

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

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| Name of facility: Oswego Correctional Facility | |
| Physical address: 1022 Fordyce, Oswego, KS 67356 | |
| Date report submitted: December 14, 2015 | |
| Auditor Information Joseph Martin | |
| Address: 374 New Bethel Rd. Fredonia, Ky. 42411 | |
| Email: joseph.martin@ky.gov | |
| Telephone number: (270) 388-1048 | |
| Date of facility visit: Dec 1 st - 2nd, 2015 | |
| Facility Information Oswego Correctional Facility | |
| Facility mailing address: <i>(if different from above)</i> | |
| Telephone number: 316-322-2045 | |
| The facility is: | <input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal |
| | <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State |
| | <input type="checkbox"/> Private not for profit |
| Facility Type: | <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison |
| Name of PREA Compliance Manager: Aaron Rion Trent Gunter | |
| Title: Deputy Warden /Lieutenant | |
| Email address: Aaron.Rion@doc.ks.gov Trent.Gunter@doc.ks.gov | |
| Telephone number: 316-321-7284 ext. 22386 | |
| Agency Information | |
| Name of agency: Kansas Department of Corrections | |
| Governing authority or parent agency: <i>(if applicable)</i> | |
| Physical address: 714 SW Jackson, Suite 300 Topeka, KS 66603 | |
| Mailing address: <i>(if different from above)</i> | |

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|---------------------------------------|------------------------|--------------------------|----------------------------|
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AUDIT FINDINGS

NARRATIVE:

The site visit of the Oswego Correctional Facility was conducted on December 1st and 2nd of 2015. The audit team consisted of the Audit Chair, Joseph Martin KDOC/DOJ Certified PREA Auditor and one support staff, Pamela Clayton KDOC/DOJ Certified PREA Auditor. During the Pre-Audit phase additional support staff person Brad Adams KDOC/DOJ Certified PREA Auditor reviewed portions of documentation. Follow-up required documentation was provided to the team on-site.

An entrance meeting was held at the beginning of the on-site audit with the following Kansas Department of Corrections staff in attendance; KDOC PREA Coordinator Elisabeth Copeland, PREA Specialist Joni Foster-Webster, Lead PREA Compliance Manager Trent Gunter, Compliance Manager Aaron Rion, Deputy Warden Kristi Miller and Captain William Henley.

During the two day on-site portion of the audit the team toured the facility and completed necessary file review including additional documentation that had been requested during the file review process prior to the on-site visit. In addition, the team conducted formal staff and inmate interviews. The inmate interviews included the following: 18 random inmates from each housing unit, 3 Disabled and Limited English Proficient Inmates and 3 Gay or Bi-Sexual inmates. Oswego reported having no inmates that had reported sexual abuse, disclosed prior sexual victimization during risk screening or that was housed in segregation for being high-risk.

Staff interviews included the following: 2 Administrative Human Resource, 3 staff who perform Risk for Victimization and Abusiveness, 1 Intake Staff, 3 Intermediate to Higher Level Facility Staff, 4 Volunteer and Contracted staff, 4 Medical and Mental Health Staff and 9 Random Staff from all three shifts. Other specialized staff interviews were not needed due to this being a satellite facility of El Dorado where I performed an audit on August 18th – 20th. Agency Head, Warden, PREA Compliance Manager and Incident Review Team questions will be used from that audit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Oswego Correctional Facility is a male adult facility located in Oswego, Kansas. The facility is considered as the Southeast Unit of the El Dorado Correctional Facility located in El Dorado, Kansas. OCF houses up to 232 medium custody inmates and 32 minimum custody inmates. The vast majority of

the inmate population has limited mobility and requires special medical care. OCF is considered a satellite facility of El Dorado however, has it's own assigned staff and Deputy Warden. The facilities are located 149 miles separate from one another.

Oswego does not have a Segregation Housing Unit. It has two holding cells that are only used for temporary housing until the inmate can be transferred.

SUMMARY OF AUDIT FINDINGS:

The audit showed that Oswego has taken PREA standards and implemented them in everyday practices including educating inmates of their rights and services available and training their staff of their responsibilities and duties. During the pre-audit phase it was found that Oswego had not officially named a staff person to be the PREA Compliance manager who was located at the facility however, it was found that they did have a staff person acting in that role. During the visit, the staff was given the title of being Oswego's Compliance Manager while working in conjunction with El Dorado's Compliance Manager as previously mentioned Oswego is a satellite facility of El Dorado and the two are approximately 149 miles apart from one another.

A debriefing was held on December 2nd with the following staff in attendance: KDOC PREA Coordinator Elisabeth Copeland, PREA Specialist Joni Foster-Webster, Warden James Heimgartner, Deputy Warden Kristi Miller, Lead Compliance Manager Trent Gunter, Compliance Manager Aaron Rion and Captain William Henley.

Oswego Correctional Facility was found to be in compliance with all PREA standards. Each standard below will have comments/recommendations and justifications to why compliance was determined.

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|-------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 42 |
| Number of standards not met: | 0 |
| Not Applicable: | 1 |

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

Agency policy IMPP 10-103 D outlines zero tolerance of sexual abuse and sexual harassment and the approach in preventing, detecting and responding to allegations. The Kansas Department of Corrections has a state-wide PREA Coordinator while each of its facilities has a designated PREA Compliance Manager.

§115.12 - Contracting with other entities for the confinement of inmates

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

The Kansas Department of Corrections contracts through jails the housing of state inmates. The example of contracts used as documentation incorporate they shall abide by PREA standards.

It is recommended that the agency develop a compliance tool so that DOC staff can evaluate compliance during the site visits to these facilities. This recommendation would be advantageous to the agency to ensure compliance adherence.

§115.13 – Supervision and Monitoring

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

Oswego has a staffing plan that includes the components of section (a) being considered annually. Oswega reported they have had no deviations from their staffing plan as they have mandatory posts that must be filled.

Agency policy IMPP 10-103 D directs that supervisors conduct unannounced rounds and prohibits staff from alerting others when these rounds are occurring. Staff interviews

corroborated this standard has been institutionalized and there is good documentation of this practice.

§115.14 – Youthful Inmates

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

Not Applicable - Oswego does not house youth inmates at this facility.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Agency policies IMPP 12-103 and IMPP 10-103 D outline the components of this standard. Oswego reported no occurrences of cross gender strip or body cavity searches. Agency policy outlines the requirement of privacy for inmates to shower, perform bodily functions and change clothing without being viewed by cross-gender, non-medical staff. In addition, policy requires cross-gender staff announcements when entering housing units.

Staff and inmate interviews both corroborated this practice and showed it to be institutionalized. Documentation of this practice was good. All staff were trained on how to conduct searches of transgender and intersex inmates.

During the on-site visit, a “Female On Duty” sign that could be turned on and off for the deaf or hearing impaired inmates was installed. This sign will ensure awareness for when cross-gender staff are working the unit. In addition, Post Orders were revised to include the responsibility of the staff working the unit to turn on the sign when the announcement is made.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policies IMPP 01-103 and IMPP 10-103 D direct this standard. Oswego has interpreters available when needed for the limited English Proficient or Hearing Impaired. Oswego has PREA brochures, posters and reporting methods posted throughout the facility in English and Spanish.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies IMPP 02-126 A and IMPP 02-126 D include components of this standard. State Applications include the questions from section (a) and the agency has a continuing obligation for employees to disclose such information. Oswego staff have annual background checks performed by appropriate staff at the El Dorado Correctional facility which is the parent facility of Oswego. Checks are performed for those applying for jobs and for staff applying for promotions within the agency. In addition, applicants are made aware that providing false information is grounds for termination.

Staff interviews and provided documentation corroborate this practice is institutionalized.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 01-123 D incorporates language from this standard. Oswego reports it has added video monitoring throughout the facility. The on-site audit tour proved very good video surveillance throughout the facility.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 22-103 outlines PREA investigations for the department. The Enforcement, Apprehension and Investigations Unit (EAI) investigates criminal sexual abuse allegations. Victim Advocacy is offered to inmate victims of sexual abuse as the facility has a Memorandum of Understanding (MOU) with a local Victim Advocate center. The MOU includes advocates accompany the inmate during the forensic exam and during the investigative process.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Agency policy IMPP 22-103 directs investigations for all allegations of sexual abuse and sexual harassment. The Enforcement, Apprehension and Investigations unit (EAI) has the legal authority to investigate and they refer for prosecution when applicable.

§115.31 – Employee Training

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

Agency policy IMPP 03-104 directs training for all staff that covers the components of this standard. The agency's lesson plan incorporates all pertinent sections and staff receive training annually. Documentation was provided to show electronic verifications of such.

Staff interviews showed the training had been done as they knew their duties and responsibilities that is required of them.

§115.32– Volunteer and Contractor Training

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

The facility reported all of their volunteers and contractors had received training as required. Interviews and documentation corroborated all volunteers and contractors for Oswego receive training and documentation is kept of such.

§115.33 – Inmate Education

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

Agency policy IMPP 10-103 D incorporates language from this standard. The agency ensures all inmates have comprehensive education upon intake and each time one is transferred they receive additional information. Oswego provides PREA education through orientation material. Oswego has key information continuously available as brochures, posters and services available are posted throughout the facility.

Inmate interviews corroborated education is given and readily available.

It is recommended that Oswego show the PREA education video "PREA, what you need to know" to its inmate population at scheduled times. This video is found on the PREA Resource Center website.

§115.34 – Specialized Training: Investigations

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

Agency policy IMPP 10-103 D specifically outlines this standard. The Enforcement, Apprehensions and Investigations unit (EAI) is responsible for conducting sexual abuse investigations. All receive appropriate training and documentation is kept of such.

§115.35 – Specialized training: Medical and mental health care

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

Agency policy IMPP 10-103 D specifically outlines this standard. Forensic exams are performed outside of the facility at community hospitals who have licensed SAFE or SANE staff.

Staff interviews corroborated all medical and mental health staff receive specialized training in addition to the training provided to all staff. Documentation was also provided showing the completion for appropriate staff.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Agency policy IMPP 10-139 directs this standard. Agency Risk Assessment screenings cover all the components for risk of victimization and/or abusiveness as outlined in this standard. The specific assessment information is limited to the appropriate staff at Oswego.

Staff interviews corroborated that the screenings are ordinarily completed within the time lines of this standard. Documentation was given that showed examples of this process.

§115.42 – Use of Screening Information

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

Oswego uses the information from assessments to make informed decisions regarding high-risk inmates with keeping separate those who score high-risk for victimization from those who score high-risk for being abusive. Separate housing units are used for separation and the facility has identified jobs that high-risk victims can't work with high-risk abusers.

Staff interviews corroborated this practice and that they pertained good knowledge of this standard.

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-139 and El Dorado General Orders 10-101 and 10-102 cover the components of this standard. Oswego does not have a Segregated Housing unit but has two holding cells that are used for temporary holding until transfers can be accomplished.

Staff interviews showed good knowledge of this standard and that an assessment of all alternatives would be done before the placement in the Holding cells.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103 D covers the components of this standard. There are many ways for inmates to report sexual abuse and/or sexual harassment which include reporting to any staff, departmental forms and telephone hotlines. The KDOC has a Memorandum of Understanding (MOU) with the Legal Services for Prisoners, Inc. for the outside of the agency reporting method. This MOU includes that immediate response will be given once the allegation has been received. Staff can report sexual abuse or sexual harassment of inmates privately by using the telephone hotline in place.

Staff interviews showed good knowledge that the telephone service was available if needed.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

K.A.R. 44-15-204 covers the components of this standard and includes time limits for “Emergency Grievances” when inmates allege to be at a substantial risk of imminent sexual abuse. Oswego reported no incidents of a Grievance being filed claiming sexual abuse or sexual harassment.

§115.53 – Inmate Access to Outside Confidential Support Services

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

The Oswego Correctional Facility has entered into a Memorandum of Understanding (MOU) with the Family Life Center which is a qualified Victim Advocacy Center for victims of sexual abuse. Inmates can call or write with confidentiality given. Oswego has information about Victim Advocacy posted throughout the facility.

Inmate interviews showed knowledge and that they knew services were available for them if needed.

§115.54 – Third-Party Reporting

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

The Kansas Department of Corrections has established a method to receive third-party reports as their agency policy IMPP 10-103 D addresses this standard and a telephone hotline has been established to receive these reports. This information is also on the KDOC website for public view.

Oswego has posters throughout the facility with directions for reporting sexual abuse and/or sexual harassment.

§115.61 – Staff and Agency Reporting Duties

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

Agency policy IMPP 10-103D clearly outlines requirements of staff regarding reporting of incidents of sexual abuse or harassment, including reports of sexual abuse of victims under the age of 18 to designated state or local services agencies, sharing of information only to those necessary, and reporting of retaliation. This policy also discusses the duties of medical and mental health staff to report sexual abuse and to inform inmates of their duty to report such. Staff were knowledgeable of these requirements.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

General Order 09-130 clearly outlines the responsibility of staff to offer immediate protection of reported sexual abuse victims. Staff was knowledgeable of the requirement for immediate action and there have been no incidents of inmates being in imminent danger of sexual abuse which required immediate action.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D clearly outlines the responsibilities of the facility to report when an inmate alleges abuse that occurred at another facility, including the responsibility of the head of the office/facility to notify the head of the office/facility where the alleged abuse occurred within 72 hours of the receipt of the report. The facility reported no occurrences of inmates alleging abuse at other facilities.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

General Order 09-130 and agency policies IMPP 10-103D and IMPP 22-103 outline necessary steps by staff regarding response to sexual abuse allegations, including separation of the alleged victim and abuser, preservation of potential crimes scenes, and collections of evidence. Staff was knowledgeable of these requirements. Documentation was provided to show movement of inmates who were separated due to an investigation.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D clearly outlines the coordinated response to allegations of sexual abuse and includes specific duties for first responders, facility leadership, medical and mental health staff, and investigators. General Order 09-130 requires staff at the Oswego facility to utilize this coordinated response and staff was knowledgeable of the actions required.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Supporting documentation provided indicates that collective bargaining agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or disciplinary determination.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D prohibits retaliation against staff and offenders who report sexual abuse or harassment or who cooperate with investigations of such. This policy also outlines the protection measures available for offenders and staff who fear retaliation, including housing changes or transfers, removal of alleged staff or abusers from contact with victims, and emotional support services. Retaliation monitoring is required by this policy for at least 90 days (and beyond if the initial monitoring indicates a continuing need) and shall include monitoring of offender's disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. Documentation of such monitoring was provided as an example.

The facility currently does not use a standardized form to monitor retaliation. It is recommended that the facility consider developing such a form in order to streamline the monitoring process.

§115.68 – Post-Allegation Protective Custody

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

Agency policies IMPP 20-104, IMPP 20-108, and IMPP 20-105 outline the use of administrative segregation and protective custody. The facility reports that no inmates have been involuntarily segregated as a means of protection from sexual abuse.

§115.71 – Criminal and Administrative Agency Investigations

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

Agency policy IMPP 10-103D clearly outlines the investigation process and the necessity for specially trained staff to conduct investigations promptly and thoroughly. This policy also directly outlines the responsibilities of the investigators regarding evidence collection.

§115.72 – Evidentiary Standard for Administrative Investigations

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

Agency policy IMPP 22-103 clearly states that allegations of sexual abuse or harassment are to be substantiated by a preponderance of evidence.

§115.73 – Reporting to Inmate

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

Agency policy IMPP 10-103D requires that offenders be informed of the dispositions of investigations. Sample documents were made available for review which indicate that such notifications are made and documented as required by this policy.

It is recommended that the facility include on the notification document to inform offenders if the inmate abuser or staff member involved have been convicted of charges relating to sexual abuse within the facility.

§115.76 – Disciplinary sanctions for staff

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

Agency policies IMPP 02-118 and 02-120 outline the zero-tolerance policy of the agency regarding sexual abuse or harassment. These policies specifically state that staff found to be in violation of this policy shall face disciplinary action up to and including dismissal. The presumptive disciplinary sanction for staff who engage in sexual abuse of offenders is termination and shall be referred for prosecution.

§115.77 – Corrective action for contractors and volunteers

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

Agency policy IMPP 02-118 states that employees and volunteers shall be subject to disciplinary action up to and including dismissal for violation of the agency's zero-tolerance policy regarding sexual abuse or harassments and that sexual abuse in violation of state law shall be referred for prosecution. The facility provided documentation of one such incident where a contract employee was dismissed and banned from the institution for violation of this policy.

§115.78 – Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The facility provided examples of institutional rules which inmates could face disciplinary action for violating, including sexual intercourse or sodomy by force or intimidation. Agency policy 10-103D prohibits all forms of sexual activity between inmates. Disciplinary reports are subject to a review process, during which the inmates mental disabilities or mental illness contributed to his behavior. Programs such as sex offender treatment are also offered.

It is recommended that the facility consider adopting a review of an inmate's mental disability/illness during or prior to the hearing phase of the disciplinary process, as opposed to during the final review of the disciplinary action. This can be achieved by documenting such review in the hearing document and may be beneficial in ensuring that inmates are not being unduly sanctioned when mental disability/illness is a factor in the inmate's behavior.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies IMPP 10-103D and IMPP 10-139 outline the requirement of medical and mental health staff to offer follow-up care with offenders who have disclosed previous sexual victimization or abusiveness during their intake screening within 14 days. Medical and mental health staff are required to obtain informed consent from offenders prior to reporting information about prior sexual victimization that did not occur in an institutional setting. Information relating to this screening shall only be shared as necessary to make determinations regarding an offender's housing, bed, work education, program assignments, and follow-up care.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy IMPP 10-103D clearly states that medical and mental health care shall be provided immediately upon report or discovery to victims of sexual abuse. This policy also requires that victims of sexual abuse be offered prophylaxis for sexually transmitted infections. (Policy also requires emergency contraception and pregnancy tests when necessary,

which does not apply to this facility because it houses only male offenders.) Attachment A of this policy also outlines the duties of staff first responders and shift supervisors to ensure the safety of those involved. Medical treatment for such cases is considered emergency treatment and is provided free of charge in accordance with Kansas Administrative Regulations 44-5-115.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

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

Agency policy IMPP 10-103 requires that medical and mental health staff to provide evaluation and treatment of inmate victims, including follow-up services, treatment plans, and referrals for continued care. Inmate victims are also offered prophylaxis for sexually transmitted infections. Treatment is provided free of charge in accordance with Kansas Administrative Regulations 44-5-115. Finally, this policy requires that mental health evaluations be conducted of all known offender-on-offender abusers within 60 days of discovery of such abuse history.

§115.86 – Sexual abuse incident reviews

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

Agency policy IMPP 12-118 requires that each facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. This policy requires that the review occur within 30 days of the conclusion of the investigation and includes as a part of the review team upper management officials (including the facility's PCM), investigators, mental health or medical professionals, and other staff as designated by the Warden. The review team shall consider whether the allegation or investigation warrants a change in policy or practice, 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. The review team also examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in the area during different shifts, and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. Reports are

made of these reviews in accordance with the standard and sample documentation was provided for review.

§115.87 – Data Collection

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

Documentation was provided showing the data collected by the agency regarding reported incidents at each of its facilities. Agency policy IMPP 10-103D requires the KDOC PREA Coordinator to review and analyze the aggregated data to assess compliance with national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program. This policy also required that each incident case file include documentation such as investigative summaries and reports; interviews, audio and/or video recordings, photographs, and lists of evidence; PREA checklist; sexual abuse incident review, if appropriate; documentation from medical/mental health staff, investigators, SAFE/SANE (if applicable); documentation of least restrictive housing; and documentation of monitoring retaliation. Also provided for review was the Survey of Sexual Victimization provided to the Department of Justice.

§115.88 – Data Review for Corrective Action

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

The facility provided a copy of its annual report, which includes data for each facility as well as for the agency as a whole and compares the current year's data with that of previous years. The report further outlines corrective actions completed by each facility. This report is available to the public through the agency's website. Agency policy IMPP 10-103D requires the KDOC PREA Coordinator to review and analyze the aggregated data to assess compliance with national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.

§§115.89 – Data Storage, Publication, and Destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility provided documentation of its annual data as well as the Survey of Sexual Victimization provided to the Department of Justice. This data, without any personally identifying information, is available to the public through the agency's website.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Joseph G. Martin
Auditor Signature

12-15-15
Date