

Julie A. Salmi
President/CEO
Full Circle Prison Consulting
910 Fontmore Road, Suite B
Colorado Springs, Colorado 80904

October 28, 2019

Barth Hague
President/CEO
Mirror Inc.
130 E. 5th Street
Newton, Kansas 67114

RE: ADDENDUM - FINAL PREA AUDIT WICHITA MEN'S RESIDENTIAL REENTRY CENTER

Dear Mr. Hague:

On July 9, 2019, the interim PREA audit report for the Wichita Men's Residential Reentry Center was finalized in error. Below, please find the complete audit results regarding the audit and consider it as Final.

On May 7-9, 2019 an on-site inspection at the Wichita Men's Residential Reentry Center was completed. As outlined herein, all PREA standards found in non-compliance have been corrected. The facility is 100 percent compliant with all PREA standards as of October 28, 2019.

Summary of Correction Action:

Mirror Inc. encompasses the of zero-tolerance stance on sexual abuse and sexual harassment at the Wichita Men's Residential Reentry Center. Corrective action and demonstrated institutionalization on nine (9) standards, however, was required for full compliance with the PREA standards as outlined in standards for Community Confinement Facilities. Mirror Inc. incorporated all auditor recommendations into their current practice.

Number of Standards Exceeded: 1 §115.231

Number of Standards Met: 40 §115.211; §115.212; §115.213; §115.215; §115.216; §115.217; §115.218; §115.221; §115.222; §115.232; §115.233; §115.234; §115.235; §115.241; §115.242; §115.251; §115.252; §115.253; §115.254; §115.261; §115.262; §115.263; §115.264; §115.265; §115.266; §115.267; §115.271; §115.272; §115.273; §115.276; §115.277; §115.278; §115.282; §115.283; §115.286; §115.287; §115.288; §115.289; §115.401 and §115.403.

Number of Standards Not Met: 0

Findings by Provision and corrective actions taken and certified by this auditor are as follows:

§115.215

Corrective Action Update October 28, 2019:

The staff training curriculum has been updated to include transgender, intersex and cross gender search protocols. The facility has also implemented a new training requirement for all new employees to watch the PRC's training video, "Guidance on cross-gender and transgender Pat Searches." The facility updated its PREA Manual, dated 6/24/2019, which now incorporates new language addressing the above recommendations. The facility provided additional training regarding opposite gender announcement requirements and cross-gender pat searching procedures and posted bi-lingual signage at the dorm entrances to advise residents the dorm area is under video surveillance and all residents should be properly dressed at all times. The facility created a logbook for cross-gender strip and/or cross-gender body cavity searches for documentation purposes in the event an outside agency conducts a search of this type. PREA Standard 115.215 is now in full compliance.

The facility incorporated transgender, intersex and cross-gender search protocols into the staff training curriculum. All requirements set forth in provision (f) have been include. Standard 115.215 is in full compliance with the PREA standards.

Corrective Action: (1) Implement transgender, intersex and cross-gender search protocols to be incorporated into staff training curriculum to include all requirements set forth in provision (f).

115.215 (f). The facility indicated in their response to the PAQ that 100 percent of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff however, revealed 9 of 13 staff indicated they did receive training on cross-gender pat-down searches and searches of transgender and intersex inmates, three staff stated they did not receive the training and one staff member did not know. Two staff also stated training consisted of cross-gender pat searches but not transgender searches. With notable conflicting responses to the question the auditor asked the facility director, who reaffirmed the facility does not conduct cross-gender searches. A review of training documentation consisted of Mirror Inc.'s Annual Training Curriculum, Mirror Inc.'s PREA Post Test, BOP PREA in Community Corrections Contractor's Training (2016) and PREA Refresher curriculum. The auditor found no references supporting training on procedures for cross-gender pat down searches. The training material for transgender searches in the PREA Refresher curriculum only addressed knowing agency policy. The facility director indicated if searching a transgender resident was necessary it would be non-touch with a wand and in full view of a camera. The sign-in sheets for PREA training did not indicate what specific training topics were addressed and the facility could not provide a curriculum supporting cross-gender or transgender/intersex searching. As such, the auditor could not verify staff are receiving the required training. The auditor finds the facility not in compliance with PREA Provision 115.215 (f) based upon documentation provided and interviews conducted.

§115.216

Corrective Action Update October 28, 2019:

The facility provided refresher training on the use of the interpretive service to its employees and have implemented a monthly testing system of the service to coincide with facility fire drills. By doing so, staff will remain well versed on the service and how to gain access to it. Staff have been retrained on the prohibition of using residents as interpreters except in emergency situations. Written materials with residents are reviewed one-on-one with the resident. First during the intake; then with their Case Manager; and finally, with the Social Services/Employment Placement Coordinator to further assess their risks, needs, and abilities. Residents are then met with on an ongoing basis to monitor their progress, needs, accomplishments, and challenges. Staff have received training on the web-based translation service Google Translate and have incorporated its use into their meetings with the residents, along with the translation tool in *Word*. Residents with intellectual deficits would be linked with community partners who can advocate for services related to reentry and successful integration into Kansas communities. These community partners can share any issues they see, hear, or witness to Mirror staff or other reporting mechanisms and agencies. PREA Standard 115.216 is now in full compliance.

Corrective Action (3)

Ensure all staff have access to and understand how to use the facility's interpretive services in order to use during intake screening when needed.

Retrain all staff to ensure they are aware of the prohibition of using residents as interpreters for other residents.

Simplify written PREA education materials for those residents who are intellectually and psychiatrically challenged.

§115.216 (a). Mirror Inc.'s Wichita-Toben RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19), under section Residents with Disabilities or Who Have Limited English Proficient (p. 6) indicates specifically that "(a) Mirror shall take appropriate steps, by partnering with the WASAC - Wichita Area Sexual Assault Center, to ensure residents with disabilities have equal opportunity to benefit from all aspects of our efforts to prevent, detect, and respond to sexual abuse and sexual harassment." Policy defines residents with disabilities to include, "residents who are deaf, hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities." Interview with the Agency Head revealed Mirror Inc. facilities have a contract with Universe Translation Services which they utilize upon intake and while meeting individually with case managers to go over information in the resident handbook to ensure understanding. Staff are provided with the number and PIN to gain access to the system. The PCM called the interpretive service phone number so the auditor could communicate effectively during a resident interview. Initially, no contact was made as an additional PIN number was required to gain access. Staff were unaware of this PIN number and it was not included on the instructions, therefore, it is ineffective for

residents requiring the service. The PCM immediately contacted the service and it was rectified and new instructions posted. The auditor was able to effectively communicate with the resident. The facility director and PCM indicated the facility also utilizes bi-lingual staff when needed, although at the time of the audit, there were no bilingual employed at the facility. The interview with the PCM indicated with blind, intellectually challenged or residents with low reading skills, case management staff read aloud policies and procedures in a one-on-one setting to ensure resident completely understand the material. Additionally, staff utilize 28 the web-based program "Google Translate" which translates English to any language. The auditor also used this service while interviewing the resident and found it effective. The PCM indicated one-on-one settings have proven beneficial for residents with these types of disabilities. Interview with the agency head and PREA Coordinator revealed the facility has partnered with WASAC for services for disabled residents with mental health/psychiatric conditions and/or intellectually challenged residents. The auditor called the WASAC from the resident payphone in the dining/visitation room and had no connection issues. Interview with Mirror Inc.'s agency head corroborated the partnership with WASAC and its services provided to the residents. The auditor conducted a random/targeted interview with a resident who is has limited English-speaking abilities. He indicated he received but did not understand the PREA information given to him at intake because he does not speak or read English. Staff did not use the translation service during intake, or 30-day follow-up meeting, and only have the written PREA intake documents in English. Mirror Inc. did not provide staff training documentation supporting training is conducted on PREA compliant practices for residents with disabilities. The PREA Coordinator indicated its PREA education materials provided to residents are that of an 8th grade comprehension level. The facility was unable to provide documentation supporting the use of WASAC as resource for LEP or otherwise challenged residents. The auditor is not convinced residents with intellectual or psychiatric deficits would understand what they are reading. Mirror Inc. has established policy and procedures to provide disabled residents 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; however, the auditor is not convinced the facility's practice of the policies and procedures have been institutionalized. The auditor will recommend the facility update its written PREA education materials to incorporate dual languages and add PREA – compliant practices for disabled residents and those with limited English proficiency to the staff training curriculum. Current operations and practices do not meet the requirements of this provision and as such, the auditor finds the facility not in compliance with PREA Provision 115.216 (a) based upon documentation provided and interviews conducted.

115.216 (b). As noted in provision (a) of this standard, interview with the agency head revealed the facility has a contract with Universe Translation Services to communicate with Limited English Proficient residents. Staff are provided with the number and PIN to gain access to the system. The PCM called the interpretive service phone number for the auditor to conduct a resident interview. Initially, no contact was made as an additional PIN number was required to gain access. Staff were unaware of this PIN number and it was not included on the instructions, therefore, would be ineffective for residents requiring the service. The PCM immediately contacted the service and it was rectified and new instructions posted. Mirror Inc. has established procedures, by way of translation services and bi-lingual staff, to provide residents with limited English proficiency 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. Posted PREA

information and brochures are also in Spanish. Although not required, the facility does not have written PREA intake documents in languages other than English for residents to understand. The auditor will recommend PREA intake and education documents are transcribed in Spanish and to implement procedures to test interpretive services phone lines periodically to ensure contact can be made without interruption.

Current operations and practices do not meet the requirements of this provision, and as such auditor finds the facility not in compliance with PREA Provision 115.216 (b) based upon documentation provided and interviews conducted.

115.16 (c). Mirror Inc.'s Wichita-Toben RRC, written policy entitled, PREA Implementation Manual (rev. 3/15/19), under section Residents with Disabilities or Who Have Limited English Proficient (p. 6) indicates "Mirror shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first-responder duties, or the investigation of a resident's allegations." All random staff interviews indicated they do not use any type of resident assistants to assist in translation. Interview with one LEP resident revealed having other residents assist in translation is not allowed. There was only one disabled resident residing at the RRC during the audit. Mirror Inc.'s policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations. The facility reported in its PAQ response that the Wichita-Toben RRC reported zero instances when residents or other types of resident assistance was used during the past 12 months. Although policy is in place, and staff interviews support the non-use of any type of resident assistants, the auditor is not convinced the practice has been institutionalized. While attempting to interview an LEP resident and not being able to connect to the interpreter service line, staff's first and immediate response was to have another resident translate. These actions contradict policy and information revealed during interviews.

Current operations and practices do not meet the requirements of this provision and as such, the auditor finds the facility not in compliance with PREA Provision 115.216 (c) based upon documentation provided and interviews conducted.

§115.221

Corrective Action Update October 28, 2019:

The facility provided a copy of an updated MOU. The MOU however has not been signed and returned to the facility as officially binding. The facility is to make regular contact with the WPD in order to secure the new MOU. PREA Standard 115.221 is now in full compliance.

Corrective Action: (1)

Initiate a relevant MOU with the WPD or provide documentation of the request regarding the requirements to follow paragraphs (a) through (e) of PREA Standard Provision 115.221 (f).

115.221 (f). In response to the PAQ, the facility indicated sexual abuse or sexual harassment allegations that appear to be criminal in nature are referred to the WPD. An MOU provided to the auditor dated 3/22/19 is currently pending review and approval by the WPD. However, the MOU appears to be a duplicate of a Topeka RRC community advocacy MOU. Interview with the PCM indicated all sexual abuse allegations will be referred to the WPD. The facility was unable to provide supporting documentation and verification of requesting the WPD address the requirements of provision (f) to follow paragraphs (a) through (e).

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.221 (f) based upon documentation reviewed and interviews conducted.

§115.233

Corrective Action Update October 28, 2019:

The facility has updated its PREA Education materials to include Spanish translation for LEP residents and has conferred with WASAC to ensure PREA literature is in an understandable format for those residents who may be deaf, visually impaired, or with limited reading skills. If staff determine during one-on-one meetings that residents are not understanding what is being said or topics discussed, they will be referred to WASAC no later than the next calendar day. There have been no instances warranting these procedures to date. PREA Standard 115.233 is now in full compliance.

Corrective Action: (1)

Provide PREA Education materials in formats accessible to all residents, including LEP, deaf, visually impaired, limited reading skills or otherwise disabled residents.

115.233 (c). Mirror Inc.'s PREA Implementation Manual (p. 19) addresses the requirement of providing resident PREA information in alternate formats for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as, to residents who have limited reading skills. Policy addresses this standard and appropriately covers provision (c). Interviews with the PCM, two case managers and two intake staff verified intakes take place within 72 hours of arrival and the case managers provide a more detailed education process in that time. The case managers further added they ensure residents on their caseload receive and understand the material through the practice of one-on-one education. The interviews with the case managers indicated they use a web-based written translation service to communicate with residents when they do not understand something being said. The auditor interviewed one LEP resident, who was able to communicate via translation services and "Google Translate." The auditor will recommend all PREA education materials be provided in a written format for continual accessibility for limited English proficient residents. There were no visually impaired residents or residents with limited reading skills housed at the Wichita-Toben RRC during the audit. The interviews with the case managers revealed it was their practice to read aloud to the residents who are blind or have diminished reading skills. The PREA manual also indicates

Mirror Inc. has a contract with Universe Translation Services for utilization when translation services are needed. Interview with the agency head indicated the translation services are used at both Mirror facilities. The facility has written dual-language PREA education materials, including brochures and rape crisis advocacy information. However, staff did not know how to use the interpreter service to communicate with an LEP resident, and there is no documentary evidence supporting PREA education materials are in formats for disabled residents. Disabled residents include deaf, visually impaired and those who have limited reading skills. Additional details are referenced in Standard 115.216.

The auditor finds the facility not in compliance with PREA Provision 115.233 (c) based upon documentation provided and interviews conducted.

§115.241

Corrective Action Update October 28, 2019:

Mirror Inc.'s Agency PREA Coordinator designated the facility/program directors at both of their facilities to be the PREA Compliance Manager. The PCM will be responsible for ensuring tracking mechanisms are in place to prevent late 30-day PREA risk assessment re-screenings. The Social Service/Employment Placement Coordinator is the designated back-up. No re-assessments have been late or missed since implementing this change. PREA Standard 115.241 is now in full compliance.

Corrective Action: (1)

Establish tracking mechanisms to ensure risk reassessments are conducted within standard time-frame guidelines (30 days from arrival).

115.241 (f). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 7-8), which addresses the requirement of completing resident risk reassessments within 30 days of the initial intake screening. Specifically, the PREA Implementation Manual in part states, "(f) Mirror staff shall reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Residents will receive a second screening no later than 30 days following arrival..." The facility reported in the PAQ 174 residents entered the facility within the past 12-months with lengths of stay in excess of 30 days. The PAQ did not include the number of residents who had been reassessed. Interviews with 16 random residents revealed eight residents at the facility in excess of 30 days indicated they were reassessed and seven said they were not reassessed and the remaining one indicated he did not know. The auditor reviewed documentation of 17 PREA Screening Tools and determined three residents were reassessed no later than 30 days of arrival, three residents were still within 30-day timeframe and reassessments were not yet completed, one resident was not reassessed, and 10 reassessments were late.

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.241 (f) based upon documentation provided and interviews conducted.

§115.251

Corrective Action Update October 28, 2019:

Facility staff received training in July 2019 on immediate reporting and documentation requirements of any allegations of sexual abuse or sexual harassment. Mirror Inc.'s Standards of Conduct was also reiterated. There have been no further incidences of allegations of sexual abuse and sexual harassment to date. PREA Standard 115.251 is now in full compliance.

Corrective Action: (1)

Retrain staff on the reporting requirements of allegations of sexual abuse and sexual harassment (p. 10) states in part, "Staff shall accept reports made verbally, in writing, and anonymously. Staff shall immediately document any verbal reports." The interviews with a random sample of staff (13) revealed they accept 3rd party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. The interviews with a random sample of residents (14) and targeted residents (2) revealed 15 were aware they could make a report of sexual abuse or sexual harassment via 3rd party, verbally or in writing. One resident reported not remembering how to report any allegations. In response to the PAQ, the facility reported staff document verbal reports "immediately." The auditor was provided with documentation of one allegation of sexual assault investigative report. The report indicated a resident reported to two staff members on 3/20/19, that he was sexually abused during a routine pat search. Neither staff member immediately documented this report. The resident reported the alleged abuse again on 3/22/19, at which time a report was initiated and memorandum from the two staff members requested.

The auditor finds the facility not in compliance with PREA Provision 115.251 (c) based upon documentation provided and interviews conducted.

§115.261

Corrective Action Update October 28, 2019:

Facility staff received training in July 2019 on immediate reporting and documentation requirements of any allegations of sexual abuse or sexual harassment. Mirror Inc.'s Standards of Conduct was also reiterated. There have been no further incidences of allegations of sexual abuse and sexual harassment to date. PREA Standard 115.261 is now in full compliance.

Corrective Action: (1)

Retrain and emphasize to all staff their responsibility to report any allegations of sexual abuse or sexual harassment.

115.261 (a). Mirror Inc.'s PREA Implementation Manual (p. 11) stipulates in part, that "Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or

sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, to the Facility Director or PREA Coordinator.” The interviews with 13 random staff revealed they are to report to the facility director and/or PREA Coordinator if they have any reason to suspect, have knowledge or information regarding an incident of sexual abuse, sexual harassment, retaliation or any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment. The auditor's review of one administrative investigative report revealed a resident verbally reported an alleged sexual abuse by a staff member on 3/20/18 to two Wichita-Toben staff members. Neither staff reported the allegation to supervisory staff. The resident approached another staff member on 3/22/18 and reported the allegation again. It was at that time an investigation was initiated. Although policy is in place and staff interviews revealed appropriate responses, practice has not been institutionalized.

The auditor finds the facility not in compliance with PREA Provision 115.261 (a) based upon documentation provided.

§115.267

Corrective Action Update October 28, 2019:

Staff responsible for retaliation monitoring was retrained in June 2019. On September 2, 2019, the Mirror Inc. Agency PREA Coordinator designated the facility/program directors at both of their facilities to be the PREA Compliance Manager. The PCM will be responsible for ensuring tracking mechanisms are in place to ensure appropriate retaliation monitoring is documented. The Social Service/Employment Placement Coordinator is the designated back-up. A *PREA Incident Checklist* has been developed and implemented for tracking all phases of an investigation, to include retaliation monitoring. A detailed retaliation monitoring form was also created and will be utilized in the event it is warranted. There have been no instances of reported sexual abuse or sexual harassment warranting retaliation monitoring during this corrective action phase of the audit. PREA Standard 115.267 is now in full compliance.

Corrective Action: (2)

Retrain staff responsible for monitoring retaliation of the responsibilities of the position.

Devise a checklist to include retaliation monitoring as one of the steps to complete in all allegations, except those determined unfounded.

115.267 (c). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that “For at least 90 days following a report of sexual abuse, Mirror shall monitor the conduct and treatment of residents or staff who reported sexual abuse, and of resident who were reported to have suffered sexual abuse...” Policy further states, “Monitoring past 90 days shall continue if the initial monitoring indicates an ongoing need and shall include:

- Periodic in-person conversations with residents and/or staff;
- Review of disciplinary incidents involving residents;

- Review of housing or program changes; and
- Review of negative performance reviews or reassignments of staff.”

In response to the PAQ, the facility reported zero incidences of retaliation in the last 12 months. The interview with the PCM, who also monitors retaliation revealed he was unaware of his responsibility to monitor retaliation. He did appropriately describe the procedures for monitoring for residents; which includes looking for housing changes, loss of passes or privileges, excessive violations and/or restriction status or component changes. Retaliation monitoring for staff includes looking for increased levels of leave usage, negative performance evaluations and/or requests for shift schedule changes. The facility had one unsubstantiated allegation of sexual abuse by staff member on a resident. The PCM indicated there was no retaliation monitoring conducted because he was unaware it had to be done at the time. The PCM also indicated following this audit he is now aware of it is his responsibility to monitor retaliation.

The auditor finds the facility not in compliance with PREA Provision 115.267 (c) based upon interviews conducted and documentation provided.

115.267 (d). Mirror Inc.'s PREA Implementation Manual (p. 17) addresses periodic status checks with residents subject to retaliation monitoring. Interview with the facility PCM/retaliation monitor, revealed there have been no incidents of official retaliation during the past 12 months. However, following an unsubstantiated allegation of sexual abuse by a staff member on a resident, retaliation monitoring was required. The auditor was told informal and undocumented periodic checks were made verbally with the resident; however, the auditor could not verify this information as there was no documentation.

The auditor finds the facility not in compliance with PREA Provision 115.267 (d) based upon interviews conducted and documentation provided.

§115.271

Corrective Action Update as of October 28, 2019:

Staff, including investigative staff, were retrained in June 2019 on their responsibilities in responding to allegations of sexual abuse and sexual harassment. Also, a *PREA Incident Checklist* has been developed to monitor progress of all phases of the investigative process. On September 2, 2019, the Mirror Inc. Agency PREA Coordinator designated the facility/program directors at both of their facilities to be the PREA Compliance Manager. The PCM will be responsible for ensuring tracking mechanisms are in place to ensure appropriate retaliation monitoring is documented. The Social Service/Employment Placement Coordinator is the designated back-up. There have been no allegations of sexual abuse or sexual harassment during the corrective action phase of this audit. PREA Standard 115.267 is now in full compliance.

Corrective Action: (1)

Retrain all staff, including investigative staff, on their responsibilities in responding to an allegation of sexual abuse or sexual harassment.

115.271 (a). The facility provided a copy of the PREA Implementation Manual which addresses provision (a) of this standard in detail (p. 14). Specifically, it states in part, "All investigations into allegations of sexual abuse and sexual harassment conducted by Mirror Facility Director and PREA Coordinator will be done promptly, thoroughly, and objectively, and include third-party and anonymous reports." The interview with the facility director revealed the facility conducts administrative investigations only, if they are not conducted by the Bureau of Prisons (BOP). The Wichita, Kansas Police Department (WPD) conducts criminal investigations if deemed so by the facility and BOP. Per the contract with the BOP, Mirror Inc. is required to report all allegations of sexual abuse and sexual harassment to the BOP for determination of whether an investigation is warranted. The interview with the facility investigator revealed investigations are started immediately upon notification of an allegation. Allegations from third parties are handled in the same manner as if reported by a resident; all are taken seriously and responded to immediately. During this audit cycle one allegation of sexual abuse by a staff member on a resident was reported. Review of documentation and the interview with the facility investigator revealed the facility initiated and completed a detailed administrative investigative report regarding the allegation; however, the investigation was initiated two days after the initial reporting by a resident.

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.271 (a) based upon documentation provided and interviews conducted.

Auditor Full Name as Signed: Julie A. Salmi

Signature:

Date of Signature: October 28, 2019

PREA Facility Audit Report: Final

Name of Facility: Wichita Men's Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 07/08/2019

Date Final Report Submitted: 07/09/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Julie A. Salmi	Date of Signature: 07/09/2019

AUDITOR INFORMATION	
Auditor name:	Salmi, Julie
Address:	
Email:	julie@fcprisonconsulting.com
Telephone number:	
Start Date of On-Site Audit:	05/07/2019
End Date of On-Site Audit:	05/09/2019

FACILITY INFORMATION	
Facility name:	Wichita Men's Residential Reentry Center
Facility physical address:	3820 N Toben, Wichita, Kansas - 67226
Facility Phone	3166343954
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
Name:	Mark Mitchell	Title:	SS/EPC
Email Address:	mmitchell@mirrorinc.org	Telephone Number:	3164165417

Facility Director			
Name:	Stacy White	Title:	Program Director
Email Address:	Swhite@mirrorinc.org	Telephone Number:	3166343954 x702

Facility PREA Compliance Manager			
Name:	Mark Mitchell	Email Address:	mmitchell@mirrorinc.org

Facility Health Service Administrator			
Name:	n/a	Title:	
Email Address:		Telephone Number:	

Facility Characteristics			
Designed facility capacity:		59	
Current population of facility:		50	
Age Range	<i>Adults: 20-80</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
Facility security level/resident custody levels:		Community	
Number of staff currently employed at the facility who may have contact with residents:		20	

AGENCY INFORMATION	
Name of agency:	Mirror Inc.
Governing authority or parent agency (if applicable):	Mirror Inc
Physical Address:	130 E 5th, Newton, Kansas - 67114
Mailing Address:	
Telephone number:	3162836743

Agency Chief Executive Officer Information:			
Name:	Barth Hague	Title:	CEO/President
Email Address:	bhague@mirrorinc.org	Telephone Number:	316.283.6743

Agency-Wide PREA Coordinator Information			
Name:	Donald Denney	Email Address:	ddenney@mirrorinc.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

Pre-Onsite Audit Phase:

A Prison Rape Elimination Act (PREA) audit was conducted at the Mirror Inc.'s Wichita Toben Residential Reentry Center (RRC) in Wichita, Kansas on May 7-9, 2019. The facility is located at 3820 N. Toben Street, Wichita, Kansas 67226, and is referred to as 'Wichita-Toben RRC'. On February 12, 2019, Mirror Inc. entered into an agreed upon and signed contract with Full Circle Prison Consulting, LLC to conduct a PREA audit utilizing the Community Confinement Facility standards. US DOJ certified PREA auditor (probationary status) Julie A. Salmi was the single auditor identified to conduct the audit. For the purposes of this report, Ms. Salmi is referred to as 'auditor'. During the contract negotiation period the auditor sent a letter to Mirror Inc. referencing "Probationary Certification Status for Newly Certified Prison Rape Elimination Act (PREA) Auditors." The letter detailed the need for timeframe deviations for the completion of this audit.

The Wichita-Toben RRC is owned and operated by Mirror Inc., a Private Not for Profit organization headquartered in Newton, Kansas. The agency's mission is to make a difference for more people, families and communities through comprehensive, integrated health and wellness approaches. They are committed to empowering people to be the best version of themselves and promoting safe, healthy people in strong communities. The Wichita-Toben RRC had its initial PREA audit in October 2016. The facility was awarded contract services with the Federal Bureau of Prisons (BOP) to operate an RRC. The Wichita-Toben RRC provides reentry services to BOP residents pending release from federal prison and United States Probation (USPO) clients serving a period of supervised release or sentenced to a term of probation versus custodial incarceration. The Wichita-Toben RRC serves community custody male with minimum security. The facility has a maximum capacity of 59 residents and its facility is comprised of a one one-story building. The facility is comprised of a full-sized kitchen, dining/visitation room, control center, front lobby entrance, administrative offices and two dorms (East and West). To date, the Wichita-Toben RRC is an all-male resident facility. Mirror Inc. leadership staff have indicated they are in a pre-planning phase to modify the facility to include a separate housing area for female residents.

The auditing process began on March 21, 2019 when the auditor sent email correspondence to the agency's PREA Coordinator (PC) Dr. Don Denney containing audit notice posting requirements. Attached to the email were two PREA Audit Notices, one in Spanish and one in English, for posting in various locations in the facility. Each audit notice contained information on when the PREA audit was going to take place and discussed confidentiality requirements. Specifically, the notice stated the following confidentiality information: *CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, however, are not limited to the following: if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected of child abuse, neglect or maltreatment; in legal proceedings where information

has been subpoenaed by a court of appropriate jurisdiction.

Specific posting instructions were also attached, indicating they should be placed side-by-side on brightly colored paper and posted where they could be visible to residents, staff and visitors. The facility was expected to post the notices by March 25, 2019 to ensure compliance with the six-week posting requirement and to provide verification of the postings by way of date and time stamped photographs along with a description of where they were posted. On March 25, 2019, Program Director Stacy White confirmed via email including photograph verification and locations where the notices were posted throughout the facility. The notices were posted on bright yellow paper in the following locations within the facility: Front Lobby Entrance, Resident Day-room, Main hallway, Resident Day-room; Resident East and West Dorms and Dining/Visitation room. The auditor verified all posting instructions and deadlines were followed. By nature of being a Residential Reentry Center located in a community at large, the facility is without the restrictions of a secure facility and residents have unfettered access to the US Postal Service and are able to correspond with the auditor via mail without monitoring by the facility. The auditor did not receive any correspondence from residents or staff during this audit.

On March 22, 2019 email correspondence between the auditor and PC established the use of the PREA Resource Center's (PRC) Online Audit System (OAS) as the principal mechanism for disseminating information and documentation to the auditor. The facility gained access to the OAS's Pre-Audit Questionnaire (PAQ) April 1, 2019, following technical difficulties accessing the system. An expected completion date no later than April 15, 2019 was established. The PAQ was completed on April 11, 2019 and ready for auditor review.

On April 1, 2019, prior to the initial teleconference, the auditor forwarded via email a Pre-onsite Audit Resources List which included helpful resources in preparation for the audit. A Request for Information Regarding PREA Incidents and Investigations, requesting the facility provide data of all allegations of sexual abuse and sexual harassment, incident reports, grievances, hotline calls, Agency Investigative Matrix and investigations of both administrative and criminal cases (substantiated and unsubstantiated) for the past 12 months. The facility was informed to not submit any documents containing Personally Identifiable Information (PII), and to only provide related case numbers. A PREA Audit Process Map and Screening and Classification Systems Overview form were also forwarded to the facility. The auditor requested contact information for the SAFE/SANE staff and community-based victim advocacy groups affiliated with the facility for interviewing purposes.

Additionally, a Request for Documentation (Prior and Onsite) including a listing of facility and agency staff, volunteer and contractor listings for interview sample selections was also sent to the facility on April 1, 2019. From these lists, the auditor randomly selected a representative sample of staff from each of the staffing categories to be interviewed, ensuring each shift and a cross-section of positions were represented. The auditor's selection process included alternating between the first name and last name on the staff roster from top to bottom and continued cycling through until the appropriate amount of staff were selected. Additionally, a representative sample of residents, including those from each specialized targeted category were identified for interviewing while onsite and provided to the audit team on the first day of the onsite phase of the audit. The selection process for residents involved the same procedure as with the staff selection, identifying the first resident on the roster and then the last and rotating through the cycle. A minimum of 16 residents are required to be interviewed. The auditor was able to get a cross section of residents including different RRC program components, i.e., Pre-Release, Community Corrections, Home Confinement from each housing unit on the roster provided by facility staff. The Request for Documentation included the following specific information requested:

- Complete resident roster (provide based on actual population on the first day of the onsite portion of the audit)
- Youthful residents (if any)
- Residents with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Residents who are Limited English Proficient (LEP), Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Complete staff roster (indicating title, shift, and post assignment)

Specialized staff which includes:

- Agency contract administrator
- Line staff who supervise youthful residents, if any
- Education staff who work with youthful residents, if any
- Program staff who work with youthful residents, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- SAFE and/or SANE staff
- Volunteers who have contact with residents
- Contractors who have contact with residents
- 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 residents in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse)
- First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
- Intake staff

- All grievances made in the 12 months preceding the audit
- 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 preceding the audit including:

Total number of allegations:

- Number determined to be substantiated, unsubstantiated, or unfounded
- Number of cases in progress
- Number of criminal cases investigations and dispositions (Referred to prosecutor, prosecution refused, indictment, conviction and/or acquittal)
- Number of administrative case investigations and dispositions

13. All hotline calls made during the 12 months preceding the audit

On April 3, 2019, an initial teleconference meeting was held between the auditor, PC Denney, Program Director White and PREA Compliance Manager Mark Mitchell. The purpose of the audit, including the corrective action process was discussed. It was conveyed to the facility if corrective action was warranted it would not be viewed as a reflection of any failure by Wichita-Toben RRC staff, but rather an opportunity to achieve PREA compliance with all the standards. The auditor will work alongside Wichita-Toben RRC staff in a collaborative manner. During this discussion audit goals, objectives, expectations and timeframes were addressed and the facility's Point of Contact (POC) identified. PCM Mitchell was identified as the POC for this audit. Auditor confidentiality responsibilities regarding the protection of confidential information, including staff and resident correspondence communications, were discussed along with the scope and methodology of a practice-based audit. Email and phone communication were established as an expectation of regular occurrence during the Pre-onsite phase for the purposes of information gathering and ensuring continuity of communication and transparency.

Between April 11, 2019 and May 5, 2019, the auditor conducted a thorough review of the PAQ and all uploaded documents and materials in the OAS. Documents included policies and procedures, staff and resident training and education documents, various forms and logs. During review of the PAQ, the auditor prepared two issue logs detailing the need for information clarification and/or the need for additional documentation. The first issue log was sent via email on April 14, 2019 and the second issue log was sent on April 16, 2019. PCM Mitchell responded via on April 19, 2019.

An internet search for PREA information, press releases, pending litigation and DOJ involvement rendered negative results. PREA information on Mirror Inc.'s website included an overview of PREA, prior PREA reports, Annual PREA statistical reports, addresses and telephone numbers for hotlines and a mechanism for third-part written reporting purposes. The auditor reviewed these reports and found them to be comprehensive and relevant to PREA.

On May 4, 2019 the auditor sent the facility an On-Site Agenda detailing a daily schedule of activities during the audit. The agenda included approximate time allotted for each stage of audit and included time for a daily debrief with facility leadership.

The State of Kansas mandatory reporting laws pertain to child and elderly (incapacitated or dependent) abuse and neglect and are applicable to licensed or registered medical professionals, licensed or registered mental health professionals, social workers, teachers and community corrections staff or volunteers, law enforcement personnel. Due to time constraints, the auditor was unable to contact external organizations or groups during the pre-onsite phase of the audit. The auditor did however, contact SAFE/SANE staff who conduct forensic examinations at the Via Christie – St. Joseph's hospital, and WASAC Wichita Area Sexual Assault Center to gain a better understanding of sexual safety at this facility during the on-site and post on-site phases of the audit.

On-Site Audit Phase

The on-site phase of the audit began on May 7, 2019. An entrance briefing, facilitated by the auditor, was conducted with facility leadership and key staff personnel. In attendance were the agency PC Dr. Denney, PCM Mitchell, Program Director White and two additional Wichita-Toben RRC key-staff members. The briefing included introductions and discussions of expectations during the on-site phase of

the audit. The daily agenda was discussed along with the auditor's auditing philosophies, meaning of a practice-based audit and methods of determining substantial compliance with the standards.

Site-Review

Immediately following the entrance briefing, the auditor conducted a comprehensive site review of the entire RRC facility. Accompanying the auditor were the PC, PCM and Program Director. As noted above, the Wichita-Toben RRC's physical layout includes one one-story building which contains two dorms for male residents and staff administrative offices. The facility contains a full-sized kitchen and dining/visiting room areas the federal residents have access to under staff supervision only. The in-house population count on the first day of the audit was 52 and home confinement population of four. The site review encompassed the following areas, while observing specific practices:

- Physical Layout
- Camera Locations/Lines of sight into resident rooms or bathing and toileting areas
- Observation of any Blind Spots
- Posted PREA Audit Notices
- Resident Information/files in Secured Area
- Staff Personal Files in Secured Area
- PREA Information Posted English & Non-English
- Staff of the opposite gender announcements
- Resident Program Areas
- Facility Appearance Facility Grounds
- Interactions between staff and residents initial Intake Screening
- Administration Area Storage Rooms & Closets Laundry
- Kitchen, Dining Room/Visitation
- Control Room Monitors
- Key Staff Work Areas
- Grievance Process

This community-based facility does not have any of the following areas for the auditor to observe as noted in the PAQ and facility site review: Sally ports, mail room, commissary, library, medical/mental health units or inside recreation area. The facility has not undergone any renovation during this audit cycle; however, they are in the planning and design phase of significant renovation to incorporate a female dorm and subsequently closing Mirror Inc.'s second facility in Wichita. Medical care is received from Via Christie – St. Joseph's hospital in Wichita, KS, and mental health services are provided by Community Treatment Services contracted through the Federal Bureau of Prisons.

During the site review the auditor had the opportunity to witness open interactions between staff and residents all of which were professional in nature. Audit notices were posted as indicated on bright yellow paper in the locations identified in the PAQ. PREA information was posted behind clear and locked enclosures on the walls in the resident dayroom, dining/visitation area and the main hallway. The posters contain information on the facility's zero tolerance policy, and resident rights to be safe from sexual abuse, all reports of sexual abuse are investigated confidentially and reporting mechanisms including phone numbers, email addresses which residents have access too, and mailing addresses. Additionally, PREA brochures from the Rape Crisis Center and victim advocacy group Wichita Area Sexual Assault Center (WASAC) are readily available for the residents in the dining/visitation and dayroom areas. All bulletin boards with this information were identical in all areas posted. The resident dayroom has a

television, reading materials and PREA informational brochures, tables, chairs and telephones; and the two dorms contain an “open style” configuration with bunkbeds, and separate bathroom/showering and laundry areas. The facility has one key secured grievance box which is located directly next to the Program Director’s office. The facility director indicated the grievance box is checked once a day and residents may place grievances in the box at any time.

The bathrooms in both dorms contained showers with curtain partitions allowing for appropriate privacy. The toilets did not have any cover partitions or doors. There is a reasonable expectation of privacy as the toilets are located in the rear of the restroom area. Incidental viewing by staff of either gender is possible, but not likely. The outer door to the bathroom is a swinging style half door which suitably offers privacy. All closets and mechanical rooms are secured and only accessible by staff with keys. There are no designated living quarters for transgender residents and no separate restroom or shower facilities. The laundry room has a camera covering the entire space. The auditor did not notice any inconsistencies with staff making cross-gender announcements. Announcements were made prior to staff entering the dorms.

The facility has a video camera surveillance system offering DVR capabilities and video storage of up to 30 days. It is a zoom and pan system offering multiple simultaneous screen views. The new camera system has 27 cameras strategically placed in all areas of the RRC allowing for maximum view coverage inside the building and outside facility grounds. Mirror Inc. intends to upgrade the camera system when new construction begins. Cameras are placed in the following areas: At the beginning and end of the main hallway to afford multiple angled views and 100 percent video coverage; each dorm, dayroom, kitchen, dining/visitation, front lobby and around the exterior of the facility. The camera viewing angles extend into the dormitory entrances but do not encroach into the restrooms. The auditor did not notice blind spots which could lend to areas of sexual abuse in the facility.

The auditor had the opportunity to observe an intake and risk screening while at the facility. The social services coordinator ordinarily completes the initial risk assessment tool; however, correctional technicians also complete the risk screening process upon intake during off hours or when the social services coordinator is not on site. The assessment took place in a private room between the staff member and resident immediately after the initial intake and property receipt. All screening tools pertaining to sexual safety are uploaded in the Bureau of Prison’s electronic file system R3M. All Wichita-Toben RRC staff, who are identified as ‘need to know’ have access to this program. Food service, maintenance staff, contractors and volunteers do not have access to this program. During the site review the auditor had the opportunity to informally interview three staff and four residents and test hotline and advocacy numbers to ensure residents can get through and that it was indeed toll-free. The auditor experienced no difficulties with the contacts.

Staff Interviews:

The auditor conducted mandatory interviews with the following agency leadership which are not counted in the total number interviewed.

Facility Director Stacy White
PREA Compliance Manager Mark Mitchell

The auditor did not conduct official interviews with the Agency Head Barth Hague or Agency PREA Coordinator Dr. Don Denney. The auditor received a waiver from the PREA Resource Center from conducting these interviews because this auditor was also the lead auditor of Mirror Inc.’s Topeka,

Kansas RRC which took place March 12-14, 2019. The auditor did refer to interview notes recorded from the Topeka RRC audit which are relevant to current standards for this audit. The agency PREA Coordinator was on site and available for any Wichita-Toben RRC specific questions.

The facility reported 20 staff members on the first day of audit. The auditor randomly selected the required minimum of 12 staff members to interview. The auditor alternated between the first and last name on the roster on a rotating basis. Utilizing this method, the auditor was able to obtain interviews on each shift with staff of various positions and levels of responsibility. The interviews took place in a private conference room with just the auditor and interviewee. Shift schedules are as follows:

1st Shift: 8:00 am – 4:00 pm

2nd Shift: 4:00 pm – 12:00 am

3rd Shift: 12:00 am – 8:00 am

The Auditor conducted the following specialized staff interviews during the on-site phase and *post on-site by phone:

CATEGORY OF STAFF INTERVIEWED AND # OF INTERVIEWS CONDUCTED:

- Random Staff (13) Note: Selected from All Shifts Specialized Staff (9)
- Staff Informally Interviewed during Facility Tour (2)
- Staff Refused to interview (0)

Total Staff (19)

BREAKDOWN OF STAFF INTERVIEWS PER PROTOCOLS:

- Facility Director (1) Note: Responsible for more than one of the specialized staff duties
- Designated staff member charged with responding to grievances
- * SAFE and/or SANE Staff (1)
- PREA Compliance Manager (2) Note: Responsible for more than one of the specialized staff duties
- Designated staff member charged with investigation
- Designated staff member charged with monitoring retaliation
- Staff who perform screening for risk of victimization and abusiveness (1)
- First responders, security staff (3)
- First responders, non-security staff (2)
- Intake Staff (2)
- Staff on Sexual Abuse Incident Review Team (1)
- Administrative (Human Resources) staff (0)
- Agency Contract Administrator (0)
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds (0)
- Volunteers and contractors who have contact with residents (0)
- Non-Medical staff involved in cross-gender strip or visual searches (0)
- Specialized Staff Protocols Utilized (9)

As noted in the PAQ and observed during the site review, the Wichita-Toben RRC does not house youthful offenders, does not have medical/mental health staff and does not have segregated or special

housing units. Therefore, the following specialized positions were not applicable for interview: Line staff who supervise youthful offenders, education and program staff who work with youthful residents, staff who supervise residents in segregated housing or medical and mental health staff. The facility had two volunteers, however, neither were available for interview in person or via phone. The facility did not have contractors at the time of the audit for interview.

The auditor interviewed a total of 15 staff members (2 informal). Staff interviews revealed staff at the Wichita-Toben RRC conveyed a very good understanding of PREA and their roles as they relate to PREA responsibilities. All staff interviewed knew their first responder duties and indicated they received training on the required PREA topics. There have been no instances when staff had to respond to an emergent incident regarding sexual abuse or sexual harassment during this audit cycle.

Residents Interviewed:

The facility had an in-house population of 52 residents and a home confinement population of four on the first day of the audit. As such, the auditor was required to interview 16 residents. The PAQ reported no targeted residents resided at the facility. During the site review and the rest of the on-site phase, the auditor did not observe any evidence to indicate that there were targeted residents at the facility. As such the auditor selected 16 random residents by selecting from each housing unit, mixed gender and race, and from those on home confinement. While conducting interviews, the auditor was required to use targeted protocols with two residents: Limited English Proficient (LEP) and Residents who reported a Sexual Abuse. The PAQ and staff interview verification indicated no resident reported any sexual abuse during the screening process or at any other time since arrival. The resident did not report the prior abuse to staff, but did report to the auditor during random interview. After obtaining the resident's consent, the auditor notified the PCM and case manager for further follow-up discussion and referral. The facility utilizes an interpreter service if needed. The auditor needed to utilize the interpreter service to communicate with the resident during the interview. Initial contact could not be made due to incomplete instructions on how to contact the service. Staff were unaware that an additional PIN number was required to initiate contact. The PCM contacted the company the following day, rectified the issue, and the auditor interviewed the resident utilizing the interpreter service.

CATEGORY OF RESIDENTS AND NUMBER OF INTERVIEWS CONDUCTED:

- Random Residents (Total) (14) Note: Selected from all Housing Units and Home Confinement Targeted Residents (Total) (2)
- Residents Informally Interviewed (during facility site review) (4)
- Residents Refused to be Interview (0)

Total Residents Interviewed (16)

- Youthful Residents (0)
- Resident with a Physical Disability (0)
- Residents who are Blind, Deaf, or Hard of Hearing (0) Residents who are LEP (1)
- Residents with a Cognitive Disability (0)
- Residents who Identify as Lesbian, Gay, or Bisexual 0 Residents who Identify as Transgender or Intersex (0)
- Residents in Segregated Housing for High Risk of sexual Victimization (0) Residents who –
- Reported a Sexual Abuse (1)

- Residents who Reported Sexual Victimization During Risk Screening (0) Total Number of

Total Targeted Residents Interviewed (2)

Targeted interviews occurred as a result information gained from initially being randomly selected for interview. While conducting the interviews and information gained, the auditor utilized targeted interview protocols. All random and targeted interviews revealed residents at the Wichita-Toben RRC are receiving the proper PREA education, feel safe at the facility and felt they could approach staff regarding any issues. The residents interviewed described PREA and the various ways to report allegations of sexual abuse and sexual harassment: verbally or in writing to facility staff or the Bureau of Prisons, the local rape crisis center – WASAC, or to family members or other third parties. The residents were aware reports could be made anonymously via use of the grievance system.

Records Review:

The auditor reviewed staff and resident records to ascertain PREA compliance or non-compliance. Staff files and resident files were initially identified from the corresponding interviews lists. Adjustments were made as the process went along as some original residents were not available for interview. The auditor chose a representative sample of documents in the various categories. Below is a representation of what type and how many records were reviewed.

TYPE AND NUMBER OF RECORDS:

- Staff Personnel Records/Documentation (14)
- Volunteers Files/Documentation & Background Checks (2)
- Contractors Files/Documentation & Background Checks (0)
- Training Files/Documentation/Records (14)
- Resident Records (15)
- Medical / Mental Health Records (Victims)/Documentation (0)
- Grievance Forms (SA and SH) (0)
- Investigation Records (SA and SH) (1)
- PREA Screenings (17)
- PREA Reassessments (17)
- Initial Criminal Background Checks (14)
- Five (5) Years Criminal Backgrounds Checks (3)

Review of records identified above revealed staff, contractors and residents receive PREA training and education as required. Files contained all required documents and information related to PREA. Resident files are stored in an encrypted electronic database, while staff personnel records are stored in a locked cabinet in the Program Director's office. There were no contractors, medical/mental health victim documentation or sexual abuse/sexual harassment related grievances to review.

Investigations:

REPORTING METHOD: SEXUAL ABUSE AND SEXUAL HARASSMENT

- Resident on Resident (0)
- Staff on Resident (2) Hotline (0)

- Grievances (0)
- Reported to Staff (2)
- Anonymous, 3rd party (0)
- Reported by Staff (0)

Total (2)

One PREA allegation of sexual abuse was reported during this audit cycle by a resident against a staff member. The Interview with the facility investigator revealed the allegation was determined to be unsubstantiated. The facility investigator prepared a Sexual Abuse Incident Review Form and submitted it to the BOP. The BOP did not investigate the matter. An allegation of staff sexual harassment was reported to the auditor during a random interview. With the resident's permission, the auditor discussed the allegation with the PC following the interview and an investigation was immediately initiated.

Exit Briefing

On May 9, 2019, an exit briefing was conducted with facility leadership and key staff personnel. The auditor discussed observations during the audit and next step expectations, to include the triangulation of all evidence (documentation, interviews and observations) in determining compliance or non-compliance with the standards.

The auditor was not informed in the PAQ of an LEP resident residing at the facility. The auditor identified the LEP resident by chance on the second day of the audit. The audit process did allow for clear and unfettered access to all areas of the facility, documentation, staff and residents.

Post On-Site Phase

During the post on-site phase of the audit process, the auditor interviewed SAFE/SANE personnel at Via Christie – St. Francis Hospital and re-interviewed staff at the WASAC. The auditor also reached out to the Kansas Department of Aging and Disabilities and as of this writing has not received any correspondence in return.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

Facility Demographics:

Mirror Inc.'s Wichita-Toben RRC facility is a community-based RRC located in Wichita, Kansas. The facility is a one-story building and has a maximum in-house capacity of 59 male residents. The resident population is comprised of male pre-release residents from the Bureau of Prisons and residents under supervision of the US Probation Office. The Wichita-Toben RRC serves community custody male residents with minimum security level. The facility has a full-sized kitchen, dining/visitation room, control center, front lobby entrance, administrative offices and two dorms (East and West). Upon entering the facility lobby all staff and visitors are required to sign in and review and acknowledge a PREA informational sheet prior to entering through the metal detector into the main facility. Immediately to the left is the dining room/visitation area, kitchen, UA Room and facility director's office. Immediately to the right is a hallway leading to the control center, staff administrative offices, resident dormitories and restrooms and a conference room. To date, the Wichita- Toben RRC is an all-male resident facility. Mirror Inc. leadership staff have indicated they are in a pre- planning phase to modify the facility to include a separate housing area for female residents.

Below is a representation of the overall facility demographics:

- Number of Full-Time Staff Reported (20) Number of Part-Time Staff Reported (2)
- Types of Supervision Practiced – Direct Staff Supervision/Video Surveillance Resident Housing: -
- Number of Housing Units (Dorms) (2)
- Facility Resident Designed Capacity (59)
- Actual Number of Residents Housed on the First Day (56)

Total In-House Residents: (52)

Total Home Confinement: (4) Note: Home Confinement residents do not reside at the facility

- Custody/Security Level – Community/Minimum
- Average Length of Stay – 4 to 5 Months
- Gender Composition – Male

The staffing complement consists of key-staff personnel who are non-security staff consisting of a facility/program director, case managers, counselors and social services coordinators. The facility also employs security staff who are correctional technicians, and food service staff. The facility director is responsible for the overall operation of the facility and its programs. The facility director at the Wichita-Toben RRC is also the facility's grievance coordinator. The social services coordinator is also the facility's PCM, retaliation monitor and one of Mirror Inc.'s PREA investigators. This position is the primary staff member responsible for conducting PREA risk screening assessments. Case managers are responsible for preparing Individual Program Plans, establishing program goals and reviewing progress with each

resident on their case load. They also conduct in-depth PREA education with each new arrival and review in detail the PREA intake screening information with the residents. Correctional technicians are responsible for the security of the facility and are always charged with knowing the whereabouts of federal residents. They also conduct PREA intake screening. The facility allows residents to sign out of the facility to local gyms or YMCA for recreational purposes in addition to using outdoor weight equipment.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	1
Number of standards met:	31
Number of standards not met:	9

During this audit the auditor determined six standards did not meet the standard requirements as listed below. The corrective action phase will begin with the submission of the completed interim report on approximately July 8, 2019. Overall speaking, residents are aware of PREA and the facilities endeavors to provide a safe and secure facility. Staff, including agency leadership and facility key-staff place high importance on PREA as evidenced through training, knowledge of PREA and its importance in detecting, preventing and responding to sexual abuse and sexual harassment.

Number of Standards Exceeded: 1

§115.231

Number of Standards Met: 31

§115.211; §115.212; §115.213; §115.217; §115.218; §115.222; §115.232; §115.234; §115.235; §115.242; §115.252; §115.253; §115.254; §115.262; §115.263; §115.264; §115.265; §115.266; §115.272; §115.273; §115.276; §115.277; §115.278; §115.282; §115.283; §115.286; §115.287; §115.288; §115.289; §115.401 and §115.403.

Number of Standards Not Met: 9

§115.215; §115.216; §115.221; §115.233; §115.241; §115.251; §115.261; §115.267 and §115.271.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) c. Mirror Inc. Organizational Chart d. Census Count Documentation <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency PREA Coordinator b. PREA Compliance Manager c. Chief of Security <p>Findings (By Provision):</p> <p>115.211 (a). Mirror Inc.'s Wichita-Toben RRC has a written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19), describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (pp. 1-3). The policy (pp. 4-9) also describes how the facility will implement the Mirror, Inc.'s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances and facility improvements, unannounced rounds, cross gender viewing and searching restrictions, screening and assessments, hiring and promotion practices and addressing disabled or those with limited English proficiencies. The PREA Manual (pp. 3-4) defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for residents if upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.211 (a) based upon documentation provided and interviews conducted.</p> <p>115.211 (b). Review of Mirror Inc.'s organizational chart revealed there is an upper-level agency wide PREA Coordinator. Mirror Inc.'s Vice President of Community Integration also serves as the agency PREA Coordinator, is considered senior management and reports directly to the President/CEO. Interviews with the PREA Coordinator revealed his duties include the authority to develop, implement and oversee PREA requirements in both facilities and he has enough time to carry out those duties. Emphasis on PREA implementation practices at the facility level, to include policies and procedures, training, PREA literature, and the culture surrounding sexual safety indicate to the auditor that the PREA Coordinator has sufficient time to carry out PREA related duties.</p> <p>The auditor finds the facility meets the requirements with PREA Provision 115.211 (b) based upon documentation provided and interviews conducted.</p>	

Corrective Action: None

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual <p>Interviews:</p> <ul style="list-style-type: none">a. Specialized Staff (1)<ul style="list-style-type: none">- Facility Director <p>Findings (By Provision)</p> <p>For purposes of this audit, this auditor is not required to make a compliance determination for provisions (a) (b) and (c) of this standard. The facility reported in their response to the Pre-Audit Questionnaire (PAQ) they have not entered into or renewed a contract for the confinement of residents since the last PREA audit. Mirror Inc. does not contract with any private entities for the confinement of residents per its PREA Implementation Manual (p. 5). Interview with the facility director also indicated they do not contract with private entities for the confinement of residents.</p>

115.213	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) c. Mirror Inc. Staffing Plan (2019) d. 2017 PREA Annual Report (1/16/2018) e. 2018 PREA Annual Report (2/6/2019) f. Quarterly Meeting Minutes <p>Interviews:</p> <ul style="list-style-type: none"> a. Specialized Staff (3) <ul style="list-style-type: none"> - Facility Director - PREA Coordinator <p>Site Review (observation of correctional staff on duty)</p> <p>Findings (By Provision)</p> <p>115.213 (a). Mirror Inc.'s PREA Manual (pp. 4-5) states the following: "...In the process of creating and revising a staffing plan to provide for adequate levels of staffing and video monitoring to protect residents against sexual abuse, Mirror shall ensure the following factors are taken into consideration:</p> <ul style="list-style-type: none"> (a) Generally accepted detention and correctional practices; (b) Any judicial findings of inadequacy; (c) Any findings of inadequacy from Federal investigative agencies; (d) Any findings of inadequacy from internal or external oversight bodies; (e) All components of the facility's physical plan; (f) The composition of the resident population; (g) The number and placement of supervisory staff; (h) Programs occurring on a particular shift; (i) Any applicable State or local laws, regulations, or standards; (j) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (k) Any other relevant factors. <p>The auditor reviewed Mirror Inc.'s staffing plan and found it to contain all relevant requirements. The staffing plan documents overall staff coverage and contains a daily schedule which ensures adequate staffing levels. The staffing plan also includes consideration for the physical layout of the facility, resident composition and prevalence of substantiated and unsubstantiated incidents of sexual abuse. The facility reported an annual average daily population of approximately 36 residents. The interview with the PREA Coordinator indicated</p>	

the Wichita-Toben RRC generally has two staff members on each shift. He also indicated during day-shift hours, key staff personnel are on-site and available to assist as circumstances warrant. The auditor observed staffing during the site review and on the 2nd and 3rd shifts. The staffing plan details video monitoring in relation to the physical layout of the facility and lists the areas where the cameras are located. Interviews with the PREA coordinator and facility director also verified this information. The interviewees reported Mirror Inc.'s staffing plan is in place for the Wichita-Toben RRC and it is Mirror's intention to upgrade the camera system during facility modifications to accommodate female residents.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.213 (a) based upon documentation provided, interviews conducted and observations.

115.213 (b). The facility reported in their response to the PAQ in 2017 they experienced a significant reduction in our census. The census improved in 2018 and the facility is averaging 90% of their capacity. The PAQ further indicated the staffing plan is predicated on 53 residents as opposed to the maximum capacity of 59 due to their contractual agreement with the Bureau of Prisons (BOP). The interview with the facility director, as well as, PAQ information revealed the main reasons for staffing plan deviations are the following: sick and annual leave, position vacancies, training and low in-house census. These deviations are documented and the facility director indicated no post is left vacant.

115.213 (c). In response to the PAQ the facility provided documentation of their 2017 and 2018 PREA Annual Reports. In reviewing this report, the auditor was able to determine staffing plans and any adjustments needed, video monitoring and staffing levels were determined, assessed and documented. In the 2017 PREA Annual Report (p. 2) indicates the staffing plan was adjusted by adding a Chief of Security position at the facility whose responsibilities will include examining possible areas of vulnerability, i.e., staffing, physical layout and resident issues. The report also details addition of 46 video monitoring cameras throughout the facility and replacement of exterior lighting to ensure adequate lighting. The report also addresses Areas of Continued needs for Compliance (p. 2) which includes the hiring of adequate levels of staff for the Correctional Technician positions. The 2018 Annual Report also identified the need for additional full-time Corrections Technician staff at the Wichita-Toben RRC in lieu of relying on PRN staff members. Interview with the PREA Coordinator indicated annual reviews typically occur in January of each year and they have quarterly meetings with all staff where staffing plans are discussed.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.213 (c) based upon documentation provided and interviews conducted.

Corrective Action: None

Recommendations:

1. Update the Annual Report to include more specific language regarding whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook Mirror Inc. Annual Training Curriculum Mirror Inc. PREA Post Test PREA in Community Corrections Contractor’s Training (2016) PREA Refresher Training Curriculum and staff sign-in sheets</p> <p>Interviews:</p> <p>PREA Coordinator Random Staff (13) Non-Medical Staff (involved in cross-gender strip or visual searches) (0) Random (14) and Disabled Residents (2)</p> <p>Site Review:</p> <p>- Observations of cross-gender announcements</p> <p>Findings (By Provision):</p> <p>115.215 (a). Mirror Inc.’s Wichita-Toben RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19), under section Cross Gender Viewing and Searches/Searches of Transgender Residents (pp. 3-5) indicates specifically that “Mirror prohibits all strip searches, body cavity searches, and does not permit cross gender pat down searches.” Policy does not allow for cross-gender searches and does not stipulate exceptions for exigent circumstances or searches performed by medical personnel. All random staff interviews corroborated the policy prohibiting cross gender searches. It is the facility’s practice to not conduct these searches. Facility responses in the PAQ indicated cross-gender strip and cross-gender visual body cavity searches of residents are prohibited and not conducted. In the 12-months preceding the audit, the facility reported zero cross-gender strip and cross-gender visual body cavity searches were conducted, and zero were conducted that did not involve exigent circumstances or performed by non-medical staff. As such, there were no logs or documentation to review. The auditor will recommend facility staff develop a logbook for documenting cross-gender strip and/or cross-gender body cavity searches. Although it is Mirror Inc.’s policy to not conduct these searches, if appropriate local police or community medical staff conduct a search, documentation will be required.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.215 (a) based upon</p>

documentation provided and interviews conducted.

115.215 (b). As indicated in provision (a) of this standard, Mirror Inc. does not permit cross-gender pat down searches. Policy does not allow for cross-gender pat searches and does not address exigent circumstances. The Wichita-Toben RRC is a male resident facility only and does not house female residents. As such, programming restrictions are not applicable, no pat down searches of female residents were conducted or conducted by male staff members the past 12 months. All random staff interviews (13 of 13) revealed they do not perform cross-gender searches.

For purposes of this audit, this auditor is not required to make a compliance determination for provision (b) of this standard as the facility does not house female residents.

115.215 (c). The facility does not retain documentation of cross-gender strip and cross-gender visual body cavity searches or of cross-gender pat-down searches of female residents because the facility does not house female residents. Mirror Inc.'s PREA policy (pp. 5) prohibits the practice of these searches. As addressed in provision 115.215 (b), random staff interviews reflected the practice of non-cross-gender searches. The facility does perform random same-sex pat searches. This practice appears to have been institutionalized. The auditor will recommend facility staff develop a logbook for documenting cross-gender strip and/or cross-gender body cavity searches. Although it is Mirror Inc.'s policy to not conduct these searches, if appropriate local police or community medical staff conduct a search of this type, documentation will be required. The auditor will also recommend the facility update policy language to include to include cross-gender, transgender and intersex search protocols on how and by whom these searches would be conducted if/when a need arises.

The auditor finds the facility in compliance with PREA Provision 115.215 (c) based upon documentation provided and interviews conducted.

115.215 (d). The facility uploaded their PREA Implementation Manual (pp. 5-6) in their response to the PAQ which indicates "residents are able to shower, perform bodily functions, and change clothing without non-medical 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, including viewing via video camera." Included in the policy there is a requirement staff of the opposite gender to announce their presence when entering a residents housing unit. The auditor will recommend the facility include resident restrooms and showering areas to their policy. The auditor visited both the East and West dormitories which serve as living quarters for the residents. The auditor observed staff of the opposite gender announcing themselves upon entrance into the dormitories. Residents are notified verbally upon arrival to the facility of the expectation they be clothed when not in the bathing areas or restrooms. Residents are expected to be clothed in the dormitories as there are video cameras in each dormitory. The auditor will recommend the facility post a bi-lingual notice at the entrance of each dormitory informing residents that they may be subject to cross-gender supervision at any time and willful and intentional display of the genital area, groin, or buttocks is strictly prohibited. The auditor verified camera views do not extend into the bathing and restroom areas where residents are likely to be unclothed. All random and targeted resident interviews indicated staff announce themselves prior to entering their rooms and all residents indicated they have never been naked in the presence an opposite gender staff member. All

staff interviews reflected they announce their presence prior to entering dorm rooms.

The auditor finds the facility in compliance with PREA Provision 115.215 (d) based upon documentation provided and interviews conducted.

115.215 (e). The facility indicated in their response to the PAQ that they do not allow strip searches or any searches in which residents would be exposed or asked to take off their clothing and zero searches were completed on transgender or intersex residents for the sole purpose of determining their genital status in the 12 months preceding the audit. Mirror Inc.'s RRC PREA Implementation Manual, under section Cross Gender Viewing and Searches/Searches of Transgender Residents (pp. 5) indicates specifically that "Mirror prohibits all strip searches, body cavity searches, and does not permit cross-gender pat down searches." Random staff interviews revealed 13 of 13 staff knew of the facility's practice of prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No transgender or intersex residents were residing at the facility for the auditor to interview. The auditor will recommend the facility update policy to reflect Mirror Inc.'s practice of prohibiting staff from searching or physically examining transgender or intersex residents for the sole purpose of determining a resident's genital status. The PREA Coordinator indicated the BOP will notify the facility, in the transfer referral packet, prior to a resident's acceptance and arrival of a transgender or intersex resident and his or her genital status.

The auditor finds the facility in compliance with PREA Provision 115.215 (e) based upon documentation provided and interviews conducted.

115.215 (f). The facility indicated in their response to the PAQ that 100 percent of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff however, revealed 9 of 13 staff indicated they did receive training on cross-gender pat-down searches and searches of transgender and intersex inmates, three staff stated they did not receive the training and one staff member did not know. Two staff also stated training consisted of cross-gender pat searches but not transgender searches. With notable conflicting responses to the question the auditor asked the facility director, who reaffirmed the facility does not conduct cross-gender searches. A review of training documentation consisted of Mirror Inc.'s Annual Training Curriculum, Mirror Inc.'s PREA Post Test, BOP PREA in Community Corrections Contractor's Training (2016) and PREA Refresher curriculum. The auditor found no references supporting training on procedures for cross-gender pat down searches. The training material for transgender searches in the PREA Refresher curriculum only addressed knowing agency policy. The facility director indicated if searching a transgender resident was necessary it would be non-touch with a wand and in full view of a camera. The sign-in sheets for PREA training did not indicate what specific training topics were addressed and the facility could not provide a curriculum supporting cross-gender or transgender/intersex searching. As such, the auditor could not verify staff are receiving the required training.

The auditor finds the facility not in compliance with PREA Provision 115.215 (f) based upon documentation provided and interviews conducted.

Corrective Action: (1)

Implement transgender, intersex and cross-gender search protocols to be incorporated into staff training curriculum to include all requirements set forth in provision (f).

Recommendations: (6)

Update policy to include specific language indicating opposite gender staff shall announce their presence when entering resident restrooms and showering areas.

Update policy to reflect Mirror Inc.'s practice of prohibiting staff from searching or physically examining transgender or intersex residents for the sole purpose of determining a resident's genital status.

Post a bi-lingual notice at the entrance of each dormitory informing residents that they may be subject to cross-gender supervision at any time and willful and intentional display of the genital area, groin, or buttocks is strictly prohibited.

Update policy language to include transgender search protocols on how and by whom transgender searches would be conducted if/when the need arises.

Update policy language to include cross-gender search protocols on how and by whom these searches would be conducted if/when the need arises.

Create a logbook for cross-gender strip and/or cross-gender body cavity searches for documentation purposes in the event an outside agency conducts as search of this type.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook Mirror Inc. Annual Training Curriculum Mirror Inc. PREA Post Test PREA in Community Corrections Contractor’s Training (2016)</p> <p>Interviews:</p> <p>Agency Head Facility Director PREA Compliance Manager Resident (with disabilities or who are Limited English Proficient) (1) Random staff (13)</p> <p>Findings (By Provision):</p> <p>115.216 (a). Mirror Inc.’s Wichita-Toben RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19), under section Residents with Disabilities or Who Have Limited English Proficient (p. 6) indicates specifically that “(a) Mirror shall take appropriate steps, by partnering with the WASAC - Wichita Area Sexual Assault Center, to ensure residents with disabilities have equal opportunity to benefit from all aspects of our efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” Policy defines residents with disabilities to include, “residents who are deaf, hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities.” Interview with the Agency Head revealed Mirror Inc. facilities have a contract with Universe Translation Services which they utilize upon intake and while meeting individually with case managers to go over information in the resident handbook to ensure understanding. Staff are provided with the number and PIN to gain access to the system. The PCM called the interpretive service phone number so the auditor could communicate effectively during a resident interview. Initially, no contact was made as an additional PIN number was required to gain access. Staff were unaware of this PIN number and it was not included on the instructions, therefore, it is ineffective for residents requiring the service. The PCM immediately contacted the service and it was rectified and new instructions posted. The auditor was able to effectively communicate with the resident. The facility director and PCM indicated the facility also utilizes bi-lingual staff when needed, although at the time of the audit, there were no bilingual employed at the facility. The interview with the PCM indicated with blind, intellectually challenged or residents with low reading skills, case management staff read aloud policies and procedures in a one-on-one setting to ensure resident completely understand the material. Additionally, staff utilize</p>

the web-based program “Google Translate” which translates English to any language. The auditor also used this service while interviewing the resident and found it effective. The PCM indicated one-on-one settings have proven beneficial for residents with these types of disabilities. Interview with the agency head and PREA Coordinator revealed the facility has partnered with WASAC for services for disabled residents with mental health/psychiatric conditions and/or intellectually challenged residents. The auditor called the WASAC from the resident payphone in the dining/visitation room and had no connection issues. Interview with Mirror Inc.’s agency head corroborated the partnership with WASAC and its services provided to the residents.

The auditor conducted a random/targeted interview with a resident who has limited English-speaking abilities. He indicated he received but did not understand the PREA information given to him at intake because he does not speak or read English. Staff did not use the translation service during intake, or 30-day follow-up meeting, and only have the written PREA intake documents in English. Mirror Inc. did not provide staff training documentation supporting training is conducted on PREA compliant practices for residents with disabilities. The PREA Coordinator indicated its PREA education materials provided to residents are that of an 8th grade comprehension level. The facility was unable to provide documentation supporting the use of WASAC as resource for LEP or otherwise challenged residents. The auditor is not convinced residents with intellectual or psychiatric deficits would understand what they are reading. Mirror Inc. has established policy and procedures to provide disabled residents 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; however, the auditor is not convinced the facility’s practice of the policies and procedures have been institutionalized. The auditor will recommend the facility update its written PREA education materials to incorporate dual languages and add PREA – compliant practices for disabled residents and those with limited English proficiency to the staff training curriculum.

Current operations and practices do not meet the requirements of this provision and as such, the auditor finds the facility not in compliance with PREA Provision 115.216 (a) based upon documentation provided and interviews conducted.

115.216 (b). As noted in provision (a) of this standard, interview with the agency head revealed the facility has a contract with Universe Translation Services to communicate with Limited English Proficient residents. Staff are provided with the number and PIN to gain access to the system. The PCM called the interpretive service phone number for the auditor to conduct a resident interview. Initially, no contact was made as an additional PIN number was required to gain access. Staff were unaware of this PIN number and it was not included on the instructions, therefore, would be ineffective for residents requiring the service. The PCM immediately contacted the service and it was rectified and new instructions posted. Mirror Inc. has established procedures, by way of translation services and bi-lingual staff, to provide residents with limited English proficiency 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. Posted PREA information and brochures are also in Spanish. Although not required, the facility does not have written PREA intake documents in languages other than English for residents to understand. The auditor will recommend PREA intake and education documents are transcribed in Spanish and to implement procedures to test interpretive services phone lines periodically to ensure contact can be made without interruption.

Current operations and practices do not meet the requirements of this provision, and as such auditor finds the facility not in compliance with PREA Provision 115.216 (b) based upon documentation provided and interviews conducted.

115.16 (c). Mirror Inc.'s Wichita-Toben RRC, written policy entitled, PREA Implementation Manual (rev. 3/15/19), under section Residents with Disabilities or Who Have Limited English Proficient (p. 6) indicates "Mirror shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first-responder duties, or the investigation of a resident's allegations." All random staff interviews indicated they do not use any type of resident assistants to assist in translation. Interview with one LEP resident revealed having other residents assist in translation is not allowed. There was only one disabled resident residing at the RRC during the audit. Mirror Inc.'s policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations. The facility reported in its PAQ response that the Wichita-Toben RRC reported zero instances when residents or other types of resident assistance was used during the past 12 months. Although policy is in place, and staff interviews support the non-use of any type of resident assistants, the auditor is not convinced the practice has been institutionalized. While attempting to interview an LEP resident and not being able to connect to the interpreter service line, staff's first and immediate response was to have another resident translate. These actions contradict policy and information revealed during interviews.

Current operations and practices do not meet the requirements of this provision and as such, the auditor finds the facility not in compliance with PREA Provision 115.216 (c) based upon documentation provided and interviews conducted.

Corrective Action: (3)

Ensure all staff have access to and understand how to use the facility's interpretive services in order to use during intake screening when needed.

Retrain all staff to ensure they are aware of the prohibition of using residents as interpreters for other residents.

Simplify written PREA education materials for those residents who are intellectually and psychiatrically challenged.

Recommendations: (3)

Implement procedures to test interpretive services phone line periodically to ensure contact can be made without interruption.

Add PREA – compliant practices for disabled residents and those with limited English proficiency to the staff training curriculum.

Provide written PREA education and intake documentation in dual languages to better ensure effective communication with non-English speaking residents.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc. Employment Application Employee Personnel Files (14) Mirror Inc. Personal Inquiry Waiver, Authority for Release of Information Volunteer Background Verification (Prior to working with residents) Bureau of Prisons (BOP) Background Checks</p> <p>Interviews:</p> <p>Agency Human Resources Administrator Facility Director</p> <p>Findings (By Provision):</p> <p>115.217 (a). Mirror Inc.'s Wichita-Toben RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19), under section Hiring and Promotion Practices (pp. 8-9) addresses this provision in detail. The auditor reviewed a total of six employee personnel records for those staff hired within the past 12-month period. All six records contained the required completed background documentation. Specifically, each employment application queried prospective employees if they have ever:</p> <ul style="list-style-type: none"> - Engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); - Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or - Have been civilly or administratively adjudicated to have engaged in the activity as described above. <p>Mirror Inc.'s PREA policy also notes they shall impose upon employees a continuing affirmative duty to disclose any such misconduct and prior to promoting any current employee a new criminal records check will be completed prior to the promotion occurring. Additionally, Mirror Inc. asks all employees these questions again in written applications and/or interviews for hiring or promotion, and in interviews or written self-evaluations conducted as part of reviews for current employees. The interview with the agency's Human Resources Manager indicated these procedures in place at all Mirror Inc.'s facilities.</p>

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (a) based upon documentation provided and interviews conducted.

115.217 (b). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Each employment application queried prospective employees or contractors if they have ever:

- Engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Have been civilly or administratively adjudicated to have engaged in the activity as described above.

Mirror Inc. asks all employees these questions again in written applications and/or interviews for hiring or promotion, and in interviews or written self-evaluations conducted as part of reviews for current employees. Interview with the agency's Human Resources Manager indicated these procedures in place at all Mirror Inc.'s facilities.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (b) based upon documentation provided and interviews conducted.

115.217 (c). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) requires a background investigation be completed on all prospective employees prior to having contact with residents. The policy also reflects Mirror Inc. will run child and adult abuse registry's as well. The interview with the agency's Human Resources Manager indicated this is practice at all of Mirror Inc.'s facility as it is a requirement as well with the Federal Bureau of Prisons. The facility adheres to the BOP's Statement of Work requirement that all employees be conditionally and finally approved prior hiring any staff. Conditional approval consists of an NCIC/NLETS computer check, and final approval is contingent upon receipt of clear FBI Rap sheets after a complete fingerprint check. Additionally, the interview with the HR manager revealed that child abuse registry checks are run once a prospective employee is being considered for the position. 14 of 14 employee personnel files reviewed contained verification by the BOP that prospective employee background checks were completed. File documentation revealed no staff were hired to work with residents until they received a final approval from the BOP indicating all background checks, including FBI fingerprint checks were completed. In response to the PAQ the facility indicated zero staff were hired within the past 12 months who required a background investigation. File documentation indicated otherwise as the auditor reviewed documentation from six employees hired within the past 12-months. Three staff were hired during the past 12 months with prior employment at a correctional

institution. Institution reference checks were completed on all three prospective employees.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (c) based upon documentation provided and interviews conducted.

115.217 (d). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) requires a background investigation be completed on all prospective contractors prior to having contact with residents. The BOP has the same requirements for contractors that will have contact with federal residents. They must also receive final approval prior to working in the facility or on facility grounds. In response to the PAQ, the facility reported zero contractors who might have contact with residents were retained for services during the 12 months preceding the audit.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (d) based upon documentation provided and interviews conducted.

115.217 (e). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (p. 9) requires a background investigation be completed on all employees and contractors who may have contact with residents every five years. Interview with the facility director revealed they do ensure five-year background investigations are completed for employees. Of the 14 employees at the Wichita-Toben RRC, six were in the category of needing a five-year background re-investigation conducted. File documentation confirmed all six had background re-investigations completed. Mirror Inc.'s contract with the BOP is for five years, and the BOP is required to conduct background investigations on all staff at the facility, regardless of whether they are new employees or have been employed during the previous contract. If an employee's five years of employment elapses prior to the start of a new contract, the facility sends a new Personal Inquiry Waiver, Authority for Release of Information to the BOP for processing. The facility does not retain contractors for ongoing services for a period of five years, but rather hire on an as needed basis. Therefore, there are no five-year background checks for contractors for the auditor to review.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (e) based upon documentation provided and interviews conducted.

115.217 (f). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) addresses this provision in detail and includes all required information pursuant to this provision. Review of Mirror Inc.'s employment application identified the three specific PREA related questions as per provision (a) of this standard. The auditor reviewed a total of 14 staff employee personnel records. All 14 records contained the required documentation pursuant to this standard. Specifically, each employment application queried prospective employees if they have ever:

- Engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

- Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Have been civilly or administratively adjudicated to have engaged in the activity as described above.

Further, the PREA Manual stipulates Mirror Inc. “shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.” Upon interviewing prospective employees or current employees vying for a promotion these questions are asked and answered again by the applicant or employee. The interview with the agency’s Human Resources Manager indicated this is standard procedure at all Mirror Inc. facilities.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (f) based upon documentation provided and interviews conducted.

115.217 (g). The facility indicated in their response to the PAQ that material omissions regarding misconduct described in provision (a), or the provision of materially false information, shall be grounds for termination. The Hiring and Promotions Practices of the Mirror Inc.’s PREA Manual (p. 9) addresses this provision in detail and states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

A final analysis of the evidence indicates the facility has a policy that is consistent with this provision.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (g) based upon documentation provided and interviews conducted.

115.217 (h). The Hiring and Promotions Practices section of Mirror Inc.’s PREA Manual (p. 9) addresses this provision in detail and specifically states, “Unless prohibited by law, Mirror shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” Interview with the agency’s Human Resources Manager indicated this is standard practice at all of Mirror Inc.’s facilities.

A final analysis of the evidence indicates the facility has a policy that is consistent with this provision. Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (h) based upon documentation provided and interviews conducted.

Corrective Action: None

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) 2018 PREA Annual Report (2/6/2019) Official Letter from Design Architect</p> <p>Interviews:</p> <p>Agency Head Facility Director</p> <p>115.218 (a). In the response to the PAQ the facility reported they have future plans to expand the facility to accommodate female residents, however, construction has not yet begun. The facility is in the design phase and the auditor was provided with documentation from the architect which contains collaboration with Mirror Inc. in taking sexual safety into consideration when developing the plans. Particular attention has been placed on eliminating 'blind spots' that may be difficult for the camera surveillance to detect. The plans also incorporate upgraded camera surveillance system. Interviews with the agency head and facility director indicated the protection of residents was taken into consideration during the design phase, as did an official letter from the architect designing the project. The 2018 PREA Annual Report indicates camera placement has been integrated into the renovation plans.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.218 (a) based upon documentation provided and interviews conducted.</p> <p>115.218 (b). In response to the PAQ, the facility indicated the camera/video monitoring system has not been upgraded since 2016. One camera was installed in the front lobby entrance area in order to view and record pat searches from multiple angles. Interview with the agency head and facility director indicated the system allows for real time surveillance and a 30-day video storage. The auditor was given a tutorial on the system during the site review and found it sufficient to monitoring all areas of the facility and its grounds. The agency head indicated Mirror Inc., utilizes cell phone GPS electronic surveillance to enhance resident accountability.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.218 (b) based upon documentation provided, interviews conducted and auditor observations.</p> <p>Corrective Action: None</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Memorandum of Understanding with the Wichita Police Department pending signatures (3/22/19) WASAC – Wichita Area Sexual Assault Center ‘It’s time for your nightmare to end’ (English and Spanish) Memorandum of Understanding with WASAC – Wichita Area Sexual Assault Center (eff. 9/22/16) and updated version pending signatures (3/22/19) Memorandum of Understanding with Via Christie – St. Joseph’s Hospital Duties for First Responders</p> <p>Interviews:</p> <p>Random Sample of Staff (13) SAFE/SANE staff PREA Coordinator Residents Who Reported a Sexual Abuse (0) Facility Investigator</p> <p>115.221 (a). In response to the PAQ, the facility indicated they only conduct administrative investigations of alleged sexual assault and sexual harassment. Allegations that appear to be criminal in nature are referred to the Wichita Police Department (WPD). Mirror Inc.’s PREA Manual (p. 14) in part states, “...Mirror shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). As outlined in our Statement of Work with the Bureau of Prisons, Mirror will collaborate with the Bureau to conduct any and all investigations including sexual abuse or sexual harassment” and “It is Mirror policy to ensure allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.” Interviews with a random sampling of staff (14) revealed all understood first responder protocols of gathering usable physical evidence, including separating the victim and abuser, securing the scene, ensuring the victim and abuser do not shower, wash or brush their teeth; and identified the PCM as the staff member responsible for conducting sexual abuse allegations. Interview with the facility investigator verified the facility refers all allegations of sexual abuse to the WPD unless the allegation does not involve potentially criminal behavior.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the</p>

auditor finds the facility in compliance with PREA Provision 115.221 (a) based upon documentation reviewed and interviews conducted.

115.221 (b). In response to the PAQ, the facility indicated they accept adults between the ages of 20 and 80 years, therefore, there are no youthful offenders applicable to this provision. The interview with the facility director indicated Wichita-Toben does not accept youthful offenders. In discussion with the PREA Coordinator he advised Mirror Inc. would not collect or gather evidence but would preserve evidence for law enforcement collection. He indicated there has not been an incident where they needed to contact local law enforcement for evidence collection during this audit cycle.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (b) based upon documentation reviewed and interviews conducted.

115.221 (c). The Mirror Inc. Wichita-Toben offers all victims of sexual abuse access to forensic medical examination at Via Christie – St. Joseph Hospital in Wichita, Kansas without financial cost, where evidentiary or medically appropriate. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The auditor ascertained this information from Mirror Inc.'s PREA Manual (p. 13), which in part states, "Resident victims of sexual abuse shall 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. At Via Christie – St. Joseph Hospital (Wichita), examinations are conducted by SAFE SANE staff...Forensic medical examinations are offered without financial cost to the victim. The facility responded in the PAQ that there have been no forensic examinations conducted by either SAFE/SANE's or a qualified medical practitioner. The facility reported in its response to the PAQ that there have been zero forensic medical examinations, zero examinations performed by SAFE/SANE staff and zero examinations performed by a qualified medical practitioner. The interview with the SAFE/SANE staff at Via Christie – St. Joseph Hospital confirmed this information by indicating they are and do have SAFE/SANE staff responsible for conducting forensic examinations for all individuals, including Wichita-Toben residents. The interviewee confirmed there were no forensic examinations performed for Wichita-Toben residents during the past 12 months, or ever that she could recall.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (c) based upon documentation reviewed and interviews conducted.

115.221 (d). The facility provided the auditor copy of the Memorandum of Understanding (MOU) between the Wichita-Toben RRC and the WASAC dated 9/22/16. The MOU is indefinite and states in part they will "ensure that residents of Mirror will have access to sexual assault services outside the facility" and "residents who have been sexually abused while confined in Mirror will have access to services provided by WASAC." Interview with the PREA Coordinator revealed if an incident were to occur, the facility would reach out to WASAC for support services. The auditor reviewed a WASAC 'It's time for your nightmare to end' brochure that is available to residents in English and Spanish. The brochure details services provided by WASAC, to include:

- Medical Advocacy services to assist residents through forensic examinations
- Court Advocacy services to assist in the criminal justice process
- Therapeutic services to assist residents of sexual violence at any point in their healing process
- Support Group services to provide peer-support
- Support Counseling services for residents away from Wichita-Toben RRC facility
- Educational Programs intended to educate residents about sexual violence

WASAC is a community-based organization that also serves as a Rape Crisis Center and is a nongovernmental agency and is not a part of the criminal justice system.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (d) based upon documentation reviewed and interviews conducted.

115.221 (e). Mirror Inc.'s PREA Manual (p. 14) in part states, "When requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim throughout the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." The interview with the PREA Coordinator revealed the facility would reach out to WASAC for accompaniment with the resident during the forensic examination. The interview with WASAC staff indicated accompanying and supporting a resident through the forensic examination process is a service they provide, as well as, providing emotional support, crisis intervention, information and reference documentation and referrals. The interviewee indicated they have not received a request to accompany a resident from the Wichita-Toben RRC to a forensic examination and do not recall specifically if emotional support services were needed from a resident at the Wichita-Toben RRC. There were no residents who reported a sexual abuse to interview.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (e) based upon documentation reviewed and interviews conducted.

115.221 (f). In response to the PAQ, the facility indicated sexual abuse or sexual harassment allegations that appear to be criminal in nature are referred to the WPD. An MOU provided to the auditor dated 3/22/19 is currently pending review and approval by the WPD. However, the MOU appears to be a duplicate of a Topeka RRC community advocacy MOU. Interview with the PCM indicated all sexual abuse allegations will be referred to the WPD. The facility was unable to provide supporting documentation and verification of requesting the WPD address the requirements of provision (f) to follow paragraphs (a) through (e).

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.221 (f) based upon documentation reviewed and interviews conducted.

115.221 (g). For purposes of this audit, this auditor is not required to make a compliance determination for provision (g) of this standard.

115.221 (h). For purposes of this audit, this auditor is not required to make a compliance determination for provision (h) of this standard.

Corrective Action: (1)

Initiate a relevant MOU with the WPD or provide documentation of the request regarding the requirements to follow paragraphs (a) through (e) of PREA Standard Provision 115.221 (f).

Recommendations: (2)

Initiate a current and relevant MOU Via-Christie – St. Joseph Hospital to provide SAFE/SANE services to residents who are victims of sexual abuse.

Revise the updated MOU with WASAC dated 3/22/19, to contain current and relevant information pertaining to the Wichita-Toben RRC.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Facility Website referencing Mirror Inc.'s PREA Policy Sexual Abuse Review Form</p> <p>Interviews:</p> <p>Agency Head Facility Investigator</p> <p>115.222 (a). Mirror Inc.'s PREA Manual (p. 15) in part states, "Mirror shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). As outlined in our Statement of Work with the Bureau of Prisons, Mirror will collaborate with the Bureau to conduct any and all investigations including sexual abuse or sexual harassment." In response to the PAQ the facility reported the following:</p> <p>One allegation of sexual abuse Zero allegations referred for criminal investigation One allegation resulting in an administrative investigation</p> <p>The interview with the agency head revealed Mirror Inc. ensures all allegations of sexual abuse and sexual harassment are either administratively or criminally investigated. Mirror Inc. collaborates with their contracting agency, Federal Bureau of Prisons (BOP) on all sexual abuse and sexual harassment allegations. The individual facilities will investigate allegations administrative in nature and the local police departments investigate those allegations rising to the level of criminal. The allegation of sexual abuse of a male resident by a male staff member was received via first-hand report by the resident. The allegation was administrative in nature and investigative staff initiated fact gathering and prepared an investigative report, which ultimately concluded the allegation was unsubstantiated. The facility completed a Review of the Sexual Abuse Review Form (SAIR) within 30 days of the alleged incident, and the resident was notified in writing of the disposition. The auditor reviewed the full investigative report, including interview documentation, SAIR, and complete findings, and notice to the resident of the results of the investigation. The report was detailed and comprehensive in addressing the allegation and evidence for making the final determination.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.222 (a) upon documentation reviewed and interviews conducted.</p>

115.222 (b). Mirror Inc.'s PREA Manual (p. 15) in part states, "It is Mirror policy to ensure allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. This policy can be viewed on the Mirror website - www.mirrorinc.org." The auditor verified the PREA Manual is on the facility's website, however, it is not the updated 3/15/19 version. The auditor reviewed the posted version and determined it contains policy relevant to this standard. The facility reported the PAQ Response that there were no allegations of sexual abuse or sexual harassment referred for criminal investigation. Interview with the facility investigator revealed an administrative investigation was conducted and no allegations were referred for criminal investigation. In the event of a sexual abuse allegation rising to the level of criminal behavior, the local Wichita Police Department (WPD) would be immediately contacted for investigation and evidence collection. The auditor reviewed the WPD's website and verified they have a Sex Crimes/Domestic Violence section responsible for conducting sexual related crimes.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.222 (b) upon documentation reviewed.

115.222 (c). PREA information on Mirror Inc.'s website is comprehensive and describes the responsibilities of both the agency and external investigating entities, pursuant to this provision. The agency website has posted its PREA Implementation Manual which describes their responsibilities and those of the investigating agency in the event of a sexual abuse or sexual harassment allegation.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.222 (c) upon documentation reviewed.

115.222 (d). For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.

115.222 (e). For purposes of this audit, this auditor is not required to make a compliance determination for provision (e) of this standard.

Corrective Action: None

Recommendations: (1)

Ensure Mirror Inc.'s updated PREA Implementation Manual (3/15/19) is uploaded on the agency website.

115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Staff Training Records Mirror Inc.'s PREA Annual Training Sign-In Sheet</p> <p>Interviews:</p> <p>Random Staff (13) Facility Director</p> <p>115.231 (a). Mirror Inc.'s PREA Implementation Manual (p. 19) addresses all the staff training requirements relative to this standard. The auditor reviewed the policy and determined it contains all required training topics to satisfy this standard provision. The interviews with a random sampling of staff (14) indicated 100 percent received the required PREA training. The auditor reviewed the PREA training curriculum, First Responder Training, PREA Training for Community Confinement and a random sampling of monthly staff meeting minutes submitted by the facility in response to the PAQ. The interview with PCM revealed he and the PCM at Mirror Inc.'s sister facility in Topeka, Kansas provide training annually. Staff also receive PREA training through Educorr, a recognized on-line PREA specific training course for correctional and detention facilities.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.231 (a) based upon documentation reviewed and interviews conducted.</p> <p>115.231 (b). Mirror Inc.'s PREA Implementation Manual (p. 19) in part states, "Training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility which houses only male residents to a facility which houses only female residents, or vice versa." The Wichita-Toben RRC facility houses only male residents. The interview with the facility director revealed if Wichita-Toben RRC hired a transferee under the scope of this provision, additional training would be provided and documented. According to the facility director, there have been no instances where additional training was provided due to reassignment from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.231 (b) based upon documentation reviewed and interviews conducted.</p>

115.231 (c). Mirror Inc.'s PREA Implementation Manual in part states, "All current employees shall receive this training, and the PREA Coordinator or designee shall provide each employee with refresher training every two years to ensure all employees know current sexual abuse and sexual harassment policies and procedures. Refresher information shall also be provided in annual trainings." In response to the PAQ the facility indicated it provides PREA training to all staff on an annual basis. The interview with the facility director verified this information and also indicated PREA Refresher training is provided during regular monthly staff meetings. Per contract with the Bureau of Prisons (BOP), they are required to conduct annual PREA training. Review of staff training records (14) revealed all staff have received PREA training as required. Provision (c) requires PREA refresher training every two years and the facility's practice is to provide comprehensive PREA training on an annual basis, as well as, PREA refresher training during monthly staff meetings; both of which substantially exceeds the requirements of this provision.

Current operations and practices substantially exceed the requirements of this provision, and as such, the auditor finds the facility in substantial compliance with PREA Provision 115.231(c) based upon documentation reviewed and interviews conducted.

115.231 (d). The auditor reviewed training records (14) that contain both electronic verification and signatures indicating they understand the PREA training they received. The verification form states "By signing below, I acknowledge that I have received and understand the agency's PREA Policy, as well as the PREA training provided to me through Educorr." The auditor was provided with signed forms for all employees.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.231 (d) based upon documentation reviewed.

Corrective Action: None

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Volunteer Manual - Volunteer/Contractor Training: A Guide for the Prevention and Reporting of Sexual Abuse with Residents</p> <p>Interviews:</p> <p>Contractor/Volunteers (None) Facility Director</p> <p>Findings (By Provision):</p> <p>115.232 (a). Mirror Inc.'s PREA Implementation Manual (p. 20) in part states, "The Facility Director or Social Service Coordinator shall ensure all volunteers and contractors who have contact with residents have been trained on their responsibilities under Mirror's sexual abuse and sexual harassment prevention, detection, and response policies, and procedures...The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of our zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All contractors and volunteers shall confirm, with their signature, they have received and understand the training provided." The auditor reviewed the training material offered to the contractors and verified it contained information on the agency's stance of zero tolerance of sexual abuse and sexual harassment. In the response to the PAQ, the facility indicated there were four volunteers or contractors within the past year. By definition from the PREA Resource Center, a person who may have contact with residents is an individual, "within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over any period of time." Volunteers and contractors fall under that category. The auditor reviewed two volunteer files, both of which contained a Mirror Inc. Volunteer Manual that all volunteers are required to review and acknowledge receipt of. The manual contained information on the facility's zero tolerance for sexual abuse and sexual harassment, prevention, detection and duty to report any allegations of sexual abuse and sexual harassment. Further, all volunteers, contractors, vendors and visitors must read and sign a form detailing the facility's stance on zero tolerance of sexual abuse and sexual harassment prior to entering the facility. The auditor reviewed training documentation and verified the facility's compliance with this standard. The facility director indicated there were no contractors on site during the past 12 months, but the same training conditions would apply to them as well. The auditor reviewed training documentation</p>

for ten vendors and all had signed for and acknowledged receipt of training on the facility's zero tolerance for sexual abuse and sexual harassment. The interview with the facility director revealed the facility director ensures training is conducted and maintains all training records. No volunteers, contractors or vendors were available for interview during the audit.

The auditor finds the facility in compliance with PREA Provision 115.232 (a) based upon documentation provided.

115.232 (b). Mirror Inc.'s PREA Implementation Manual (p. 20) in part states, "The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of our zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All contractors and volunteers shall confirm, with their signature, they have received and understand the training provided." Training records for two volunteers and 10 vendors were reviewed by the auditor and all received and signed for PREA training, which included the agency's zero tolerance stance and their duty to report all allegations of sexual abuse and sexual harassment. No volunteers, contractors or vendors were available for interview during the audit.

The auditor finds the facility in compliance with PREA Provision 115.232 (b) based upon documentation provided.

115.232 (c). The auditor reviewed documentation for two volunteers and 10 vendors who received PREA training, thus ensuring the facility maintains documentation confirming that volunteers/vendors/contractors understand the training they have received. Following receipt of the training, each volunteer and contractor, to include vendors, is required to sign an acknowledgment they received and understood the training. On the bottom of the Volunteer/Contractor Training: A Guide for the Prevention and Reporting of Sexual Abuse with Residents, is the statement "My signature reflects I understand and acknowledge Mirror Inc has a zero tolerance for sexual conduct between staff, volunteers, and contractors with the residents we serve. The auditor reviewed the documents for each contractor and verified they signed for the training. The auditor will recommend the facility revise the language of acknowledgement form to include more succinct language regarding sexual abuse and sexual harassment. No volunteers, contractors or vendors were available for interview during the audit.

The auditor finds the facility in compliance with PREA Provision 115.232 (c) based upon documentation provided.

Corrective Action: None

Recommendations: (1)

Revise the Volunteer/Contractor Training: A Guide for the Prevention and Reporting of Sexual Abuse with Residents acknowledgment form to state "My signature reflects I have read, understand and acknowledge Mirror Inc. has a zero-tolerance policy.

115.233	Resident education
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” Sexual Abuse/Assault Intervention (01/08; 4.10) Sexual Abuse Intervention Policy (4.11) Resident Files (16) WASAC – Wichita Area Sexual Assault Center Brochures</p> <p>Interviews:</p> <p>Random Residents (14) Specialized Staff (2) - Intake staff - Case Manager PREA Compliance Manager Agency Head</p> <p>Site Review:</p> <p>Observations of prominently posted PREA materials in housing dormitories and common areas</p> <p>Findings (By Provision):</p> <p>115.233 (a). The interviews with two intake staff and the PCM revealed during the intake process the facility provides PREA information explaining the Mirror Inc.’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment and their rights to be free from sexual abuse and sexual harassment. They also receive information on policies and procedures for responding to incidents of this nature and their right to be free from retaliation for reporting any incidents or suspicions. The auditor’s review of 15 resident files of which each file had a copy of the Resident Guide to Sexual Misconduct/Abuse; the PREA portion of the Resident Handbook, with signatures from the residents indicating they have read the Resident Handbook. Although the Resident Guide to Sexual Misconduct/Abuse documentation discusses a resident’s right to be free from sexual abuse and sexual harassment and from retaliation for reporting sexual abuse and sexual harassment, the auditor feels it needs to be rewritten to be more concrete. The auditor will recommend the facility update its Resident Guide to Sexual Misconduct/Abuse to provide more succinct language on resident rights to be free of sexual abuse and sexual harassment and retaliation.</p>	

The facility's response to the PAQ indicated 174 residents were admitted to the RRC for community placement during the past 12 months and 100% received information explaining the Mirror Inc.'s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment and their rights to be free from sexual abuse and sexual harassment. Resident file intake documentation for 15 residents revealed 100% received and signed for the Resident Handbook containing the PREA information as described in this provision during intake. Additionally, the auditor interviewed a random sample of residents (14) and targeted residents (2) and all indicated they received this PREA information as describe in this provision during intake. Specialized staff interviews with two intake staff indicated this PREA information is given to and explained to residents upon arrival. Mirror Inc.'s PREA Implementation Manual (p. 20) in part states, "Within 72 hours of intake, Mirror staff shall provide and document comprehensive education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Mirror's policies and procedures for responding to such incidents." The interviews with the PCM, two intake staff and two case managers indicated it is the RRC's practice to complete an in-depth orientation and education with each resident within 72 hours of arrival. Upon arrival, residents are provided with policies and procedures related to PREA and the facility's zero-tolerance stance on sexual abuse and sexual harassment. Included are the following documents: Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual; Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse", Sexual Abuse/Assault Intervention and Sexual Abuse Intervention Policy. The Sexual Abuse/Assault Intervention document further details definitions of sexual abuse and assault and intervention protocols. The Sexual Abuse Intervention Policy (4.10) details what protocols, responses and services RRC staff will provide if a resident believes himself or herself to be a victim of sexual assault. The auditor will recommend language in the Sexual Abuse/Assault Intervention (01/01; 4.10) be updated to additionally reflect that residents may confidentially report any suspicious behavior, abuse, assaults and sexual harassment to outside crisis centers, in addition to facility staff.

The auditor was unable to observe an orientation however, the process was explained in detail and documentation was provided for review.

The auditor finds the facility in compliance with PREA Provision 115.233 (a) based upon documentation provided and interviews conducted.

115.233 (b). Mirror Inc. provides PREA education/refresher education to all residents who are transferred to their facility, regardless of where they transferred from, within 72-hours of intake processing as stated in their PREA Implementation Manual (p. 19). Mirror Inc.'s response to the PAQ indicated there were zero residents who transferred from another Community Confinement Center during the past 12 months. Case management staff provide one-on-one PREA education with all new arrivals to the facility. Staff interviews with two facility intake staff corroborated this practice as did interviews with a random sample of 14 residents and two targeted residents.

The auditor finds the facility in compliance with PREA Provision 115.233 (b) based upon documentation provided and interviews conducted.

115.233 (c). Mirror Inc.'s PREA Implementation Manual (p. 19) addresses the requirement of providing resident PREA information in alternate formats for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as, to residents who have limited reading skills.

Policy addresses this standard and appropriately covers provision (c). Interviews with the PCM, two case managers and two intake staff verified intakes take place within 72 hours of arrival and the case managers provide a more detailed education process in that time. The case managers further added they ensure residents on their caseload receive and understand the material through the practice of one-on-one education. The interviews with the case managers indicated they use a web-based written translation service to communicate with residents when they do not understand something being said. The auditor interviewed one LEP resident, who was able to communicate via translation services and "Google Translate." The auditor will recommend all PREA education materials be provided in a written format for continual accessibility for limited English proficient residents. There were no visually impaired residents or residents with limited reading skills housed at the Wichita-Toben RRC during the audit. The interviews with the case managers revealed it was their practice to read aloud to the residents who are blind or have diminished reading skills. The PREA manual also indicates Mirror Inc. has a contract with Universe Translation Services for utilization when translation services are needed. Interview with the agency head indicated the translation services are used at both Mirror facilities. The facility has written dual-language PREA education materials, including brochures and rape crisis advocacy information. However, staff did not know how to use the interpreter service to communicate with an LEP resident, and there is no documentary evidence supporting PREA education materials are in formats for disabled residents. Disabled residents include deaf, visually impaired and those who have limited reading skills. Additional details are referenced in Standard 115.216.

The auditor finds the facility not in compliance with PREA Provision 115.233 (c) based upon documentation provided and interviews conducted.

115.233 (d). The facility maintains documentation of resident participation in PREA education sessions. All PREA education documents that facility case management staff discuss with and provide residents are signed and dated by both staff and resident. Documents include the Resident Handbook enclosure Resident Guide to Sexual Misconduct/Abuse, Sexual Abuse/Assault Intervention (01/08; 4.10) and Sexual Abuse Intervention Policy (4.11). The auditor reviewed 16 resident files to verify signatures for their PREA education and all 16 contained signatures. The auditor will recommend completion of PREA education be documented in each resident's Individual Program Plan (IPP) and to update language in Sexual Abuse/Assault Intervention (01/01; 4.10) to additionally reflect residents may confidentially report any suspicious behavior, abuse, assaults and sexual harassment to outside crisis centers, in addition to facility staff.

The auditor finds the facility in compliance with PREA Provision 115.233 (d) based upon documentation provided and interviews conducted.

115.233 (e). The facility ensures key information about Mirror Inc.'s PREA policies is continuously and readily available and/or visible through posters and resident handbooks. The auditor observed that facility practice allows for each resident to sign for and retain a copy of

the Resident Guide to Sexual Misconduct/Abuse, which is the portion of the handbook which contains educational information regarding PREA. During the site review, the auditor observed dual language PREA hotline posters and WASAC – Wichita Area Sexual Assault Center brochures detailing reporting and advocacy services in the resident dayroom and dining/visitation area.

The auditor finds the facility in compliance with PREA Provision 115.233 (e) based upon documentation provided and site review observations.

Corrective Action: (1)

Provide PREA Education materials in formats accessible to all residents, including LEP, deaf, visually impaired, limited reading skills or otherwise disabled residents.

Recommendations: (2)

Provide all PREA education materials in a written format for continual accessibility for limited English proficient residents.

Although it is covered in the PREA education process, include more specific language in Mirror Inc.'s Resident Guide to Sexual Misconduct/Abuse on resident rights to be free of sexual abuse, sexual harassment, and retaliation for reporting sexual abus

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Training Records of Investigative Staff</p> <p>Interviews:</p> <p>Specialized Staff (1) - Investigative Staff</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Findings (By Provision):</p> <p>115.234 (a). As reported in the PAQ, the facility only conducts administrative investigations that do not rise to the level of potentially criminal in nature. The interview with investigative staff revealed he received specialized training on Sexual Assault Investigation in October 2016. Review of investigative staff training confirmed a certification of completion on 10/16/16, for PREA: Investigating Sexual Abuse in a Confinement Setting which was presented by the National Institute of Corrections. In response to the PAQ, the facility reported Mirror Inc. also has a trained investigator at their sister facility in Topeka, Kansas. The facility director/PCM at the Topeka RRC reports to the Wichita-Toben facility as the lead investigator in the event of an alleged allegation of sexual abuse. The facility director in Wichita-Toben provided the auditor with the relevant investigative training documentation. The investigator completed Investigating Sexual Abuse in a Confinement Setting on 10/16/16 presented by the National Institute of Corrections, and Sexual Assault Investigation training on 2/24/17.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.234 (a) based upon documentation provided and interviews conducted.</p> <p>115.234 (b). Training document review and the interview with investigative staff who received training on sexual abuse investigations revealed the training included the following topics:</p> <ul style="list-style-type: none"> - Techniques for interviewing sexual abuse victims - Proper use of Miranda and Garrity warnings - Sexual abuse evidence collection in confinement settings - The criteria and evidence required to substantiate a case for administrative action or prosecution referral

Review of investigative staff training files for both investigators confirmed a certification of completion for Investigating Sexual Abuse in a Confinement Setting on 10/16/16 for the investigator at the Wichita-Toben RRC and certificates of completion for Investigating Sexual Abuse in a Confinement Setting on 10/16/16 presented by the National Institute of Corrections, and Sexual Assault Investigation training on 2/24/17 for the investigator in Topeka, Kansas.

The auditor finds the facility in compliance with PREA Provision 115.234 (b) based upon documentation provided and interviews conducted.

115.234 (c). Review of investigative staff training files for two investigators (one located at the Topeka RRC) confirmed a certification of completion for Investigating Sexual Abuse in a Confinement Setting on 10/16/16 for the investigator at the Wichita-Toben RRC. Certificates of completion for Investigating Sexual Abuse in a Confinement Setting on 10/16/16 presented by the National Institute of Corrections, and Sexual Assault Investigation training on 2/24/17 for the investigator in Topeka, Kansas. As such, the facility maintains documentation supporting the investigators have completed the required specialized training in conducting sexual abuse investigations.

The auditor finds the facility in compliance with PREA Provision 115.234 (c) based upon documentation provided and interviews conducted.

115.234 (d). For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.

Corrective Action: None

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.235 (a-d). In response to the PAQ the facility indicated it does not have onsite medical or mental health departments. Interview with the facility director indicated the agency and the Wichita-Toben RRC do not have medical or mental health practitioners in their employ or through outside contractual agreements.</p> <p>When medical and mental health services are needed residents go to the local hospital for treatment. Mental health services are provided through the BOP and Community Treatment Services (CTS).</p> <p>PREA Standard Provision 115.235 is not applicable in determining compliance or non-compliance of Standard 115.235 as the facility does not employ or contract for medical or mental health services.</p> <p>Corrective Action: None</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse" PREA Screening Tools (17) Resident Files (15)</p> <p>Interviews:</p> <p>Specialized Staff (1) - Staff who conduct Risk Screening PREA Coordinator Random Sample of Residents (14)</p> <p>Site Review:</p> <p>- Observation of the Initial Intake PREA process</p> <p>Findings (By Provision):</p> <p>115.241 (a). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 7-8), which addresses the requirement of the completion of resident assessments during intake screening for risk of being sexually abused by other residents or sexually abusive toward other residents. Specifically, the PREA Implementation Manual in part states, "(a) All residents shall be assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents." Interview with the Social Services Coordinator, who predominately conducts risk assessments, indicated risk assessments are conducted on all incoming residents. Interviews with a random sampling of residents (14) revealed 100% received a risk assessment upon arrival to the facility. A review of 15 resident files confirmed documentation of risk assessments. The documentation reviewed consisted of assessments from some of the residents interviewed, as well as, other randomly selected files. The auditor observed a PREA intake screening during an initial intake process and verified residents are screened for risk of being sexually abused by other residents or sexually abusive toward other residents. The screening took place in a private room with just the resident and intake staff. Staff asked the questions on the PREA Screening Tool and resident responded accordingly.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (a) based upon documentation provided and interviews conducted.</p> <p>115.241 (b). In the response to the PAQ, the facility included its PREA Implementation Manual</p>

(pp. 7-8), which addresses the requirement for completing intake screening ordinarily within 72-hours of arrival to the facility. The PREA Implementation Manual in part states, "(b) Intake screening shall be completed immediately upon arrival for all new residents to the facility." Additionally, the facility also reported in the PAQ that residents are screened immediately upon their arrival as part of the intake process. The facility reported in its response to the PAQ that 174 residents were admitted to the facility for over 72-hours and 174 residents (100%) received screening for sexual victimization or sexual abusiveness during the 12 months prior to the audit. The interviews with two staff who conduct intake screening and risk assessments revealed they are conducted at arrival and a more in-depth education and orientation within 72-hours of arrival. The auditor interviewed 14 random residents and two targeted residents and reviewed the 15 corresponding resident files for those admitted to the facility within the past 12-months. All residents verified receiving intake screening the same day of arrival and all documentation contained evidence of intake screening within 72-hours of arrival. The auditor observed an initial intake screening on 5/9/19 for a resident who arrived the same day and had no issue with the process. The newly arrived resident was placed in a private room with the staff member performing the assessment. The staff member asked all relevant questions on the PREA Screening Tool and the resident answered each question accordingly.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (b) based upon documentation provided, interviews conducted and observations.

115.241 (c). The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The auditor finds the screening tool to be an objective instrument that allows for staff to appropriately assess risk levels. Risk levels for sexual victimization or sexual abusiveness are based on a scoring system determined from the answers provided by the resident, thus, making it an objective instrument. Responses are evaluated to determine risk for victimization or risk for sexual abusiveness in the following manner:

- Risk for Victimization is determined if residents answer yes to whether they have previously experienced sexual victimization and/or whether their own perception is that of vulnerability; or if they answer yes to two or more of the remaining seven questions:
- Risk for Sexual Abusiveness is determined if residents answer yes to whether they have a current or prior convictions for sex offenses against adults or children;
- whether they have committed acts of sexual assault, molestation or rape at any time; whether they have current or prior convictions for a violent offense in any jurisdiction or if they have a history of institution violence.

Risk for victimization or sexual abusiveness is further determined by any non-disclosed information that may affect the overall risk determination. The interviews with two case managers indicated they review resident's BOP institution transfer referrals and/or US Probation (USPO) referrals prior to resident arrival to determine if there is any historical victimization or aggressive behavior that the resident may not disclose during the risk assessment process. Reviewing this information beforehand provides the facility with vital

information and thus enhances the effectiveness of the screening process.

The auditor observed an intake screening process on 5/9/19, and determined all required questions were asked of the resident.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (c) based upon documentation provided and observation of the intake screening process.

115.241 (d). The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The PREA Screening Tool considers the following information, consistent with the requirements of provision (d) of this standard:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization; and
- The residents' own perception of vulnerability.

The PREA Screening Tool additionally asks the following questions:

- Whether the resident has committed acts of sexual assault, molestation, or rape (at any time in life)
- Whether the resident has a current or prior conviction of a violent offense (in any jurisdiction)
- Whether the resident has a history of institutional violence or sexual abuse

Interview with one staff member who conducts risk screening also revealed the screening tool consists of the 12 questions as noted above, for residents to provide yes or no answers. The auditor had the opportunity to observe a PREA intake risk screening on 5/9/2019 for a resident who arrived the same day. The newly arrived resident was placed in a private room with the staff member performing the screening. The staff member asked all relevant questions on their PREA Screening Tool and the resident answered each question accordingly.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (d) based upon documentation provided and interviews conducted.

115.241 (e). The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The PREA Screening considers the following information, consistent with the requirements of provision (e) of this standard:

- Whether the resident has committed acts of sexual assault, molestation, or rape (at any time in life)
- Whether the resident has a current or prior conviction of a violent offense (in any jurisdiction)
- Whether the resident has a history of institutional violence or sexual abuse

Interview with one staff member responsible for conducting intake and risk screening verified these questions are asked of each new arrival. The auditor observed the intake screening process and noted all relevant questions were addressed as required. As noted in provision (c) of this standard, risk for victimization or sexual abusiveness is further determined by any non-disclosed information that may affect the overall determination. The risk screening staff indicated pre-arrival review of the resident's BOP institution transfer and/or USPO referral files are conducted to determine any historical information to further enhance the effectiveness of the screening process.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (e) based upon documentation provided and interviews conducted.

115.241 (f). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 7-8), which addresses the requirement of completing resident risk reassessments within 30 days of the initial intake screening. Specifically, the PREA Implementation Manual in part states, "(f) Mirror staff shall reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Residents will receive a second screening no later than 30 days following arrival...." The facility reported in the PAQ 174 residents entered the facility within the past 12-months with lengths of stay in excess of 30 days. The PAQ did not include the number of residents who had been reassessed. Interviews with 16 random residents revealed eight residents at the facility in excess of 30 days indicated they were reassessed and seven said they were not reassessed and the remaining one indicated he did not know. The auditor reviewed documentation of 17 PREA Screening Tools and determined three residents were reassessed no later than 30 days of arrival, three residents were still within 30-day timeframe and reassessments were not yet completed, one resident was not reassessed, and 10 reassessments were late.

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.241 (f) based upon documentation provided and interviews conducted.

115.241 (g). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 7-8), which addresses the requirement of completing resident risk reassessments when warranted. Specifically, the PREA Implementation Manual in part states, "A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information bears on the resident's risk of sexual victimization or abusiveness." The auditor interviewed one staff responsible for conducting risk assessments who indicated there were several reasons to conduct a reassessment; including, when it is necessary due to a referral, request, incident of sexual abuse, or receipt of additional information which may have an impact on a resident's risk of sexual victimization or abusiveness. The auditor reviewed the PREA assessment instrument, which is also used for reassessments. The instrument contains various reasons for the assessment which include

the following:

- Special referrals,
- Identified victim
- Additional or non-disclosed information which may affect risk or victimization or abusiveness

There were no records of residents who have been victims or perpetrators of sexual abuse to review for confirmation of reassessment during the past three years.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (g) based upon documentation provided and interviews conducted.

115.241 (h). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 7-8), which addresses the requirement of completing resident risk reassessments when warranted. Specifically, the PREA Implementation Manual in part states, (h) Resident's may not be disciplined for refusing to answer, or for not disclosing complete information related to, (d1), (d7), (d8) and (d9)..."

According to the facility's PREA Screening Tool the following designations are identified:

- d1 refers to whether the resident has a mental, physical, or developmental disability;
- d7 refers to whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex,
or gender non-conforming;
- d8 refers to whether the resident has previously experienced sexual victimization;
- d9 refers to a resident's own perception of vulnerability.

The auditor interviewed one staff responsible for conducting risk assessments who indicated residents are never disciplined for the reasons identified above.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (h) based upon documentation provided and interviews conducted.

115.241 (i). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 7-8), which addresses the requirement of implementing appropriate controls on the dissemination of sensitive information pertaining to Standard 115.241. The PREA Implementation Manual identifies the following staff and partnering agencies to have access to R3M: facility director, case managers, correctional technician staff, USPO and PCM. Interview with the agency PREA Coordinator indicated that position also has access and falls into the need-to-know purview.

The auditor interviewed the PREA Coordinator and one staff member who is responsible for conducting risk assessments to ascertain dissemination protocols. Both interviewees revealed all information, including sensitive data regarding PREA is uploaded into the BOP's electronic file system R3M. Screening information is uploaded into R3M and maintained electronically. It is Mirror Inc.'s practice for all staff who have a need, based on their position at the facility, to

have access to R3M to upload relevant data. Key staff personnel, including the facility director, case managers, and the social services Coordinator have a need for access to compete and upload resident data, case management documents, assessments etc. Correctional Technicians conduct initial intake screenings and input arrival and release data into the system. The interview with the PREA Coordinator revealed he also has access to R3M. Food service staff, contractors and volunteers, on the other hand, do not have a need nor are not granted access by the facility or the BOP. The auditor agrees food service, contractors and volunteers do not need access to the R3M system. The PREA Coordinator indicated during interview that any staff who violate the standards of conduct and confidentiality would be terminated. There have been no instances of unauthorized release of information pertaining to residents by any staff. The auditor contacted the BOP and spoke with the contracting specialist responsible for overseeing the R3M system to inquire about restricted levels of access. There are no restricted levels of access in R3M itself; however, by granting only certain positions access is Mirror Inc.'s serves as their mechanism for limiting access to sensitive data. Staff who are employed by Mirror Inc., and contract with the BOP undergo an extensive background investigation prior to approval to work with federal offenders and are therefore approved access. With that said, Mirror Inc. informs the BOP who to grant access to, and as mentioned above, access is granted only to those staff positions who have a need in order to perform their duties. Access to the R3M system requires an email and password. The auditor feels the agency limits use to the R3M and thus has implemented appropriate controls on the dissemination within the facility of sensitive information. The Login screen contains a lengthy warning detailing the R3M program is provided for U. S. Government-authorized use only and misuse of the Rules of Behavior could lead to suspension of access and federal prosecution.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (i) based upon documentation provided and interviews conducted.

Corrective Action: (1)

Establish tracking mechanisms to ensure risk reassessments are conducted within standard time-frame guidelines (30 days from arrival).

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” PREA Screening Tool (17)</p> <p>Interviews:</p> <p>Specialized Staff (1) - Staff responsible for Risk Screening PREA Coordinator Targeted Residents (Transgender/Intersex) (None)</p> <p>Site Review:</p> <p>Observation of shower area</p> <p>Findings (By Provision):</p> <p>115.242 (a). Mirror Inc.’s PREA Implementation Manual (p. 8) in part states, “The Mirror Facility Director or designee, shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive” and further states, “Mirror will make all effort to house high risk abusers and high-risk victims in separate rooms. Should a resident need to be housed in the same room as high-risk victims, the resident will be housed closest to the entrance of the door for high visualization by staff when doing rounds.” The interviews with the PREA Coordinator and risk screening staff (1) both revealed the PREA Screening Tool is designed to identify residents with the potential of high risk of being sexual victimized and those with the potential of high risk of being sexually abusive. Decisions are made based on the results of the screening information and any relevant information gleaned from the transfer referral packet. Risk screening staff explained the process to the auditor in detail. A resident is identified as being at risk for sexual victimization if they answer the following questions in the affirmative:</p> <ul style="list-style-type: none"> - Have you ever been a victim of sexual assault, molestation or rape? - Do you believe you are vulnerable to be sexually assaulted? <p>or, if residents answer two or more of the following questions in the affirmative:</p> <ul style="list-style-type: none"> - Do you have a mental, physical, or developmental disability?

- Is your age younger than 23 or older than 61?
- For male residents; are you less than 5'7" tall and/or less than 140 lbs.?
- Is your current offense the first time you have been incarcerated (prison and/or jail)?
- Do you have a non-violent history?
- Do you have a current or prior non-violent conviction(s) for sex offenses against an adult or child?
- Is your sexual orientation perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming?

A resident is identified as being at risk for sexual abusiveness if the following questions are answered in the affirmative:

- Do you have a current or prior conviction(s) for sex offenses against an adult or child?
- Have you committed acts of sexual assault, molestation, or rape (at any time in life)?
- Do you have a current or prior conviction(s) for a violent offense (in any jurisdiction)?
- Do you have a history of institutional violence or sexual abuse?

The auditor reviewed a random sampling of 17 PREA Screening Tools and the subsequent Risk Assessments were consistent with the criteria for determining victimization and aggressor risk assignments. The interview with the staff responsible for risk screening revealed those residents who are more likely to be victims are placed bunks near the front of the dormitories, predominantly in the east dormitory closest to the staff offices. Residents who are more likely to be sexual aggressors are placed in strategic locations in the dorms away from potential victims. Interview with the PREA Coordinator indicated the risk screening tool provides a guide for several decisions as part the overall resident management strategy. As Wichita-Toben is a community-based facility, all residents are approved passes into the community to obtain employment or education opportunities. If staff note any type of grooming behaviors, they would limit exposure between the residents; i.e., not allow them to depart, return to the facility at the same time or attend the same groups or employment. The PREA Coordinator also stated those residents who a classified as a high risk of predatory or aggressive behaviors are referred to cognitive skills groups, and residents who shows signs of trauma related symptoms are referred to the Community Treatment Services (CTS) through the BOP.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (a) based upon documentation provided and interviews conducted.

115.242 (b). Referral documentation provided by the BOP is reviewed prior resident arrival in order to have preliminary and better understanding of the resident's history regarding sexual abuse and sexual harassment, to effectively make individual determinations to ensure their safety. Referral documentation may contain pertinent sexual abuse history in the Preliminary Sentence Report (PSI) from the USPO, institution misconduct of a sexual or violent nature or investigative reports on prior sexual abuse or victimization. All this information, along with the facility's risk screening assessment is used in determining appropriate risk levels. This information was ascertained during interviews with both the PREA Coordinator and staff conducting risk assessments (1). The risk assessment staff member indicated all information received from referrals deemed to be indicators of possible victimization or aggressiveness is considered when determining appropriate risk levels. The PREA Implementation Manual (p. 8)

address in detail the requirements to satisfy provision (b).

The auditor finds the facility meets the requirements with PREA Provision 115.242 (b) based upon documentation provided and interviews conducted.

115.242 (c). Mirror Inc.'s PREA Implementation Manual (pp. 7-8) in part states, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems." Mirror Inc.'s policy is a verbatim representation of the standard. Interview with PREA Coordinator and risk screening staff (1) revealed the BOP's and/or USPO's RRC referral packet is reviewed prior to a resident's arrival to determine any possible security threats that may affect the resident's safety at the facility and case-by-case decisions are made regarding the acceptance of the resident at the facility; this practice includes transgender and intersex residents. The PREA Coordinator indicated if upon review of the referral for placement the facility determines there may be a threat to the resident's safety, the facility will contact the BOP or USPO and decline the placement. Unless ordered by the BOP, the facility director is the authority to decline placements. The PREA Coordinator indicated there have been no instances where transgender or intersex residents have been denied placement. There were no transgender or intersex residents to interview during the audit and none were designated to the facility during the three-year audit cycle.

The auditor finds the facility in compliance with the requirements with PREA Provision 115.242 (c) based upon documentation provided and interviews conducted.

115.242 (d). Mirror Inc.'s PREA Implementation Manual (p. 8) in part states, "A transgender or intersex resident's own views with respect to his or her own safety be given serious consideration." Mirror Inc.'s policy is a verbatim representation of the standard. Interview with the PREA Coordinator and risk screening staff (1) corroborated this policy and when transgender or intersex are designated to the Wichita-Toben RRC it will be their practice during intake to take a transgender or intersex resident's own views and concerns regarding his or her safety, with follow up with the case managers during initial orientation. Further, the resident's views will be documented on the PREA Screening Tool. There were no transgender or intersex residents to interview during the audit, have been no transgender or intersex residents during the three-year audit cycle.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (d) based upon documentation provided and interviews conducted.

115.242 (e). Mirror Inc.'s PREA Implementation Manual (p. 8) in part states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents." Mirror Inc.'s policy is a verbatim representation of the standard. The interview with the PREA Coordinator, risk screening staff (1) and the PCM revealed while transgender and intersex residents do not have separate shower facilities from other residents in the dormitories there is a private shower stall that they may use. The facility also allows for showering at different times than the general population. Observation of the shower area proved enough separation to meet the requirements of this standard. The facility is in the pre-

design phase of renovating the facility to accommodate female residents. The living area will also offer more privacy for transgender and intersex resident needs. There were no transgender or intersex residents to interview during the audit.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (e) based upon documentation provided and interviews conducted.

115.242 (f). Mirror Inc.'s PREA Implementation Manual (p. 8) in part states, "Mirror shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status unless pursuant to a legal settlement or judgment." The interview with the PREA Coordinator revealed neither the agency or the Wichita-Toben RRC are under a consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LBGTI) residents for their protection. The PREA Coordinator indicated LBGTI residents are placed in one of the two dorms at the facility. The location in those dorms is predicated on the risk screening assessment. If an LBGTI resident is assessed as a potential victim, he or she will be placed near the front of the dorm by the door, and aggressors are strategically placed away from the potential victims. There were no LBGTI residents to interview during this audit.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (f) based upon documentation provided and interviews conducted.

Corrective Action: None

115.251	Resident reporting
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Training Records of Investigative Staff Investigative Report of Alleged Sexual Assault (dated 3/22/19)</p> <p>Interviews:</p> <p>Random Sample of Staff (13) PREA Coordinator Random Sample of Residents (14) Targeted Residents (2) - LEP - Resident who reported a Sexual Abuse</p> <p>Site Review</p> <p>- Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures)</p> <p>Findings (By Provision):</p> <p>115.251 (a). Mirror Inc.'s PREA Implementation Manual (pp. 10) states in part, "Mirror shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other or staff for reporting sexual abuse or sexual harassment, and staff neglect which may have contributed to such incidents...Residents may report concerns by:</p> <ul style="list-style-type: none"> - Reporting the incident to a staff member - Reporting the incident to the Facility Director of PREA Coordinator - In the locked grievance box" <p>Interview with a random sampling of staff revealed 100 percent knew of multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to the above, they indicated residents could report via a third-party, written or verbal. The interviews with a random sample of 14 residents and two targeted residents revealed 15 of 16 knew of ways to report sexual abuse or sexual harassment. One resident stated he did not know. Residents indicated they could report to any staff member, utilize the grievance box procedures and have someone from outside report. The residents indicated they feel</p>

comfortable enough with staff to report an allegation if necessary.

The auditor finds the facility in compliance with PREA Provision 115.251 (a) based upon documentation provided and interviews conducted.

115.251 (b). Mirror Inc.'s PREA Implementation Manual (p. 10) states in part, "Mirror shall also provide at least one way for residents to report abuse, harassment, retaliation, and staff neglect to a public or private entity not part of Mirror, and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may report concerns by:

- The use of the telephone
- The use of their cell phones
- The use of email"

The interview with the PREA Coordinator revealed residents have multiple ways of reporting sexual abuse or sexual harassment to a public or private entity. In addition to the above, residents can access the Mirror Inc. website and make an anonymous report. With use of the website or telephonic contact, staff at the Wichita-Toben RRC will immediately be able to receive the notifications and act accordingly. He also reported there have been no instances anonymous written or verbal reports of sexual abuse or sexual harassment and with the use of the website and hotline mechanisms. Interviews with a random sampling of residents (14) and targeted residents (2) revealed 15 of 16 knew the avenues of reporting and that they could report without giving their name. One resident reported not remembering if calls can be made anonymously. During the site review, the auditor observed residents on the facility phones and on their personal cell phones providing immediate access to a phone if they need to make a private report. Dayroom and dining room/visitation area posters contained contact information for reporting.

The auditor finds the facility in compliance with PREA Provision 115.251 (b) based upon documentation provided, site review observations and interviews conducted.

115.251 (c). Mirror Inc.'s PREA Implementation Manual (p. 10) states in part, "Staff shall accept reports made verbally, in writing, and anonymously. Staff shall immediately document any verbal reports." The interviews with a random sample of staff (13) revealed they accept 3rd party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. The interviews with a random sample of residents (14) and targeted residents (2) revealed 15 were aware they could make a report of sexual abuse or sexual harassment via 3rd party, verbally or in writing. One resident reported not remembering how to report any allegations. In response to the PAQ, the facility reported staff document verbal reports "immediately." The auditor was provided with documentation of one allegation of sexual assault investigative report. The report indicated a resident reported to two staff members on 3/20/19, that he was sexually abused during a routine pat search. Neither staff member immediately documented this report. The resident reported the alleged abuse again on 3/22/19, at which time a report was initiated and memorandum from the two staff members requested.

The auditor finds the facility not in compliance with PREA Provision 115.251 (c) based upon documentation provided and interviews conducted.

115.251 (d). Mirror Inc. has established procedures for staff to privately report sexual abuse and sexual harassment of residents as noted in the PREA Implementation Manual (p. 11), which states in part, "Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, to the facility director or PREA Coordinator." The policy further states, "Mirror staff may privately report sexual abuse and sexual harassment of residents to the Wichita-Toben facility director." The interviews with a random sampling of staff (13) revealed knowledge of several mechanisms to privately any sexual abuse or sexual harassment of residents. Staff indicated they can report verbally, via email, telephone or, through the use of the grievance box system.

The auditor finds the facility in compliance with PREA Provision 115.251 (d) based upon documentation provided and interviews conducted.

Corrective Action: (1)

Retrain staff on the reporting requirements of allegations of sexual abuse and sexual harassment.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc.'s Quality Care Policy (Grievance Procedure) form Instructions for Filing a Grievance Resident Grievance Report Resident Handbook</p> <p>Interviews:</p> <p>Specialized Staff (1) - Grievance Coordinator Residents who Reported a Sexual Abuse (None)</p> <p>Findings (By Provision):</p> <p>115.252 (a). Mirror Inc. has an administrative procedure for dealing with resident grievances regarding sexual abuse and is, therefore, not exempt from this standard. Mirror Inc.'s PREA Implementation Manual (p. 10) addresses the requirements of provision (a) by outlining its administrative procedure regarding resident grievances.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.252 (a) based upon documentation provided.</p> <p>115.252 (b). Mirror Inc.'s PREA Implementation Manual (p. 10) addresses provision (b), in part, by stating "Mirror shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse...Mirror shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse." The interview with staff responsible for grievances revealed adherence to this policy and verified practice. Specifically, a grievance regarding an allegation of sexual abuse can be filed at any time and residents are not required to use the informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Residents submit grievances to staff via the 'grievance box system. One grievance box is located in the dining room/visitation area next to the facility director's office and is secured with a key-locking system. The grievance coordinator retrieves grievances once per day. Nothing in the PREA Implementation Manual restricts the agency's ability to assert as an affirmative defense any applicable statute of limitations in response to a resident's lawsuit.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.252 (b) based upon interviews conducted and documentation provided.</p>

115.252 (c). Mirror Inc.'s PREA Implementation Manual (p. 10) addresses provision (c), in part, by stating "Mirror shall ensure a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint." The interview with staff responsible for grievances revealed adherence to this policy. Specifically, the facility ensures a resident who alleges sexual abuse can submit the grievance without submitting it to a staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. The procedures are explained to the resident during orientation with the case managers. Copies of the Resident Grievance form and Quality Care policy are in the resident handbook. Residents submit grievances on the Mirror Inc. Resident Grievance form and place it in a locked grievance box. Grievances are also accepted on any written format.

The auditor finds the facility in compliance with PREA Provision 115.252 (c) based upon interviews conducted and documentation provided.

115.252 (d). Mirror Inc.'s PREA Implementation Manual (p. 11) addresses provision (d), in part, by stating "Mirror shall issue a final 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 shall not include time consumed by resident in preparing any administrative appeal." The policy also addresses response extensions of up to 70 days if the need arises. Mirror will inform the resident in writing of the extension and provide a date of when a decision will be made and that at any time during the administrative process, if a resident does not receive a timely, including a notice of extension, the resident may consider the absence of a response to be a denial. In response to the PAQ, the facility reported one grievance was filed alleging sexual abuse during the past 12 months and that same grievance was reconciled within 90 days. The interview with staff responsible for grievances however, indicated no grievances were filed but did describe the response timelines and extension periods of the grievance process in detail.

The auditor finds the facility in compliance with PREA Provision 115.252 (d) based upon interviews conducted and documentation provided.

115.252 (e). Mirror Inc.'s PREA Implementation Manual (p. 12) allows for third-party assistance on behalf of residents in filing grievances. If a third-party (fellow residents, family members, attorneys, and outside advocates files a grievance on behalf of a resident, as a condition of processing the request, the alleged victim may have to agree to have the request filed on his behalf. If the resident declines to have the request processed on his or her behalf, Mirror Inc. will document the decision. According the staff who handles grievances, this is documented on the actual grievance submitted and placed in the resident's file. In response to the PAQ, the facility reported not receiving any third-party grievances filed on behalf of the resident.

The auditor finds the facility in compliance with PREA Provision 115.252 (e) based upon interviews conducted and documentation provided.

115.252 (f). Mirror Inc.'s PREA Implementation Manual (p. 11) addresses emergency

grievances. Upon receipt of a grievance marked “emergency” or “sensitive”, an expedited review will be conducted, and the initial response provided to the inmate within 48 hours of receipt, excluding weekends and holidays. The grievance coordinator will issue a final decision within five calendar days of receipt. In practice, the facility director indicated emergency grievances are reviewed and acted upon immediately if the resident is in substantial or imminent risk of sexual abuse. Emergency grievances are immediately forwarded to the facility director for immediate corrective action that may be taken. In response to the PAQ, the facility reported zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

The auditor finds the facility in compliance with PREA Provision 115.252 (f) based upon interviews conducted and documentation provided.

115.252 (g). Mirror Inc.’s PREA Implementation Manual (p. 11) allows for resident discipline if the grievance is determined to have been submitted in bad faith. The facility director revealed upon conclusion of an investigation if the facility determines the grievance was submitted in bad faith (resident lying or falsely accusing) the facility and/or Bureau of Prisons (BOP) may discipline the resident in accordance with the discipline policy. In response to the PAQ, the facility reported there were zero resident grievances alleging sexual abuse that resulted in disciplinary action for bad-faith filing during the 12 months preceding the audit.

The auditor finds the facility in compliance with PREA Provision 115.252 (g) based upon interviews conducted and documentation provided.

Corrective Action: None

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” WASAC Wichita Area Sexual Assault Center Brochure MOU with WASAC Wichita Area Sexual Assault Center (eff. 9/22/16), pending update (3/22/19)</p> <p>Interviews:</p> <p>Random Sample of Residents (14) Targeted Residents (2) - LEP - Resident who Reported a Sexual Abuse</p> <p>Site Review:</p> <p>Observations of Sexual Abuse and Sexual Harassment Posters, Brochures, Literature</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Findings (By Provision):</p> <p>115.253 (a). The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing all residents with an informational guide and brochures describing available emotional support organizations for victims of sexual abuse. The facility utilizes various means to communicate the availability of emotional support services with the residents. Mirror Inc.’s PREA Implementation Manual (p. 14) outlines the availability of services by specifically stating the following:</p> <p>“(a) Mirror residents can access outside victim advocates for emotional support services related to sexual abuse by contacting the agencies on the PREA bulletin board. The information contains the mailing addresses and telephone numbers, of local, State, or national victim advocacy or rape crisis organizations. Reasonable communication between residents and these organizations and agencies, will be available in as confidential a manner as possible.” Policy indicates the WASAC is the community service provider that will be used to provide inmates with confidential emotional support services related to sexual abuse.</p> <p>The Resident Handbook contains information titled, “Resident Guide to Sexual Misconduct/Abuse”, and includes a toll-free telephone number to call in the event of emotional</p>

support needs. Additionally, a dual-language brochure, WASAC 'We are here to help' is available in the resident day-room and dining room/visitation areas. The brochure contains addresses and toll-free telephone numbers for emotional support services as well. The auditor contacted WASAC using a resident (pay) phone and had no difficulty getting through. There were no resident PIN requirements to get through and the call was free of charge.

According to interviews with a random sampling of residents (14) and targeted residents (2), the majority (15 of 16) knew of information on victim advocacy and emotional support services available outside the facility for dealing with sexual abuse. No residents who reported a sexual abuse at this facility were residing at the RRC for the auditor to interview. During the site review, the auditor observed Sexual Abuse and Sexual Harassment Posters complete with addresses and toll-free hotline numbers and the WASAC brochure prominently posted behind a locked hard-plastic bulletin board enclosure with actual brochures available for the residents to take. While touring the facility, the auditor informally questioned seven random residents in the east and west dormitories and dining room/visitation areas. All residents indicated they knew where the information was located and how to access services if needed.

Communication between residents and outside emotional support agencies can be made both privately and confidentially given the nature of the community-based facility. Contact can be made via personal cell phones, mail, or unmonitored day-room telephones. Day-room telephones were in use during the site review indicating they were operational, and the auditor observed residents with personal cell phones.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.253 (a) based upon documentation provided and interviews conducted.

115.253 (b). The facility enables reasonable communication between residents and emotional support organizations and agencies in as confidential manner as possible by providing access to outside victim advocates via toll-free telephone numbers and addresses. As the Wichita-Toben RRC is a community-based facility, residents may communicate with the outside support agencies with no monitoring restrictions by staff. Residents have access to and are in possession of personal cell phones and during the site review informal interviews with staff indicated dayroom telephones are not monitored. Not all residents have cell phones, however, as indicated above, the day room telephones are not monitored. Interviews with a random sample of residents (14) revealed telephone calls to emotional support organizations are confidential because of cell phones and uncensored mail. Mirror Inc.'s PREA Manual reflects confidentiality restrictions as allowable by the State of Kansas Mandatory Reporting Laws. The facility director indicated if staff become aware of a sexual abuse or sexual harassment either by self-reporting or anonymous reports, mandatory reporting laws are applicable. The facility director indicated the residents have access to the PREA manual and it is also discussed with residents during initial orientation with their case managers. Residents are given a copy of the facility's resident handbook, during intake processing, which contains information on PREA and how to access outside emotional support services by providing a hotline number. The auditor will recommend amending the resident handbook to include succinct information on outside support services to include the agency's names and addresses and corresponding services. The auditor will also recommend inclusion of the facility's responsibility regarding mandatory reporting laws.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.253 (b) based upon documentation provided and interviews conducted.

115.253 (c). The facility has and maintains an indefinite, agreed upon and signed MOU with the WASAC Wichita Area Sexual Assault Center for emotional support services dated 9/22/2016. The MOU provides residents with support services, including accompaniment during forensic examinations, literature and community resources for residents at the Wichita-Toben RRC. The facility has maintained all documentation related to entering into this MOU agreement. The MOU is in the process of updating, and the facility provided the auditor with email communication dated 3/22/19 to WASAC regarding the MOU. The interview with a WASAC representative indicated the MOU is indefinite, however, both WASAC and the facility revisit the MOU periodically to ensure services remain consistent with current needs and/or any new sexual abuse guidelines.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.253 (c) based upon documentation provided.

Corrective Action: None

Recommendations: (2)

Incorporate specific language, including the name and address, of the victim advocacy organization, referenced in the Resident Guide to Sexual Misconduct/Abuse section of the Resident Handbook.

Incorporate specific language regarding mandatory reporting laws in the Resident Guide to Sexual Misconduct/Abuse section of the Resident Handbook.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc.'s official website: www.mirrorinc.org</p> <p>Findings (By Provision):</p> <p>115.254 (a). Mirror Inc.'s PREA Implementation Manual (p. 11), in part states, "Third-party reports of sexual abuse and sexual harassment can be made to fellow residents, family members, attorneys, and outside advocates. Information on how to report sexual abuse and sexual harassment on behalf of a resident can be found at www.mirrorinc.org." The auditor reviewed the website and found third party reporting information is made publicly available on the agency website. Reports may be made via the "Contact Mirror Inc. Residential Reentry" link. In response to the PAQ, the facility indicated it accepts all reports regardless of how they arrive; i.e., written, verbal or third party. All third-party reports are processed as any other allegation. The auditor submitted a test message on the website on 5/1/19 and the PREA Coordinator responded the following morning.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.254 (a) based upon documentation provided.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Investigative Report of Sexual Abuse Allegation (3/22/18)</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator Medical and Mental Health Staff (None) Random Sample of Staff (13)</p> <p>Findings (By Provision):</p> <p>115.261 (a). Mirror Inc.'s PREA Implementation Manual (p. 11) stipulates in part, that "Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, to the Facility Director or PREA Coordinator." The interviews with 13 random staff revealed they are to report to the facility director and/or PREA Coordinator if they have any reason to suspect, have knowledge or information regarding an incident of sexual abuse, sexual harassment, retaliation or any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment. The auditor's review of one administrative investigative report revealed a resident verbally reported an alleged sexual abuse by a staff member on 3/20/18 to two Wichita-Toben staff members. Neither staff reported the allegation to supervisory staff. The resident approached another staff member on 3/22/18 and reported the allegation again. It was at that time an investigation was initiated. Although policy is in place and staff interviews revealed appropriate responses, practice has not been institutionalized.</p> <p>The auditor finds the facility not in compliance with PREA Provision 115.261 (a) based upon documentation provided.</p> <p>115.261 (b). Mirror Inc.'s PREA Implementation Manual (p. 11) stipulates in part, that "Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except those who have a need to know." Interviews with random staff (13) revealed they would report related information to supervisors only (facility director and PREA Coordinator).</p> <p>The auditor finds the facility in compliance with PREA Provision 115.261 (b) based upon</p>

interviews conducted and documentation provided.

115.261 (c). Mirror Inc.'s PREA Implementation Manual (p. 11) stipulates in part, that "Medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect pursuant to this section. This information shall be provided to residents, in writing, at the initiation of services." Currently, Wichita-Toben RRC does not employ or contract for medical or mental health services. Policy is in place in the event they do employ or contract for medical or mental health services in the future.

The auditor finds the facility in compliance with PREA Provision 115.261 (c) based upon documentation provided.

115.261 (d). The auditor did not find policy reference to the provision. In response to the PAQ, the facility reported its use if for adult residents between the ages of 20 and 80 years old. Interviews with the PREA Coordinator and facility director indicated if a resident is considered a vulnerable adult, he or she would be considered the same as an imminent or immediate risk of sexual victimization and would take steps to ensure the safety of the resident and that all needs were met. The facility would also contact the Kansas Department for Aging and Disability, a social service reporting agency.

The auditor finds the facility in compliance with PREA Provision 115.261 (d) based upon interviews conducted and documentation provided.

115.261 (e). Per interview with the facility director, all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported to the facility's investigators. Investigations are initially funneled through the PCM at Wichita-Toben who is also an investigator. The agency investigator reports from Mirror Inc.'s sister facility in Topeka Kansas to lead administrative investigations. The interviews with staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment. The interview with the facility director also verified this information. There was no relative investigation documentation to review during this audit.

The auditor finds the facility in compliance with PREA Provision 115.261 (e) based upon interviews conducted.

Corrective Action: (1)

Retrain and emphasize to all staff their responsibility to report any allegations of sexual abuse or sexual harassment.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19)</p> <p>Interviews:</p> <p>Agency Head Facility Director Random Sampling of Staff (13)</p> <p>Findings (By Provision):</p> <p>115.262 (a). Mirror Inc.'s PREA Implementation Manual (p. 11) stipulates in part, that "When Mirror learns a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident." In response to the PAQ, the facility reported there were zero number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. The interviews with a random sampling of staff (13) revealed all staff knew to act and respond immediately to the situation taking protective measures separate the residents and move the victim to a safe place in view of staff. The interviews with the agency head and facility director indicated the following protective actions would be taken upon learning a resident is at substantial risk of imminent sexual abuse: Shield the resident from any further or pending abuse by separating the resident from the aggressor and relocating to a safe place in the facility, near staff or in another building; identify locations within the area for temporary placement of the victim; transfer the aggressor to a secure facility pending investigation.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.262 (a) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: None</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19)</p> <p>Interviews:</p> <p>Agency Head Facility Director</p> <p>Findings (By Provision):</p> <p>115.263 (a). Mirror Inc.'s PREA Implementation Manual (p. 18) states, in part, "Upon receiving an allegation a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility or agency where the alleged abuse occurred..." In response to the PAQ, the facility reported one instance in the past 12 months where residents reported a sexual abuse while incarcerated at a Bureau of Prisons institution. The facility contacted its contracting agency (BOP) and reported the alleged abuse on 1/4/18, the same day the resident reported it to the PCM. The auditor verified this information by reviewing the original documentation that staff sent to the BOP.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.263 (a) based upon documentation provided.</p> <p>115.263 (b). Mirror Inc. policy, as outlined in the PREA Implementation Manual (p. 19), in part states "Such notification shall be documented and provided as soon as possible, but no later than 72 hours after receiving the allegation." The interview with the PCM and review of supporting documentation revealed a resident reported a sexual abuse while incarcerated in a BOP facility on 1/4/18 and the facility notified the BOP in writing the same day.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.263 (b) based upon documentation provided.</p> <p>115.263 (c). Mirror Inc. policy, as outlined in the PREA Implementation Manual (p. 19), in part states "Such notification shall be documented and provided as soon as possible, but no later than 72 hours after receiving the allegation. As referenced in PREA provision (b), the facility notified the BOP. The auditor verified the notification was made within 72 hours of receiving the allegation. A resident reported a sexual abuse while incarcerated in a BOP facility on 1/4/18 and the facility notified the BOP in writing the same day.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.263 (c) based upon</p>

documentation provided.

115.263 (d). The auditor did not find policy reference for this provision. Interview with the agency head and facility director indicated if Mirror Inc. receives notification from another agency that an allegation of sexual abuse or sexual harassment occurred at a Mirror Inc. facility, the facility would take steps needed to investigate the allegation. Based on the interviews, the auditor is confident the facility leadership would take appropriate action if a notification is received. In response to the PAQ, the facility reported zero allegations of sexual abuse the facility received from other facilities. The auditor will recommend the facility update policy to include specific language of PREA provision (d) of this standard.

The auditor finds the facility in compliance with PREA Provision 115.263 (d) based upon interviews conducted and documentation provided.

Corrective Action: None

Recommendations: (1)

Update policy to include specific language of PREA provision (d) of this standard.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Coordinated Response Procedures First Responder Duties</p> <p>Interviews:</p> <p>Security Staff (3) and Non-Security Staff First Responders (2) Random Sample of Staff (13) Resident who Reported a Sexual Abuse (None)</p> <p>Findings (By Provision):</p> <p>115.264 (a). Mirror Inc.'s PREA Implementation manual (p. 12), requires staff first responders to separate the victim from the alleged perpetrator. The auditor reviewed both the First Responder Duties and Coordinated Response documents. First responder duties outlined in both documents contained appropriate response protocols. In response to the PAQ, the facility reported zero allegations of resident sexual abuse. Interview with three security staff first responders revealed response protocols include the following:</p> <ul style="list-style-type: none"> - Separating the alleged victim and abuser - Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence - Requesting that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) - Ensuring the abuser does not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) <p>There were no residents who reported a sexual abuse to interview during this audit. Note: The PREA Implementation Manual (p. 13) provides the DOJ's definition of "first responder" to be the staff person(s) who first arrives at the scene of an incident.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.264 (a) based upon interviews conducted and documentation provided.</p> <p>115.264 (b). Mirror Inc.'s PREA Implementation manual (p. 13), requires non-security staff first</p>

responders to request the alleged victim not take any actions which could destroy physical evidence, and then notify security staff. In response to the PAQ, the facility reported zero instances where non-security staff responded to an incident of sexual abuse. The interviews with three security staff first responder and two non-security staff first responder and a random sample of staff (13) revealed they were knowledgeable of all first responder response protocols as outlined in provision (a) and in accordance with Mirror Inc.'s policy.

The auditor finds the facility in compliance with PREA Provision 115.264 (b) based upon interviews conducted and documentation provided.

Corrective Action: None

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) Coordinated Response Procedures Mirror Inc. PREA Checklist</p> <p>Interviews:</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.265 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) addresses coordinated response procedures outlining steps to be taken "In an effort to ensure the victim receives the best possible care and investigators have the best chance of apprehending the perpetrator..." The coordinated response will involve local law enforcement (Wichita Police Department); investigators and facility leadership; Victim Advocacy Services and Crisis Intervention Counseling; (WASAC Wichita Area Sexual Assault Center and the local hospital (Via Christie – St. Josephs) for medical treatment. Action steps Mirror Inc. will ensure are followed and completed according to their policy are the following:</p> <ul style="list-style-type: none"> - Assess the victim's acute medical needs. - Inform the victim of his/her rights under relevant Federal and State law. - Explain the need for a forensic medical exam and offering the victim the option of undergoing one, within 92 hours. - Offer the presence of victim advocate or qualified staff member during the exam. - Provide crisis intervention counseling through the YWCA - Interview the victim and any witnesses. - Collect evidence. - Provide for any special needs the victim may have. <p>The auditor reviewed Form A, Coordinated Response procedures which outlines and details first responder duties, SAFE/SANE forensic examinations, and staff responsibilities by position. Coordinated Response procedures also involve completing a PREA Checklist to ensure all areas have been addressed. During an interview, the facility director was able to articulate the Coordinated Response procedures.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.265 (a) based upon interviews conducted and documentation provided.</p>

Corrective Action: None

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). The Mirror Inc. PREA Implementation Manual (p. 21) stipulates “Mirror is not involved with collective bargaining.” In response to the PAQ, the facility reported Mirror Inc. is not involved with collective bargaining. Interview with the agency head verified Mirror Inc. is not engaged with collective bargaining with employees.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.266 (a) based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc. Retaliation Monitoring Form</p> <p>Interviews:</p> <p>Specialized Staff (1) - Staff Member Charged with Retaliation Monitoring Agency Head Facility Director Residents Who Reported a Sexual Abuse (None)</p> <p>Findings (By Provision):</p> <p>115.267 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Mirror shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. At the Wichita-Toben RRC, the PCM Mark Mitchell is the designated staff member responsible for monitoring retaliation at the facility.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.267 (a) based upon documentation provided.</p> <p>115.267 (b). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "Protection measures will include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for resident or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." The interview with the agency head revealed protective measures include monitoring retaliation for a 90-day period looking for any signs of retaliation by staff, i.e., increased disciplinary reports, loss of passes or privileges, dorm reassignments to another building etc. Retaliation monitoring staff have open lines of communication with the resident, and if warranted, provide the option of relocating to another facility to create boundaries and an increased level of safety. The Whistleblower Act protects staff. If retaliation is observed, Mirror Inc. would immediately suspend the staff member pending an investigation. Emotional support services are offered to both staff and residents. The PCM reported zero instances of retaliation during this audit cycle. As the Social Services Coordinator he has daily interaction with all residents and is aware if something was wrong. Following an unsubstantiated disposition of an administrative investigation involving staff-on-resident during a pat search scenario, staff took protective measures by ensuring the said</p>

staff member would not conduct pat searches on the affected resident and added an additional camera for multiple viewing angles. The interview with the staff member who monitors retaliation indicated there was no “official” documentation of retaliation monitoring regarding the resident who alleged sexual abuse. There were no residents who reported a sexual abuse at the facility to interview. No current or completed documentation was available to review.

The auditor finds the facility in compliance with PREA Provision 115.267 (b) based upon interviews conducted and documentation provided.

115.267 (c). Mirror Inc.’s PREA Implementation Manual (p. 17) stipulates in part, that “For at least 90 days following a report of sexual abuse, Mirror shall monitor the conduct and treatment of residents or staff who reported sexual abuse, and of resident who were reported to have suffered sexual abuse...” Policy further states, “Monitoring past 90 days shall continue if the initial monitoring indicates an ongoing need and shall include:

- Periodic in-person conversations with residents and/or staff;
- Review of disciplinary incidents involving residents;
- Review of housing or program changes; and
- Review of negative performance reviews or reassignments of staff.”

In response to the PAQ, the facility reported zero incidences of retaliation in the last 12 months. The interview with the PCM, who also monitors retaliation revealed he was unaware of his responsibility to monitor retaliation. He did appropriately describe the procedures for monitoring for residents; which includes looking for housing changes, loss of passes or privileges, excessive violations and/or restriction status or component changes. Retaliation monitoring for staff includes looking for increased levels of leave usage, negative performance evaluations and/or requests for shift schedule changes. The facility had one unsubstantiated allegation of sexual abuse by staff member on a resident. The PCM indicated there was no retaliation monitoring conducted because he was unaware it had to be done at the time. The PCM also indicated following this audit he is now aware of it is his responsibility to monitor retaliation.

The auditor finds the facility not in compliance with PREA Provision 115.267 (c) based upon interviews conducted and documentation provided.

115.267 (d). Mirror Inc.’s PREA Implementation Manual (p. 17) addresses periodic status checks with residents subject to retaliation monitoring. Interview with the facility PCM/retaliation monitor, revealed there have been no incidents of official retaliation monitoring during the past 12 months. However, following an unsubstantiated allegation of sexual abuse by a staff member on a resident, retaliation monitoring was required. The auditor was told informal and undocumented periodic checks were made verbally with the resident; however, the auditor could not verify this information as there was no documentation.

The auditor finds the facility not in compliance with PREA Provision 115.267 (d) based upon interviews conducted and documentation provided.

115.267 (e). Mirror Inc.’s PREA Implementation Manual (p. 16) stipulates in part, that

“Protection measures will include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for resident or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” The interviews with the agency head and facility director revealed if any individual, resident or staff, fears retaliation for cooperating with investigations, protective measures as outlined in PREA Provision 115.267 (b) would be initiated.

The auditor finds the facility in compliance with PREA Provision 115.267 (e) based upon interviews conducted and documentation provided.

115.267 (f). For purposes of this audit, this auditor is not required to make a compliance determination for provision (f) of this standard.

Corrective Action: (2)

Retrain staff responsible for monitoring retaliation of the responsibilities of the position.

Devise a checklist to include retaliation monitoring as one of the steps to complete in all allegations, except those determined unfounded.

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Sexual Abuse Incident Review Form Email regarding investigation timeline between auditor and PCM (2/25/19) Investigative Staff Training Records; Sexual Assault investigation Training certificate (eff. 2/24/17, 10/16/16) Document: First Responder Duties</p> <p>Interviews:</p> <p>Specialized Staff (3) - Facility Director - PREA Coordinator - Facility Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.271 (a). The facility provided a copy of the PREA Implementation Manual which addresses provision (a) of this standard in detail (p. 14). Specifically, it states in part, "All investigations into allegations of sexual abuse and sexual harassment conducted by Mirror Facility Director and PREA Coordinator will be done promptly, thoroughly, and objectively, and include third-party and anonymous reports." The interview with the facility director revealed the facility conducts administrative investigations only, if they are not conducted by the Bureau of Prisons (BOP). The Wichita, Kansas Police Department (WPD) conducts criminal investigations if deemed so by the facility and BOP. Per the contract with the BOP, Mirror Inc. is required to report all allegations of sexual abuse and sexual harassment to the BOP for determination of whether an investigation is warranted. The interview with the facility investigator revealed investigations are started immediately upon notification of an allegation. Allegations from third parties are handled in the same manner as if reported by a resident; all are taken seriously and responded to immediately. During this audit cycle one allegation of sexual abuse by a staff member on a resident was reported. Review of documentation and the interview with the facility investigator revealed the facility initiated and completed a detailed administrative investigative report regarding the allegation; however, the investigation was initiated two days after the initial reporting by a resident.</p> <p>Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.271 (a) based upon documentation provided and interviews conducted.</p>

115.271 (b). The PCM is charged with the dual role of investigative staff, along with an agency investigator. During the interview with the facility investigator he indicated he completed Investigating Sexual Abuse in a Confinement Setting training in October 2016. The facility provided training a training certificated, signed and dated 10/16/16. The agency investigator received training through Educorr's PREA training (Educorr specializes in PREA training for correctional facilities) and In-person training was provided to investigators in Boston, Massachusetts in February 2017. The auditor verified this information in the staff training file and by viewing the signed Training certificate (eff. 2/24/17). Training documentation is also discussed in Standard 115.234 (c).

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (b) based upon documentation provided and interviews conducted.

115.271 (c). Mirror Inc.'s PREA Implementation Manual in part states, "Where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request the investigating agency follow the DOJ requirements pertaining to investigations of incidents." During this audit cycle no sexual abuse allegations were reported to the WPD for investigation and there was no documentation for the auditor to review. The interview with the facility investigator revealed the initial first steps in initiating a possible criminal investigation is to immediately contact the WPD. Following the initial notification, facility staff will implement first responder protocols and contact the BOP and the agency PREA coordinator. The investigator indicated as part of first responder protocols the victim and perpetrator are separated, and no physical evidence is destroyed. The victim and abuser are instructed not to shower, brush teeth, wash, or clean clothing in efforts to preserve evidence, be it direct or circumstantial. The facility does not gather or collect evidence, rather attempt to keep it undisturbed for law enforcement collection. Facility video monitoring is reviewed, and statements are documented. The WPD interviews alleged victims, suspected perpetrators, and witnesses; and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator as part of the investigative process. Facility staff work collaboratively with the WPD and BOP, however, are not involved in the criminal interviewing. The investigator indicated when the BOP instructs the facility to conduct an administrative investigation into alleged sexual abuse, the investigator would be responsible for interviewing the victim, perpetrator and any witnesses. Per the investigator, one allegation of sexual abuse was reported first-hand by a resident against a staff member during the past 12 months and was investigated administratively. An administrative investigation was completed, and its disposition deemed unsubstantiated. Video camera surveillance was obtained as evidence. Based on our interview, the auditor is confident the facility investigator is knowledgeable with policy and protocols of conducting administrative investigations.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (c) based upon documentation provided and interviews conducted.

115.271 (d). Interview with the facility investigator revealed it is the facility's practice is to conduct compelled interviews. However, in discussion with the PREA Coordinator, it is not Mirror Inc.'s practice to conduct compelled interviews. Investigative report documentation was administrative in nature and not applicable. The auditor will recommend the facility provide

additional, succinct training to investigative staff regarding compelled interviews, and also, recommend policy be updated to include specific language relating to compelled interviews.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (d) based upon interviews conducted.

115.271 (e). Mirror Inc.'s PREA Implementation Manual (p. 15), "Where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request the investigating agency follow the DOJ requirements pertaining to investigations of incidents." When interviewed about the credibility of an alleged victim, suspect, or witness, the facility investigator indicated a preponderance of evidence is taken into consideration and under no circumstances would a polygraph be utilized prior to proceeding with any investigation. There was one resident who reported a sexual abuse occurring at this facility during this audit cycle, that did not rise to the level of a criminal investigation. The auditor could not conduct an interview to ascertain this information because the resident released from custody. The facility director indicated Mirror Inc. is responsible for conducting administrative allegations that do not rise to the level of potentially criminal in nature.

The auditor finds the facility in compliance with PREA Provision 115.271 (e) based on interviews conducted and documentation provided.

115.271 (f). The interview with the facility investigator of administrative allegations revealed staff actions or failures to act are taken into consideration as to whether it contributed to the abuse. Written reports include a description of any evidence (electronic video monitoring, physical or verbal statements). One administration investigation report reviewed included all relevant information.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.271 (f) based upon documentation reviewed and interviews conducted.

115.271 (g). Mirror Inc.'s PREA Implementation Manual (p. 15), "Where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request the investigating agency follow the DOJ requirements pertaining to investigations of incidents." The interview with the facility investigator revealed Mirror Inc. does not conduct criminal investigations. However, staff provide documentation to the investigative agency on what occurred and documentation of any potential evidence, to include, physical, verbal, or electronic evidence. Copies of all evidence are turned over to WPD. In the event allegations of sexual abuse rises to a criminal offense level, they are referred to WPD for investigation and potential referral for prosecution. The PAQ reported zero criminal investigations were conducted during the past three years, therefore, the auditor was unable to review any investigative reports of that nature. The auditor will recommend the facility update its PREA Implementation Manual to clarify and include specific language to enhance information related to law enforcement investigation requirements relative to Standard 115.271.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (g) based upon

documentation reviewed and interviews conducted.

115.271 (h). The facility reported in their response to the PAQ that there were zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit. As such, the auditor was unable to review a sample of any cases referred for prosecution. The interview with the facility investigator verified zero substantiated allegations and indicated all allegations of sexual abuse are referred to the WPD for prosecution when deemed criminal in nature.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (h) based upon documentation reviewed and interviews conducted.

115.271 (i). Mirror Inc.'s PREA Implementation Manual (p. 16) in part states, "...Mirror retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." There was one first-hand report from a resident of alleged sexual abuse by a staff member received on 3/20/18. This report was still on file at the facility and provided to the auditor.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (i) based upon documentation provided.

115.271 (j). Mirror Inc.'s PREA Implementation Manual (p. 15) in part states, "Mirror shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). As outlined in our Statement of Work with the Bureau of Prisons, Mirror will collaborate with the Bureau to conduct any and all investigations including sexual abuse or sexual harassment...All investigations into allegations of sexual abuse and sexual harassment conducted by Mirror Facility Director and PREA Coordinator services will be done promptly, thoroughly, and objectively, and include third-party and anonymous reports...The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The interview with the facility investigator revealed investigations are completed and the BOP is updated as to the findings. The auditor reviewed the allegation and an investigation was completed as required.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (j) based upon documentation provided.

115.271 (k). For purposes of this audit, this auditor is not required to make a compliance determination for provision (k) of this standard.

115.271 (l). Mirror Inc.'s PREA Implementation Manual (pp. 15) in part states, "When other agencies investigate sexual abuse, Mirror shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The interviews with the facility director, PREA Coordinator and investigative staff all verified this is Mirror Inc.'s

practice. At the Wichita-Toben RRC the PCM is the local investigator and an agency investigator reports to the facility as the lead investigator. The lead investigator is the point of contact with the WPD during criminal investigations and acts as a liaison between the WPD and resident. The PREA Coordinator indicated the facility has a positive relationship with WPD and are involved in active discussions.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (I) based upon documentation provided.

Corrective Action: (1)

Retrain all staff, including investigative staff, on their responsibilities in responding to an allegation of sexual abuse or sexual harassment.

Recommendations: (3)

Update PREA Implementation Manual to clarify and include specific language to enhance information related to law enforcement investigation requirements relative to Standard 115.271.

Provide additional, succinct training to investigative staff regarding compelled interviews.

Update the PREA Implementation Manual to include specific language relating to compelled interviews.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Administrative Investigative Report (3/22/18)</p> <p>Interviews:</p> <p>Facility Investigator</p> <p>Findings (By Provision):</p> <p>115.272 (a). Mirror Inc.'s PREA Implementation manual (p. 15), stipulates that Mirror Inc. impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. The interview with the facility investigator revealed Mirror Inc. utilizes the "preponderance of the evidence" as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. The auditor reviewed on investigative report and a preponderance of evidence was utilized in determining the unsubstantiated disposition.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.272 (a) based upon interviews documentation provided.</p> <p>Corrective Action: None</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Notification of Investigative Findings: Resident on Resident Form Notification of Investigative Findings: Staff on Resident Form</p> <p>Interviews:</p> <p>Facility Director Facility Investigator Residents who Reported a Sexual Abuse (None)</p> <p>Findings (By Provision):</p> <p>115.273 (a). Mirror Inc.'s PREA Implementation Manual (p. 15), stipulates in part "Following an investigation into a resident's allegation they suffered sexual abuse, Mirror shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." The interview with the facility investigator and facility director substantiated this practice and provided the auditor with a copy of a notice of unsubstantiation following the conclusion of a sexual abuse allegation on 3/20/18. In response to the PAQ, the facility reported zero criminal and/or administrative investigations of alleged resident sexual abuse were completed past 12 months. However, there was one administrative investigation. The resident who alleged the abuse has been released from the Wichita-Toben facility and was unavailable for interview.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.273 (a) based upon interviews conducted and documentation provided.</p> <p>115.273 (b). Mirror Inc.'s PREA Implementation Manual (p. 15), stipulates in part "If Mirror did not conduct an investigation, it shall request the relevant information from the investigative agency in order to inform the resident." In response to the PAQ, the facility reported no investigations were completed for which they needed to request information. There were no investigative files for the auditor to review.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.273 (b) based upon interviews conducted and documentation provided.</p> <p>115.273 (c). Mirror Inc.'s PREA Implementation Manual (p. 15) stipulates in part "Following a resident's allegation, a staff member committed sexual abuse against the resident, Mirror shall subsequently inform the resident whenever:</p>

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- Mirror learns the staff member has been charged with or indicted on a charge related to sexual abuse within the facility; or,
- Mirror learns the staff member has been convicted on a charge related to sexual abuse within the facility."

In response to the PAQ, the facility reported no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past 12 months; however, one allegation of sexual abuse was reported on 3/20/18. There were no residents who reported a sexual abuse at the facility to interview. The interview with the facility investigator revealed notification to residents is completed on a Notification of Investigative Findings: Staff on Resident Form. There were no residents who reported a sexual abuse at the facility that required notification under the above circumstances.

The auditor finds the facility in compliance with PREA Provision 115.273 (c) based upon interviews conducted and documentation provided.

115.273 (d). Mirror Inc.'s PREA Implementation Manual (p. 15), stipulates in part states "Following a resident's allegation they have been sexually abused by another resident, Mirror shall subsequently inform the alleged victim whenever:

- Mirror learns the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility; or,
- Mirror learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

The interview with the facility investigator revealed notification to residents is completed on a Notification of Investigative Findings: Resident on Resident Form. There were no residents who reported a sexual abuse at the facility that required notification under the above circumstances.

The auditor finds the facility in compliance with PREA Provision 115.273 (d) based upon interviews conducted and documentation provided.

115.273 (e). In response to the PAQ, the facility provided two Mirror Inc. forms used to document all notifications or attempts at notification. For staff against residents, the facility utilizes the Notification of Investigative Findings: Staff on Resident Form and for residents against residents they utilize the Notification of Investigative Findings: Resident on Resident Form. In response to the PAQ, the facility reported zero notifications to residents were provided pursuant to this standard. In actuality, one Notification of Investigative Findings: Staff on Resident Form was completed and given to the resident alleging the abuse.

The auditor finds the facility in compliance with PREA Provision 115.273 (d) based upon documentation provided.

	Corrective Action: None
--	-------------------------

115.276	Disciplinary sanctions for staff
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19)</p> <p>Findings (By Provision):</p> <p>115.276 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies." There were no records of terminations, resignations, or other sanctions for violating the sexual abuse or sexual harassment policies to review.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.276 (a) based upon documentation provided.</p> <p>115.276 (b). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." In response to the PAQ, the facility reported zero staff from the facility violated Mirror Inc.'s sexual abuse or sexual harassment policies. And, zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies</p> <p>The auditor finds the facility in compliance with PREA Provision 115.276 (b) based upon documentation provided.</p> <p>115.276 (c). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Disciplinary sanctions for violations of Mirror policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." In response to the PAQ, the facility reported zero staff from the facility were disciplined for violations of Mirror Inc.'s sexual abuse or sexual harassment policies.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.276 (c) based upon documentation provided.</p> <p>115.276 (d). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any</p>	

relevant licensing bodies.” In response to the PAQ, the facility reported zero staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor finds the facility in compliance with PREA Provision 115.276 (d) based upon documentation provided.

Corrective Action: None

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19)</p> <p>Interviews:</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.277 (a). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." "Mirror shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer." In response to the PAQ, the facility indicated no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. The response further indicated zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.277 (a) based upon documentation provided.</p> <p>115.277 (b). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Mirror shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer." The interview with the facility director revealed any contractor or volunteer who violates Mirror Inc.'s sexual abuse and sexual harassment policies are prohibited from working with federal offenders. Violators are reported to the Bureau of Prisons and their agency supervisors.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.277 (b) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: None</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Bureau of Prisons Statement of Work, Chapter 13: Discipline (April 2017) Bureau of Prisons Program Statement 5270.09, Inmate Discipline Program (eff. 8/01/11)</p> <p>Interviews:</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.278 (a). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse." The auditor reviewed Chapter 13: Discipline, in the BOP's Statement of Work (pp. 78-84) which the facility contractually must adhere to. Chapter 13 details the discipline process. The BOP's Program Statement 5270.09, Inmate Discipline Program identifies sexual offenses in the Greatest and High Severity categories. Greatest and High Severity incidents cannot be informally resolved and must be sent to the BOP's Discipline Hearing Office for resolution. Sexual Assault by Force is considered a 100 level Greatest Severity offense and Engaging in Sexual Acts, Making Sexual Proposals or Threats to Another and Sexual Assault without Force are considered 200 level High Severity offenses. In response to the PAQ, the facility reported there were zero administrative findings of resident-on-resident sexual abuse have occurred at the facility during the past 12 months. The facility further reported there were zero criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. There were no disciplinary reports for the auditor to review.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.278 (a) based upon documentation provided.</p> <p>115.278 (b). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories." The interview with the facility director revealed sanctions are commensurate with the nature and circumstances of the abuse committed. Transfer to a secure facility, loss of Good Conduct Time and loss of privileges are examples of possible sanctions. The facility director also noted there have been no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.</p>

The auditor finds the facility in compliance with PREA Provision 115.278 (b) based upon interviews conducted and documentation provided.

115.278 (c). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "The disciplinary process shall consider whether a resident's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The interview with the facility director revealed the facility would take a resident's mental disability or mental illness into consideration when determining sanctions. The facility would generate the discipline report and provide sanction recommendations to the BOP's Discipline Hearing Officer. The facility director also noted there have been no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.278 (c) based upon interviews conducted and documentation provided.

115.278 (d). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "On a case by case basis, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, may be required as a condition of access to programming or other benefits." The interview with the facility director revealed the facility would collaborate with the BOP's Residential Reentry management Office and Community Treatment Services or the US Probation office in determining whether to require the offending resident to participate in counseling or therapy as a condition of access to programming or other benefits.

The auditor finds the facility in compliance with PREA Provision 115.278 (d) based upon interviews conducted and documentation provided.

115.278 (e). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Mirror may discipline a resident for sexual contact with staff only upon a finding the staff member did not consent to such contact." There were no disciplinary records to review for this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.278 (e) based upon documentation provided.

115.278 (f). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation." The interview with the facility director indicated if an investigation concludes the report was made in bad-faith, the resident may be disciplined for lying or falsely reporting an incident.

The auditor finds the facility in compliance with PREA Provision 115.278 (f) based upon interviews conducted and documentation provided.

115.278 (g). Mirror Inc.'s PREA Implementation Manual (p. 18) stipulates in part, that "Mirror prohibits all sexual activity between residents and disciplines residents for such activity, the

agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.” There were no resident disciplinary reports for sexual activity between residents to review during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.278 (g) based upon documentation provided.

Corrective Action: None

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"</p> <p>Interviews:</p> <p>Specialized Staff</p> <ul style="list-style-type: none"> - Security Staff First Responders (3) - Non-Security Staff First Responders (2) - SAFE/SANE (Via Christie – St. Joseph’s Hospital, Wichita, KS) - Medical and Mental Health Staff (None) <p>PREA Compliance Manager Residents who Reported a Sexual Abuse (None)</p> <p>Findings (By Provision):</p> <p>115.282 (a). Mirror Inc.’s PREA Implementation Manual (p. 13) in part states, "Resident victims of sexual abuse shall 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." In response to the PAQ, the facility indicated medical and mental health services are not provided at the Wichita-Toben RRC. Rather, emergency medical and mental health treatment is provided by Via Christie – St. Joseph’s Hospital as reported by the PCM during interview. There were no residents who reported a sexual abuse at the facility to interview.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.282 (a) based upon interviews conducted and documentation provided.</p> <p>115.282 (b). In the absence of qualified medical or mental health staff when a recent report of sexual abuse is made, security first responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health staff. According to the Mirror Inc. PREA Implementation Manual (p. 13) first responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health practitioners. The interviews with three security first responders and two non-security first responders revealed they were all knowledgeable of first responder protocols and would be able to act accordingly in the event of an incident of sexual abuse. Specifically, they indicated the first action would protect the victim by separating the victim from the abuser. Other duties include preserving the scene so proper evidence could be collected for law</p>

enforcement. They would also ask the victim not to take any actions that could destroy evidence, i.e., changing clothes, brushing teeth, using the restroom. First responder security staff would also ensure the alleged abuser does not take any actions that could destroy evidence. There were no residents who reported a sexual abuse at the facility and no relevant investigative files to review. The interview with the PCM revealed all residents are provided with information in their Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse" (p. 3) indicating if they are an alleged victim of sexual assault, they "will be offered immediate protection and will be referred for a medical examination and a support/advocacy agency."

The auditor finds the facility in compliance with PREA Provision 115.282 (b) based upon interviews conducted and documentation provided.

115.282 (c). Victims of sexual abuse are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis in accordance with Mirror Inc.'s PREA Implementation Manual (p. 13). Forensic examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The interview with the SAFE/SANE supervisor at Via Christie – St. Joseph's Hospital indicated that any resident sexually assaulted would receive all medications, including medications sexually transmitted infections and contraception, prior to discharge. In response to the PAQ, the facility indicated medical and mental health services are not provided at the Wichita-Toben RRC. Rather, emergency medical and mental health treatment is provided by Via Christie – St. Joseph's Hospital as reported by the PCM during interview. There were no residents who reported a sexual abuse at the facility to interview.

The auditor finds the facility in compliance with PREA Provision 115.282 (c) based upon interviews conducted and documentation provided.

115.282 (d). Mirror Inc.'s PREA Implementation Manual (p. 13) address providing treatment for services of victims, including forensic examinations of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation. The interview with the PCM verified this information. The PCM indicated there have not been instances involving the need for these services during or before this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.282 (d) based upon interviews conducted and documentation provided.

Corrective Action: None

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19)

Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"

Interviews:

Specialized Staff

- Security Staff First Responders (3)

- Non-Security Staff First Responders (2)

- SAFE/SANE (Via Christie – St. Joseph’s Hospital, Wichita, KS) (1)

- Medical and Mental Health Staff (None)

PREA Compliance Manager

Residents Who Reported a Sexual Abuse (None)

Findings (By Provision):

115.283 (a). Mirror Inc.’s PREA Implementation Manual (p. 14) allows for access to medical care and mental health evaluations for victims of a sexual abuse as it states in part, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility." The interview with the PCM indicated residents would receive medical care at Via Christie – St. Joseph’s Hospital in the event of sexual abuse victimization or learning of it occurring while in prison. For mental health care, a Medical Certification would be completed and sent the BOP for authorization of services at Via Christie – St. Joseph’s Hospital for any treatment, if learned they were sexually abused while in prison. The PCM stated there were no instances of medical or mental health referrals related to sexual abuse victimization during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (a) based upon documentation provided and interviews conducted.

115.283 (b). The Mirror Inc. PREA Implementation Manual (p. 14) allow for follow-up services, treatment plans and referrals for continuity of care, if needed, following transfer to other facilities or release from prison. The interview with the PCM indicated if a BOP resident returned to confinement, follow up services would be provided while in their custody. When a resident is released from the Wichita-Toben RRC, case management and social services staff ensure referrals for continued care are completed and processed prior to release. The PCM stated there were no instances of medical or mental health referrals related to sexual abuse victimization during this audit cycle. In response to the PAQ, the facility indicated medical and

mental health services are not provided at the Wichita-Toben RRC. Rather, emergency medical and mental health treatment is provided by Via Christie – St. Joseph’s Hospital as also reported by the PCM during interview. There were no residents who reported a sexual abuse at the facility to interview.

The auditor finds the facility in compliance with PREA Provision 115.283 (b) based upon documentation provided and interviews conducted.

115.283 (c). The Mirror Inc. PREA Implementation Manual (p. 14) stipulates in part that “The facility shall provide such victims with medical and mental health services consistent with the community level of care.” Wichita-Toben RRC is a community confinement center and by that virtue alone the resident victims of sexual abuse receive medical and mental health series consistent with the community level of care.

The auditor finds the facility in compliance with PREA Provision 115.283 (c) based upon documentation provided and interviews conducted.

115.283 (d). For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard. The Wichita-Toben RRC is currently an all-male facility.

115.283 (e). For purposes of this audit, this auditor is not required to make a compliance determination for provision (e) of this standard. The Wichita-Toben RRC is currently an all-male facility.

115.283 (f). The Mirror Inc. PREA Implementation Manual (p. 14) stipulates in part that “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.” There were no residents who reported a sexual abuse at the facility for the auditor to interview.

The auditor finds the facility in compliance with PREA Provision 115.283 (f) based upon documentation provided and interviews conducted.

115.283 (g). The Mirror Inc. PREA Implementation Manual (p. 14) stipulates in part that “Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interview with the PCM verified this information and added there have been no such cases during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (g) based upon documentation provided and interviews conducted.

115.283 (h). The Mirror Inc. PREA Implementation Manual (p. 18) stipulates in part that “The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The interview with the PCM revealed their practice, in collaboration with the BOP, is to contact the WASAC Wichita Area Sexual Assault Center within 60 days of learning of a resident’s abuse history. The PCM also stated there have been

no instances of treatment referrals under these conditions during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (h) based upon documentation provided and interviews conducted.

Corrective Action: None

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc.'s Sexual Abuse Investigation Report Form (SAIR) Notification of Investigative Findings: Staff on Resident Form</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator Specialized Staff (1) -Incident Review Team</p> <p>Findings (By Provision):</p> <p>115.286 (a). Mirror Inc.'s PREA Implementation Manual (p. 16) requires in instances of sexual abuse, the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. In response to the PAQ, the facility reported no investigations of alleged sexual abuse were completed at the facility during the past 12 months. In actuality; one allegation of alleged sexual abuse was reported during the past 12 months. A Sexual Assault Incident Review (SAIR) was completed.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.286 (a) based upon documentation provided.</p> <p>115.286 (b). Mirror Inc.'s PREA Implementation Manual (p. 16) requires a sexual abuse incident review be completed within 30 days of the conclusion of every sexual abuse investigation, with input investigators and medical personnel. In response to the PAQ, the facility reported no investigations of alleged sexual abuse were completed at the facility during the past 12 months. In actuality; one allegation of alleged sexual abuse was reported during the past 12 months. A Sexual Assault Incident Review (SAIR) was completed as required within the 30-day time-frame.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.286 (b) based upon documentation provided.</p> <p>115.286 (c). Mirror Inc.'s PREA Implementation Manual (p. 16), in part states "A review team, consisting of the Facility Director, PREA Coordinator, Vice President of Community Integration upper-level management and the Chief of Security shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where</p>

the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Information from investigators and medical personnel will be included.” The interview with facility director indicated the SAIR procedure is in place and upper level management (VP of Community Integration and the Agency PREA Coordinator are part of all reviews. The auditor will recommend those positions be added to the SAIR form for clarity.

The auditor finds the facility in compliance with PREA Provision 115.286 (c) based upon interviews conducted and documentation provided.

115.286 (d). Mirror Inc.’s PREA Implementation Manual (p. 16) requires the incident review team to review the following:

- Consider whether the allegation indicates a need for policy or practice change
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, gender identity, sexual orientation, gang affiliation or by group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred for anything that could possibly enable abuse
- Assess the adequacy of staffing levels in areas during different shifts
- Assess whether monitoring technology should be deployed or augmented

All findings and recommendations for improvement will be documented on Mirror Inc.’s Sexual Abuse Incident Review form. The interviews with the one incident review team member, the PREA coordinator and facility director verified these procedures and identified focus areas (such as, motivation, deterrence and prevention, staffing analysis, training, policy revisions, and facility or area safety enhancements. Reports are submitted to the PREA coordinator and facility director.

The auditor finds the facility in compliance with PREA Provision 115.286 (d) based upon interviews conducted and documentation provided.

115.286 (e). Mirror Inc.’s PREA Implementation Manual (p. 16), in part states “Following the review, a report of its findings, determinations, and any recommendations for improvement will be submitted to the CEO of Mirror, Inc. improvements which were implemented as a result of the review will be documented in the final report.” Documentation review of the SAIR included improvements identified by the review team, to include adding an additional camera in the front lobby area to gain multiple views of the pat searching process.

The auditor finds the facility in compliance with PREA Provision 115.286 (e) based upon interviews conducted and documentation provided.

Corrective Action: None

Recommendations: (1)

Identify and include upper management level staff on the SAIR form.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Bureau of Justice Statistics Survey of Sexual Victimization (2017)</p> <p>Findings (By Provision):</p> <p>115.287 (a). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the collection of accurate and uniform data for every allegation of sexual abuse that occurs at the facility. A standardized instrument with a set of definitions is to be used for the data collection. The auditor was provided with a copy of the completed 2017 Survey of Sexual Victimization form.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (a) based upon documentation provided.</p> <p>115.287 (b). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the facility to aggregate the incident-based sexual abuse data at least annually. The aggregated is supported by the SSV form and PREA Annual Reports for 2017 and 2018.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (b) based upon documentation provided.</p> <p>Mirror Inc.'s PREA Implementation Manual (p. 20) requires the collection of accurate and uniform data for every allegation of sexual abuse that occurs at the facility. A standardized instrument with a set of definitions is to be used for the data collection. In response to the PAQ, the facility provided a copy of the completed 2017 Survey of Sexual Victimization form which contained data necessary for its completion.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (c) based upon documentation provided.</p> <p>115.287 (d). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the facility to maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (d) based upon documentation provided.</p> <p>115.287 (e). In response to the PAQ, the facility reported they do not contract for the confinement of residents.</p>

For purposes of this audit, this auditor is not required to make a compliance determination for provision (e) of this standard”

115.287 (f). Mirror Inc.’s PREA Implementation Manual (p. 21) requires the facility to provide (upon request) all such data from the previous calendar year to the Department of Justice no later than June 30th. In response to the PAQ, the facility reported the DOJ has not requested data from the previous year.

The auditor finds the facility in compliance with PREA Provision 115.287 (f) based upon documentation provided.

Corrective Action: None

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc. PREA Annual Report (2017,2018)</p> <p>Interviews:</p> <p>Agency Head PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency to review collected and aggregated data. Policy stipulates the PCM will review data collected by the agency. The review will consist of identifying problem areas, on-going corrective action and the preparation of the annual report. The annual report will include findings and any necessary corrective action. Interviews with the agency head and PREA coordinator revealed the use of incident-based sexual abuse data is a process of annual review and taking on-going corrective action to determine how data can improve the quality of service and improve resident safety.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.288 (a) based upon interviews conducted and documentation provided.</p> <p>115.288 (b). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency's report to include a comparison of the current year's data and corrective actions with those from prior years and to provide an assessment of progress made in addressing sexual abuse. The auditor reviewed the 2017 and 2018 PREA Annual Reports and determined they contained all required information pursuant to this provision.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.288 (b) based upon documentation provided.</p> <p>115.288 (c). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency's CEO's approval of the Annual PREA Report and subsequent posting on the agency's website. The interview with the agency head revealed he approves all annual PREA reports prior to posting on the website. The auditor reviewed the agency website, www.mirrorinc.org, and located Annual PREA Reports from 2017 and 2018.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.288 (c) based upon interviews conducted and documentation provided.</p>

115.288 (d). Mirror Inc.'s PREA Implementation Manual (p. 21) indicates the "specific material from the report may be redacted when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted shall be noted." The interview with the PREA Coordinator revealed redacted material to include Personally Identifiable Information.

The auditor finds the facility in compliance with PREA Provision 115.288 (d) based upon interviews conducted and documentation provided

Corrective Action: None

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Mirror Inc. Agency Website (www.mirrorinc.org)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.289 (a). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency to securely maintain all collected and aggregated data. The interview with the PREA Coordinator revealed the facility director maintains the data in a locked cabinet inside her office. The facility director is the only staff with key access to the file cabinet.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (a) based upon interviews conducted and documentation provided.</p> <p>115.289 (b). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency to annually publish all aggregated sexual abuse data. The auditor reviewed the agency's website and reviewed the 2018 and 2017 Annual PREA Reports.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (b) based upon documentation provided.</p> <p>115.289 (c). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency to remove all personal identifiers prior to publishing the aggregated data on its public website. The auditor reviewed the agency's website and reviewed the 2018 and 2017 Annual PREA Reports and found no personal identifiers.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (c) based upon documentation provided.</p> <p>115.289 (d). Mirror Inc.'s PREA Implementation Manual (p. 21) requires the agency to retain all sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (d) based upon documentation provided.</p>

	Corrective Action: None
--	-------------------------

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Agency Website (www.mirrorinc.org)</p> <p>Findings (By Provision):</p> <p>115.401 (a). The auditor reviewed the agency’s website, www.mirrorinc.org, and verified they had a PREA Audit in October 2016. The auditor noted the October 2016 audit report on the website. The current PREA audit is the Wichita-Toben RRC’s second PREA Audit.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.401 (a) based upon documentation provided.</p> <p>115.401 (b). The auditor reviewed the agency’s website, www.mirrorinc.org, and verified they had a PREA Audit in October 2016 for the three-year audit cycle. The auditor noted the October 2016 audit report on the website. The current PREA audit is the Wichita-Toben RRC’s second PREA Audit and successfully met the requirements of this standard the previous audit cycle.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.401 (b) based upon documentation provided.</p> <p>115.401 (h). The auditor was provided unfettered access to all areas of the facility during this PREA audit.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.401 (h) based upon documentation provided.</p> <p>115.401 (i). The auditor received documents as requested, including those stored electronically.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.401 (i) based upon documentation provided.</p> <p>115.401 (m). The auditor was provided a space for private, uninterrupted interviews with residents during this PREA Audit.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.401 (m) based upon</p>

documentation provided.

115.401 (n). Residents were not prohibited from sending confidential information or correspondence to the auditor, unopened and sealed.

The auditor finds the facility in compliance with PREA Provision 115.401 (n) based upon documentation provided.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f) The Wichita-Toben RRC has not had any audits within 90 days of this PREA Audit. The agency did have a PREA Audit conducted at their RRC in Topeka, Kansas on 3/12-14/2019. The audit is currently in the Corrective Action Phase. Mirror Inc. is compliant with all provisions of PREA Standard 115.403.</p> <p>The Mirror Inc. has posted the last Wichita-Toben RRC PREA Audit Report, dated 1/23/2017 its website, www.mirrorinc.org.</p> <p>Mirror Inc. is compliant with PREA Standard provision 115.403 (f).</p>

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	Supervision and monitoring	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	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?	no
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	no
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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?	no
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	no
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	no
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	no

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	Evidence protocol and forensic medical examinations	
	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

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	no

115.221 (h)	Evidence protocol and forensic medical examinations	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	no

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	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?	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	no

115.235 (b)	Specialized training: Medical and mental health care	
	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 does not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e) Screening for risk of victimization and abusiveness		
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f) Screening for risk of victimization and abusiveness		
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no

115.241 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h) Screening for risk of victimization and abusiveness		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	no

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	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?	no
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	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

115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	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

115.265 (a)	Coordinated response	
	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

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

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	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?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	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:4. Monitor resident housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	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?	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 reassignment of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	no

115.267 (e)	Agency protection against retaliation	
	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?	no

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

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	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?	no

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

115.271 (g)	Criminal and administrative agency investigations	
	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

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	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 and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	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

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	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

115.276 (d)	Disciplinary sanctions for staff	
	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
	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

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	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

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	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

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	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

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	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

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	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

115.287 (d)	Data collection	
	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

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

115.287 (f)	Data collection	
	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.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	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

115.288 (c)	Data review for corrective action	
	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

115.288 (d)	Data review for corrective action	
	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

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	no
	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.)	no

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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