

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 29, 2015

Auditor name: Christine Blessinger			
Address: 302 W. Washington Street E334			
Email: cblessinger@idoc.in.gov			
Telephone number: 317-234-2969			
Date of facility visit: June 16-18, 2015			
Facility name: Kansas Juvenile Correctional Complex			
Facility physical address: 1430 NW 25 th Street PO BOX 8098, Topeka, Kansas 66608			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 785-354-9800			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Kyle Rohr			
Number of staff assigned to the facility in the last 12 months: 289			
Designed facility capacity: 270			
Current population of facility: 137			
Facility security levels/inmate custody levels: None			
Age range of the population: 12-20			
Name of PREA Compliance Manager: Nancee Torkleson		Title: Sr. Administrative Specialist	
Email address: nancee.torkleson@doc.ks.gov		Telephone number: 785-354-9800	
Name of agency: Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 714 SW Jackson Street, Suite 300, Topeka, Kansas 66603			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 785-296-3310			
Name: Ray Roberts		Title: Secretary of Corrections	
Email address: Click here to enter text.		Telephone number: 785-296-3317	
Name: Elizabeth Copeland		Title: PREA State Coordinator	
Email address: Elizabeth.copeland@doc.ks.gov		Telephone number: 785-291-3074	

AUDIT FINDINGS

NARRATIVE

The site visit for the PREA audit of the Kansas Juvenile Correctional Facility was conducted on June 16-18, 2015. Audit notices were posted appropriately throughout the facility more than 6 weeks prior to the audit. The comprehensive Pre-audit questionnaire along with all supporting documentation was sent to the auditor weeks prior to the on site visit. The auditor received the information on flash drives that were very easy to read and navigate. The auditor was also accompanied on the on site visit by another certified PREA auditor Kellie Whitcomb. The auditors were greeted and given an orientation to the facility by the Facility Superintendent, Kyle Rohr and the entire Executive Team to include the PREA compliance Manager, Nancee Torkleson. The agency PREA coordinator, Elizabeth Copeland was also in attendance throughout the audit process. After the initial meeting with staff , a detailed tour was provided to the auditors by the facility Superintendent along with other members of the Executive Team. The tour consisted of housing units, school, medical area, outside recreation area, inside recreation area, dining areas, and control posts. After the tour, interviews were conducted with staff and youth and then review of documentation.

There were very appropriate and adequate accommodations for the auditors to conduct the youth and staff interviews. The auditor was given access to staff files, youth files and any documentation that was requested. Facility staff were great to work with and were very accommodating. The Facility PREA compliance Manager was readily available to answer any questions, assist in any way. All staff were helpful and extremely polite throughout the entire process.

The auditors interviewed a total of 14 youth that had a various length of stay. Both females and males were interviewed. The auditors interviewed a total of 14 staff to include Facility Superintendent, PREA compliance Manager, Investigator, Mental Health Staff, Medical staff, Human Resource staff, intake staff, and Deputy Secretary Terri Williams. There were also random staff interviews. There was an exit interview that was conducted at the end of the site visit. Facility Superintendent, PREA Compliance Manager, Deputy Secretary and also members of the facility Executive Team attended.

DESCRIPTION OF FACILITY CHARACTERISTICS

Kansas Juvenile Correctional Complex is a 270 bed maximum security facility located in Topeka, Kansas. The facility houses both males and females. The facility can house youth between the ages of 10-22. The facility also serves as the reception and intake center for youth committed to the juvenile correctional facilities. The current population during the site visit was approximately 140 youth. The courts commit the youth at the facility for a determined amount of time and then they are released on conditional release status unless the court does not assign conditional release. Juvenile facilities are under the jurisdiction of the Kansas Department of Correction. All areas are located behind a secure perimeter fence except for Administration.

The facility participates in Performance Based Standards (PbS). The school is called Lawrence Gardner High School. The also provide the opportunity for vocational classes through Washburn Tech. While youth are in school they have the opporuntiy to earn their GED, high school credits and hae the ability to have credit recovery.

The facility offers a variety of programs, Aggression Replacement Training, Thinking for a Change, Girls Circle, Substance abuse treatment, Sex offender treatment, Dialectical Behavior Therapy to name a few. The facility has a 5 level behavior management system with progression through levels depends on behaviors and participation in education, groups, programs, etc. As the level increases there are incentives and privileges associated with each level. If youth have their GED or diploma they can participate in Work crews or work assignments.

SUMMARY OF AUDIT FINDINGS

All interviews with the youth reported that they felt safe at the facility. The youth were able to explain how to report incidents of sexual assault or harassment and youth discussed how they were orientated about PREA upon intake. All youth explained that they viewed a video regarding PREA and the video told them how to report incidents. The youth also knew and discussed that they could not be retaliated against if they were to make an allegation. Youth unanimously stated that they were never searched by opposite gender staff and all documentation showed that this never happens nor need to happen. All of the youth interviewed reported that opposite gender staff announce themselves before entering a unit of opposite gender. There was one youth that had requested to speak to the auditor and that youth was interviewed.

During Random staff interviews the staff all knew their responsibilities to prevent, detect and respond to incidents of sexual abuse and harassment. Many of the staff interviewed pulled out their “yellow card” that the PREA Compliance Manager gave them. The card is labeled with First responder and gives directions as to what to do if a report is made. It was obvious by staff interviews that cross gender searches are not conducted at the facility and it is not necessary for those to occur according to staff. A lot of the staff discussed how they appreciated that the training was conducted by the PREA Compliance Manager. Staff at the facility appear to work as a good team, with lots of communication and caring attitude. At the end of Executive Staff email, there is a signature line that reminds anyone that they email to be mindful of PREA. It is obvious by staff interviews that the expectation to respond to protect youth that might be a substantial risk of sexual abuse is immediately. It is in the culture that any reports are responded to immediately.

The facility has a critical incident team which also serves as the Sexual Abuse Incident Review Team. This team prepares a report of it’s findings from the review and makes any recommendations for changes, possible discipline and forwards to the Superintendent for review. The Superintendent reviews and agrees or if disagrees then a statement has to be made of why there is disagreement. They seem to have a good review process in place to review incidents.

Interviews with the specialized staff were also good. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. Administrative staff were very open to any suggestions that the auditors had to improve practices. One example was there are cameras in the segregation cells and they were taped off to not see the youth use the restroom but there were no procedures for how youth change clothes after showers. The facility was able to get those procedures to me quickly to review.

Documentation was very organized and easy to read. Documentation requested to review during the site visit was also given to the auditors quickly upon request. Kansas Juvenile Correctional Complex was found to be in compliance with each of the PREA standards.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor 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.

The facility and agency have developed and implemented a comprehensive policy mandating zero tolerance for sexual abuse and harassment. There is an agency policy Coordinated Response to Sexual Abuse and Harrassment and general order for the Kansas Juvenile Correctional Complex . Both also outline the approach to preventing, detecting and responding. Documentation and interviews with facility staff and youth support that practices and policies. The agency has a state wide PREA coordinator for adult and juvenile facilities and also there is a part time Juvenile PREA coordinator for the agency. The agency wide PREA coordinator conducts monthly meetings with all the facility compliance monitors. KJCC also has a PREA compliance monitor that has sufficient time to coordinate PREA efforts and she does a great job. She developed yellow cards for each staff to carry that are “First Responder” cards. These cards give direction as to what to do if a report is made. The PCM reports directly to the Superintendent of the facility.

Standard 115.312 Contracting with other entities for the confinement of residents

- 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)

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Kansas Juvenile Correctional Complex contracts with counties to hold youth that are in detention if transportation cannot be arranged until after hours. Each contract does have language that each county must adopt and comply with the PREA standards. The agency has a contract compliance monitor that does on site visits to make sure that PREA Compliance is being worked towards at each of the counties. They will be working to go through official PREA audit.

Standard 115.313 Supervision and monitoring

- 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)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has developed a comprehensive staffing plan that meets the standard, however there are times that the facility meets the 1:8 during waking hours and the 1:16 during sleeping hours and there are times that the facility does not meet the required staffing ratio. They have been able to close down 4 units to assist with meeting the staffing ratio and it has helped them. There is a policy in place, Security and Control: Staffing analysis, operational staffing, and roster management that addresses that the staffing plan will be reviewed yearly. The supervisory staff to include administrators conduct unannounced rounds regularly and frequently and those rounds are documented. Based upon interviews and reviewing of documentation those rounds are occurring frequently. At this time the facility will meet this standard based upon the standard not being required to be in full compliance until October 2017. The facility is very close to meeting this standard and is working to meet it.

Standard 115.315 Limits to cross-gender viewing and searches

- 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)

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Facility policy and practice prohibits cross-gender searches except in the case of exigent circumstances. There were no reports of any cross gender searches being conducted. Interviews with youth and staff strongly support that these are not done. The facility has implemented procedures that prohibit cross gender viewing of youth when they are naked, performing bodily functions, showering or otherwise in a state of undress or partial dress. Policy and practice demonstrates that staff of opposite gender announce their presence when entering a unit of opposite gender. I witnessed it being done and also during interviews of youth and staff they confirmed that this was being done. Policy does prohibit staff from searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth’s genital status. There were no known transgender or intersex youth in residence at the facility. Staff training did include how to conduct searches of transgender and intersex youth, staff interviews and review of curriculum confirms this.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- 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)

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.

The facility has contracts that provide services to youth with disabilities. The facility has taken steps to ensure that efforts for youth with limited English proficient have interpreters. They have solid services for youth with disabilities. They also do not rely on resident interpreters or resident readers to interpret to the youth.

Standard 115.317 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)

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Policy on Recruitment and Selection process and policy on Conditions of Employment prohibits hiring or promoting anyone who may have contact with residents who have engaged in sexual abuse in prison, jail, lockup, or juvenile facility. Background checks have been completed as evidenced by reviewing of practices and personnel packets. The agency sends out PREA inquiry letters to previous employers and has a pre employment checklist that is completed. Agency does have a policy that they conduct criminal background checks on all new employees, volunteers and contractor staff along with Department of Child and Family Checks on all staff, contract staff and volunteers. Criminal background checks and Department of Child and Family checks are done yearly as evidenced by practice and policy. Self report is an expectation by staff to disclose any such misconduct for current employees and policy and practice show that false information is grounds for termination.

Standard 115.318 Upgrades to facilities and technologies

- 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)

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The facility has made upgrades to their video monitoring system in 2015 they have a new server to be able to view live video and DVR’s were replaced with Encoders. The facility also has policy on the Authorization for Construction, Renovation or Demolition of Physical structure that requires any new construction, renovation, or expansion of a facility shall comply with PREA standards and consideration of the effect of such changes to protect offenders from sexual abuse.

Standard 115.321 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)

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The agency conducts both criminal and administrative investigations. The investigative division is called Enforcement, Apprehension and investigations. They have a detailed manual that provides practical guidelines for the protection of a crime scene and for the recognition, collection and preservation of evidence. Their EAI staff are actually police officers and are trained as police officers, they also have participated in training from the National Institute of Corrections. If a forensic examination is warranted it is conducted off grounds at a designated SANE staffed hospital, at no charge to the youth. The facility has an MOU with a community based child advocacy organization to provide support to a youth during the forensic examination process. This community based advocacy program will also follow up with any additional services to the youth after they are placed back at the facility.

Standard 115.322 Policies to ensure referrals of allegations for 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)

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.

The facility policy on coordinated Response to Sexual abuse and Harrassment reports that All PREA allegations, third party and anonymous must be investigated. The facility EAI (enforcement, apprehension and Investigations) division works collaboratively with the Office of the Kansas Attorney Generals office. Then the case is turned over to the District Attorney for review and prosecution.

Standard 115.331 Employee training

- 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)

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The facility training curriculum is detailed and provides all required topics for the training. Training is held annually for all staff and new hires are trained. Interviews with the staff indicated that they appreciate the PREA Compliance Manager conducting the training. The training curriculum is tailored for the needs and gender of the youth. Facility records indicated that 289 staff were trained during the past 12 months. There is also verification that training took place and that staff sign that they attended training.

Standard 115.332 Volunteer and contractor training

- 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)

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.

Volunteer and contractor training is conducted and it is documented. The level and type of training is based on the services provided and the level of contact that they have with the residents. All training includes a zero tolerance for sexual abuse and harassment. They have a form that describes PREA and a signature page for each individual that walks in the door, whether you are a temporary contractor, temporary volunteer, etc. This is a very good process to have.

Standard 115.333 Resident education

- 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)

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Residents receive education at the time of intake about zero tolerance policy and how to report. Youth packets reviewed all had documentation on the orientation of PREA. There is a video, brochure and orientation process for how to report and zero tolerance. During the youth interviews they all reported that they were given orientation about it. Also, several youth commented on the unit meetings where PREA facts were discussed weekly. There were 278 youth that were admitted in the past 12 months who received comprehensive age appropriate education. The agency also has a contract to provide residents education for those who are limited English proficient, deaf, visually impaired or disabled. The facility also had lots of posters placed in very good locations throughout the facility.

Standard 115.334 Specialized training: 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)

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The agency Departmental Training Policy requires all specialized training for investigators. Both Investigators are certified as law enforcement officers. They both completed the NIC investigations training and the NIC your role in responding to sexual abuse training. There was also documentation that the investigators completed these trainings.

Standard 115.335 Specialized training: Medical and mental health care

- 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)

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Agency policy requires that medical and mental health staff are trained. Documentation was provided that training occurred for all of the medical and mental health staff. The training provided all the required points in the standard. Medical staff all also participated in the NIC training for Medical care for sexual assault victims in a confinement setting. Mental Health staff all also participated in the Behavioral health care for sexual assault victims in confinement setting by NIC. Forensic examinations are not conducted at the facility, they are conducted at the hospital which provides a SANE nurse.

Standard 115.341 Screening for risk of victimization and abusiveness

- 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)

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Policy indicates that all youth are screened within 72 hours of intake and all documentation reviewed indicated that was done. Also, youth are re-screened every 180 days or if there is a triggering event and that was also evidenced by documentation. Youth are screened and rated as Known Aggressor- KA, Aggressor Potential- AP, Victim Potential-VP, Victim Incarcerated or Unrestricted-UN. The facility also has a process implemented that only identified staff have access to view spreadsheet of youth’s screening level.

Standard 115.342 Use of screening information

- 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)

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The screening instrument rates each youth as Known Aggressor- KA, Aggressor Potential- AP, Victim Potential- VP, Victim Incarcerated- VI, or Unrestricted- UN. The facility has a documented housing plan that shows units that are housed with VI, VP or UN and units that are

housed with KA, AP, or UN. In the past 12 months there were 2 youth that were placed in isolation that were at risk for victimization, however they were not denied access to services and only were in isolation for an average of 3 hours 15 minutes. The agency policy prohibits placing LGBTI youth in restrictive housing solely based on such identification status. There were no LGBTI youth placed in restrictive housing during the past 12 months. The facility has not had any transgender or intersex youth at the facility but they have a documented plan if they were to receive one.

Standard 115.351 Resident reporting

- 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)

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The agency and facility provide youth with multiple ways to report sexual abuse and sexual harassment allegations. This is addressed in youth orientation and video reviewed by the youth. The facility also has a hotline for youth to call to report as an outside of facility option. The facility also has gender specific posters that address how to report. During interviews of the youth they all were able to voice several ways that they could report to include the hotline. All staff interviewed reported that they were required to report any written, verbal or third party allegations immediately. During interviews the staff discussed a hotline that they could call to make a private report. There are also staff lock boxes variously around the facility so that they could make a written report too. All staff interviewed also reported that they felt comfortable making a report to their supervisor or facility head.

Standard 115.352 Exhaustion of administrative remedies

- 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)

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Youth may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject to the allegation. Informal processing is not required for youth who submit a grievance for an allegation of sexual abuse. There is also no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. There were two examples that were reviewed and both demonstrated compliance. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report abuse and harassment.

Standard 115.353 Resident access to outside confidential support services

- 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)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

The facility has an MOU with a child advocacy organization that provides youth with access to outside victim support. The work provided by the organization is confidential and that is included in the MOU. They also have a hotline to provide emotional services to the youth that is provided by RAINN- Rape, Abuse, Incest National Network. The facility does have posters throughout specific areas of the facility for example in medical area that discusses confidentiality. Policy also provides youth with reasonable and confidential access to their attorneys or legal representation and parents. All youth interviewed reported that they had contact with their guardians/families regularly.

Standard 115.354 Third-party reporting

- 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)

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All staff, family members, and others may make a report of sexual abuse or harassment or even a suspected incident by calling a toll free hotline or reporting electronically by sending an email to <http://www.doc.ks.gov/facilities/prea/resources>.

Standard 115.361 Staff and agency reporting duties

- X 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)

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The Kansas Department of Correction (KDOC) Internal Management Policy and Procedure, “Reporting Abuse and/or Neglect of an Offender” includes all the components of this standard. Staff, volunteers, and offenders must immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or harassment that occurred in the facility. The policy specifically includes the number for the Kansas Protection Report Center, which is 1-800-922-5330. Staff, volunteers, and youth confirmed knowledge and understanding of this policy via interviews with auditor. Signs were posted throughout the facility reminding all of their duty to report. Staff at KJCC is all considered ‘First Responders’ are trained to respond to reports of sexual abuse and harassment. As First Responders, all staff wear a yellow card titled, “First Responder” on their uniform. On one side of the yellow card, there is a list

of 5 steps for a First Responder and on the other side of the card is a list of PREA contact telephone numbers. In additions, signs were posted in housing units and advising youth of the limits to confidentiality. Management staff at KJCC go above the expectation of this Standard to ensure that all staff, volunteers, and residence are fully aware of the facility's zero tolerance policy for sexual abuse and sexual harassment, and that everyone is aware of the necessary steps to take to report allegations of abuse and/or harassment. Management staff provides frequent training opportunities to staff and they provide First Responder's with yellow cards outlining the initial necessary steps to take when receiving an allegation of abuse, along with important contact information. Weekly meetings are held on the Youth's living units to discuss various issues, including issues related to PREA and reporting sexual abuse and/or harassment. Additionally, management staff at KJCC uses portions of the PREA Standards in the signature line of their work emails, which encourages everyone with whom they communicate to be mindful of the Prison Rape Elimination Act.

Standard 115.362 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)

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.

The KDOC Internal Management Policy and Procedure, "Coordinated Response to Sexual Abuse and Harassment", along with the Kansas Juvenile Correctional Complex (KJCC) General Order, "Prevention and Response to Sexual Abuse and Harassment" both meet the requirements of this standard. Immediate action is taken when an agency learns that a youth is subject to risk of sexual abuse. Staff are required to take all reports and incidents of sexual abuse and harassment seriously, keep the victim and alleged perpetrator separate, and initiate reporting procedures. Staff at KJCC are all considered 'First Responders' are trained to respond to reports of sexual abuse and harassment. As First Responders, all staff wear a yellow card titled, "First Responder" on their uniform. On one side of the yellow card, there is a list of 5 steps for a First Responder and on the other side of the card is a list of PREA contact telephone numbers. Compliance was verified through staff interviews and review of investigation documentation.

Standard 115.363 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)

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.

The KDOC Internal Management Policy and Procedure, "Coordinated Response to Sexual Abuse and Harassment", requires the facility head to notify the head of another facility within 72 hours of all allegations that sexual abuse occurred in the other facility. Verification of compliance with the Standard was demonstrated through correspondence from the KJCC Superintendent to the facility head of Osawatomie State Hospital following receipt of an allegation of sexual abuse at OSH.

Standard 115.364 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)

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.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment” both meet the requirements of this standard. All staff at KJCC are all considered ‘First Responders’ are trained to respond to reports of sexual abuse and harassment. As First Responders, all staff wear a yellow card titled, “First Responder” on their uniform. On one side of the yellow card, there is a list of 5 steps for a First Responder and on the other side of the card is a list of PREA contact telephone numbers. Compliance was also verified through staff interviews. Review of the investigation reports completed during this 12 month time period; reflect compliance with applicable components of this Standard.

Standard 115.365 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)

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.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment” both meet the requirements of this standard. The policies detail action that must be taken by specific staff, including first responders, medical and mental health practitioners, investigators, line staff and administration. Interview with investigators, medical and mental health practitioners, and facility leadership confirm that facility staff are aware of their role in the coordinated response to an allegation of sexual abuse

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- 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)

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.

KJCC is impacted by two relevant labor agreements: the Memorandum of Understanding between the State of Kansas and the Kansas Organization of State Employees (KOSE); and the Agreement between the Kansas Juvenile Justice Authority, the Kansas Department of Administration and the Teamsters Union Local #696. KJCC is in no way restricted in its ability to protect residents from contact with abusers. Per Attorney and Director of Labor Relations for the Office of Chief Counsel, Kansas Department of Administration, *“in relevant labor agreements (KOSE) and Teamsters, no provision limits management’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. However, there is no specific provision that specify that to be the case. Therefore, it is a situation where the lack of any provision constituting such a limit or prohibition equates to managements right to remove accordingly where appropriate.”* Additionally, compliance with this Standard was demonstrated in the investigation documentation provided, where a staff person who was the alleged perpetrator of an incident of sexual abuse, was suspended pending the investigation and who’s employment was subsequently terminated at the conclusion of the investigation.

Standard 115.367 Agency protection against retaliation

- 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)

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.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment” both meet the requirements of this standard; specifically identifying a youth’s right to be free from sexual abuse and to be protected from retaliation for reporting abuse. The policies require multiple protection measures, such as housing changes, removal of offending staff or youth from contact with the victim. The counselor assigned to conduct the 90-day monitoring for retaliation will continue to monitor until the allegation is determined to be unfounded or until the youth leaves the facility. Compliance with the Standards was verified through the on-going monitor process of a youth who had a substantiated incident. The facility uses a specific form titled, “KJCC Youth Retaliation Monitoring Form” to track the monitoring activities.

Standard 115.368 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)

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.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, meets the requirements of this standard. Compliance with the Standard was also verified through staff interviews and review of investigation

documentation: 07/09/14 incident resulted in the alleged victim being release from segregation after 3 hours and 15 minutes.

Standard 115.371 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)

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.

The KDOC Internal Management Policy and Procedures titled, “Coordinated Response to Sexual Abuse and Harassment”, “Investigations and Inquires”, and “Enforcement, Apprehension, & Investigations”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment” all meet the requirements of this standard; investigations into allegations of sexual abuse and sexual harassment are initiated promptly, and conducted thoroughly and objectively, including third party and anonymous reports. Investigations are conducted internally by the agency’s Enforcement Apprehension and Investigation (EAI) unit, which consist of a Special Agent Supervisor and one Officer. Both are certified law enforcement officers and have received specialized training to work with children and adolescents, and in the areas of PREA and communicating with LGBTQI individuals. All three officers have completed the PREA: Investigating Sexual Abuse in a Confinement Setting training offered by the National Institute for Corrections. The EAI unit assists in creating the “yellow card”/First Responder Cards. EAI work closely with facility management staff, with the local district attorney’s office and with the Office of the Kansas Attorney General regarding all PREA related investigations. EAI Officers are responsible for collecting and preserving direct and circumstantial evidence, including physical evidence and any available written or electronic data. EAI Officers assist in providing annual training to facility staff regarding responding to incidents of sexual abuse and the collection of evidence. The facility uses a large secure mailbox, for line staff to drop-off evidence and EAI uses a large secure storage locker to preserve evidence. Evidence is labeled and tracked using an ‘evidence/contraband collection form’. EAI Officers are on-call and available to respond to allegations of sexual abuse 24 hours per day. Reports of sexual abuse are also reported to the DCF hotline number and to the State Attorney General’s office. Investigations are not terminated solely because the source recants an allegation and investigations are continued even after a victim or alleged perpetrator departs the facility. Credibility of an alleged victim, suspect, or witness is assessed on a case-by-case basis and not determined by the individual’s status of a resident at the facility. Substantiated cases are criminal in nature are referred to the local district attorney for prosecution. During this 12 month period, one PREA case has been referred for prosecution. The EAI unit also conducts administrative investigations related to allegations of sexual abuse and sexual harassment. Information gained from investigations is shared with the facility management team during the daily morning meetings. Changes to facility operations, policy, and physical structure (when possible) are made in response to information gathered during investigations, to ensure a safe environment.

Standard 115.372 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)

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.

The KDOC Internal Management Policy and Procedures titled, “Investigations and Inquires” meets the requirements of this standard; an allegation that is investigated and determined by a preponderance of the evidence is determined to be a substantiated allegation. Interviews conducted with facility EAI Officers also confirm compliance with this Standard.

Standard 115.373 Reporting to residents

- 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)

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.

The KDOC Internal Management Policy and Procedure titled, “Coordinated Response to Sexual Abuse and Harassment” meets the requirements of this standard; staff are required to follow-up with residents at the conclusion of investigations into sexual abuse, notifying the residents of the disposition of the investigation. Following substantiated and unsubstantiated investigations, staff are required to inform residents when the alleged abuser is: no longer posted on the victims living unit, no longer employed at the facility, and or indicted on the charges related sexual abuse. The facility verified compliance with the Standard by providing copies of notification letters provided to residents. Staff interviewed also demonstrated that staff were aware of the requirements of this Standard.

Standard 115.376 Disciplinary sanctions for staff

- 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)

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.

The KDOC Internal Management Policy and Procedure titled, “Coordinated Response to Sexual Abuse and Harassment” meets the requirements of this standard; *“in keeping with the Department’s zero tolerance policy, perpetrator’s of sexual abuse shall be disciplined and/or referred for prosecutions; the presumptive disciplinary sanction for employees who engage in sexual abuse of an offender is termination”*. Staff, volunteers, and residents are all made aware of the policy and of the facility’s zero tolerance for sexual abuse and sexual harassment via orientation programs and annual training programs. The facility had one substantiated case of sexual abuse during the 12 month reporting period. The employment of the staff who was the alleged perpetrator was terminated and the case was referred to the district attorney for prosecution.

Standard 115.377 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)

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.

The KDOC Internal Management Policy and Procedures titled, “Coordinated Response to Sexual Abuse and Harassment” and “Volunteering” meet the requirements of this standard. Volunteers and Contracts are made aware of the facility’s zero tolerance of sexual abuse and sexual harassment policy via orientation programs and annual training programs. An interview was conducted with a Volunteer; who was aware of the PREA policy and knew what action to take in the event that they became aware of an allegation of abuse and/or harassment. There were no incidents of sexual abuse or sexual harassment by a volunteer or contract personnel during this 12 month reporting period.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor 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.

Residents of KJCC are advised of the facility’s zero tolerance policy for sexual abuse and sexual harassment upon intake to the facility. Additional information about PREA is provided during the orientation period and through-out the residents stay at KJCC. Residents are also made aware of the rules and disciplinary procedures of the facility during the orientation period; this includes being given a copy of the Offender Rule Book, which outlines the rules, regulations, and the disciplinary process.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment” both meet the requirements of this standard; *“Offenders may be subject to disciplinary sanctions following a finding that the offender engaged in sexual abuse.”* An example was provided, of an Offender Disciplinary Action – for Lewd Acts (voyeurism), following a substantiated incident of PREA. The disciplinary sanction was administered following the formal disciplinary process and the sanction was commensurate with the nature and circumstance of the abuse committed. The residence’s disciplinary history was taken into consideration, along with his mental status. Residents placed in segregation for disciplinary purposes receive access to education, recreation, medical and mental health services.

Resident and staff interviews were also conducted to confirm the facility’s compliance with this Standard; including the resident involved in the Offender Disciplinary Action mentioned in the paragraph above.

Standard 115.381 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)

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.

Interview with residents, the KJCC Health Services Administrator, and Behavioral Health staff confirm compliance with this Standard.

Standard 115.382 Access to emergency medical and mental health services

- 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)

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.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment”, and the Kansas Juvenile Justice Authority, Medical Policy and Procedure, “Federal Sexual Assault Reporting Regulations/Procedure in the event of Sexual Assault” all meet the requirements of this standard. Youth at KJCC are provided access to medical staff 24 hours per day, 7 days per week. Medical, behavioral health and crisis intervention services are all available, if needed. There were no incidents during the 12 month reporting period that required emergency contraception or sexually transmitted infection treatment, however the facility has policies and procedure that define how those services would be provided if and when they were needed. Treatment is provided without cost to the victims.

Interviews also confirmed compliance with this Standard.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- 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)

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.

The KDOC Internal Management Policy and Procedure, “Coordinated Response to Sexual Abuse and Harassment”, along with the Kansas Juvenile Correctional Complex (KJCC) General Order, “Prevention and Response to Sexual Abuse and Harassment”, and the Kansas Juvenile Justice Authority, Medical Policy and Procedure, “Federal Sexual Assault Reporting Regulations/Procedure in the event of Sexual Assault” all meet the requirements of this standard. Youth at KJCC are provided access to medical staff 24 hours per day, 7 days per week. Medical, behavioral health and crisis intervention services are all available, if needed. There were no incidents during the 12 month reporting period that required emergency contraception or sexually transmitted infection treatment, however the facility has policies and procedure that define how those services would be provided if and when they were needed. Treatment is provided without cost to the victims. Off-site ‘Juvenile Sexual Assault Victim and Emotional Support Services’ are also available through: the LifeHouse Child Advocacy Center and the Rape Abuse & Incest National Network (RAINN). Information is posted on the housing units about these two off-site victim support services.

Interviews also confirmed compliance with this Standard.

Standard 115.386 Sexual abuse incident reviews

- 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)

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.

The facility has a critical incident team which also serves as the Sexual Abuse Incident Review Team. This team prepares a report of it’s findings from the review and makes any recommendations for changes in policy or practice or possible discipline and forwards to the Superintendent for review. The Superintendent reviews and agrees or if disagrees then a statement has to be made of why there is disagreement. They seem to have a good review process in place to review incidents that includes all appropriate staff. The auditor reviewed a documented Incident review and it was very detailed.

Standard 115.387 Data collection

- 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)

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.

The agency and facility collects uniform data on allegations of sexual abuse. The agency does participate in the Survey of Sexual Victimization. Data is collected annually and reviewed.

Standard 115.388 Data review for corrective action

- 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)

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.

The agency collects uniform data from all of the facilities. The agency PREA Coordinator on an annual basis, reviews and analyzes aggregated data to assess for compliance with the standards. The agency does annual reports in addition to aggregated data. The annual report is posted on their website.

Standard 115.389 Data storage, publication, and destruction

- 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)

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.

The agency does have a records retention schedule and procedure. All data is securely obtained. Agency places the annual report on the website and the report does not include any personal identifiers.

AUDITOR CERTIFICATION

I certify that:

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

Christine Blessinger

July 10, 2015

Auditor Signature

Date