the requirement and the procedures to follow, despite having no allegations during the reporting period.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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

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Type text here…
All incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted. In accordance with the agency zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an offender is termination.

In the past 12 months, no staff from the facility have been terminated for violating sexual abuse or sexual harassment policies. In the past 12 months, no staff from the facility have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ 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

115.77 (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 inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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Type text here…
KCCF policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agency and to relevant licensing bodies. KCCF takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During interviews with the Warden and HR director/Office Manager, it was noted there have been no contractors or volunteers reported to law enforcement in the past 12 months for engaging in sexual abuse of offenders at KCCF.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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Type text here…
The agency investigates all incidents of inmate sexual abuse or sexual harassment. All incidents shall be disciplined and referred for prosecution, when warranted. In keeping with the agency's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. Disciplinary sanctions will occur and will be based upon circumstances of the incident, inmate's disciplinary history and similar sanctions imposed on similar incidents. The facility will consider the mental health functioning of an inmate and will consult with mental health staff prior to implementing a sanction. The facility only disciplines an inmate for sexual contact with staff only upon finding that the staff member did not consent to the act.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
  ☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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Type text here…
The facility is compliant with this standard despite not having onsite mental health staff. Each inmate is required to complete the required screening when processed through the Reception Unit. While at the reception unit, each inmate is afforded the opportunity to access mental health and medical services within the first 14 days. Although there is no provision for mental health services at the RCF units, the nursing staff immediately evaluates the inmate upon intake and refers to MDOC mental health if the need arises or the inmate requests assistance. Informed consent is obtained during the medical screening intake. If necessary, an inmate in need of mental health services can be transferred to the state MDOC facility in accordance with his mental health needs.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate 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

115.82 (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

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Type text here…
Agency and facility policy support all areas of this standard and mandate immediate access to medical and mental health services. The policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim. The policy all includes timely access to emergency contraception and sexually transmitted infection prophylaxis and that the victim bears no financial cost for treatment of services.

Although emergency care may be provided at John C. Stennis Memorial Hospital, if a situation required extensive or long-term treatment, the inmate would be transferred to a DOC prison with a larger medical or mental health unit for stability and treatment

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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Type text here…
KCCF policy addresses this standard on pages 44-45. The agency requires the facility to offer appropriate mental health and medical evaluations to inmates who have been victimized in a correctional facility. Inmates are provided care at John C. Stennis Memorial Hospital in DeKalb. All services provided to inmate victims are consistent with community care. The care is provided at no cost to the inmate.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (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.

Type text here…

There have been no investigations or Incident Reviews in the past 12 months.

According to facility policy, KCCF requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. This review also includes those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. The review team includes the Warden, Captain/PREA Compliance Manager, Investigator, and Nursing staff. Although, there have been no incidents to review, the facility meets the requirement of the standard. The facility utilizes a review checklist that includes a summary of incident, policy and procedure review, process review of incident and staffing. Each member of the incident review team could easily articulate their role and what factors would be considered during an incident review.

During the interviews with the PREA Compliance Manager and Nursing staff it was understood that both disciplines would participate in the review meetings and all parties indicated understanding of reasoning behind the meetings.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Type text here…
KCCF reviews all data collected pursuant to this standard in order to assess and improve the effectiveness of the sexual abuse prevention. The facility will collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions form the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by August 30th annually.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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*)

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Type text here…
KCCF policy mandates that all data collected is reviewed to improve the mission of prevention, detection and responding to all sexual abuse. An annual report is generated for the facility to compare the data from the previous year. All pertinent information is reviewed to ensure any necessary improvements are noted and implemented. The annual report is submitted to MDOC for inclusion in the departmental annual reporting and publishing on the agency website.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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

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Type text here…
The agency maintains all incident based data. The annual reports are accessible through the agency website. The link was provided to the audit team to review accessibility. All personal information is redacted from the reports. Agency policy and practice provides for secure retention of the data.

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 inmates 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

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Type text here…

KCCF was extremely accommodating and provided access to any area of the facility that we requested. All supplemental documentation that was requested by the auditor was provided by the PREA Compliance Manager prior to leaving the Onsite review. The auditor was able to interview staff and inmates informally throughout the site review and confidentially for the random and specialized interviews.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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

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Type text here…

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

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.

Michele Dauzat August 26, 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.