

<b>[Following information to be populated automatically from pre-audit questionnaire]</b>		
Name of facility: Lansing Correctional Facility		
Physical Address: 301 E. Kansas Street, Lansing, Kansas 66043		
Date report submitted: April 4th, 2016		
<b>Auditor Information</b>		
Address: Michele Dauzat		
E-Mail: MicheleDauzat@corrections.state.la.us		
Telephone number: 318-927-0475		
Date of facility visit: March 1-3rd 2016		
<b>Facility Information</b>		
Facility mailing address: (if different from above)		
Telephone number: 913-727-3235		
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: Stuart A. Bailey	Title: PREA Compliance Manager	
E-Mail Address: Stuart.Bailey@doc.ks.gov	Phone Number: 913-727-3235	
<b>Agency Information</b>		
Name of agency: Kansas Department of Corrections		
Governing authority or parent agency: (if applicable)		
Physical address: 714 Southwest Jackson Suite 300 Topeka, KS. 66603		
Mailing address: (if different from above)		
Telephone Number: 785-296-3310		
<b>Agency Chief Executive Officer</b>		
Name: Johnnie Goddard	Title: Interim Secretary	
E-Mail Address: Johnnie.Goddard@doc.ks.gov	Telephone Number: 785-296-0449	
<b>Agency-Wide PREA Coordinator</b>		
Name: Elisabeth Copeland	Title: PREA Coordinator	
E-Mail Address: Elisabeth.Copeland@doc.ks.gov	Telephone Number: 785-291-3074	



# AUDIT FINDINGS

## NARRATIVE:

The audit of the Lansing Correctional Facility (LCF) was conducted on March 1-3rd, 2016 by Michele Dauzat, Certified PREA Auditor; Joel Odom, Colonel of Investigations, La. Department of Corrections, and Lt. Colonel Scott Cottrell, PREA Compliance Manager/ La. Department of Corrections. An entrance meeting was held to introduce the audit team to the facility staff. Following the entrance meeting, the audit team began the facility tour. The facility tour took approximately 4 hours and included each housing area, programming area, laundry and kitchen areas, industry areas, infirmary, visitation areas, video monitoring areas, etc...An offender roster was obtained and a random sampling of offenders were chosen for interview. A total of 31 offenders were interviewed. The offender interviews consisted of 10 random offenders, 4 Transgender/ Gender non conforming offenders, 1 Limited English, 1 Disabled, 5 offenders who reported sexual abuse, 3 offenders who disclosed sexual victimization during intake screening and 7 offenders who requested to speak with PREA auditor. A total of 38 staff interviews were completed. The staff interviews consisted of 5 random officers off of each shift, 2 volunteers, 1, intake staff, 2 Screening officers, 2 Investigators, 1 staff who monitors for retaliation, 1 member of Sexual Abuse Incident Review, 1 Contract staff, 2 Medical staff, 2 Mental Health staff, 1 Human Resource Director, 4 upper level Management Staff. Interviews were also conducted with PREA Coordinator, PREA Compliance Manager and the Facility Warden. All PREA standards and policies were reviewed for compliance. Questions were clarified and suggestions were made to enhance LCF procedures.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Lansing Correctional Facility is located in Lansing, KS. The facility capacity is 2,405 offenders. The total population as of March 1st, 2016 consisted of the following: Special Management 221, Maximum Security 643, High-Medium 450, Low-Medium 470, Minimum 621 and 1 Unclassified offender for a total of 2406. The facility has 122 buildings, 8 housing units and 146 cells. The average age of the male population is 39. The facility has 4 different custody class to assign offenders. The classes include Special Management, Maximum, Medium and Minimum. The facility has several different private industries to include:

**Kansas Correctional Industries Traditional:** Chemical, Metal, Data Entry, Canteen, Farm, Finishing, Warehouse

**Kansas Correctional Industries/Private Company partnership:** Aramark, BAC, Hetron, Henke, Impact Embroidery, Impact Screen Print, Impact Warehouse, Laser Apparel

### PRIVATE INDUSTRIES

Primewood, Zephyr

The overall operating cost per inmate FY 2015 – Annual \$24, 203 – Daily \$66.31.

Number of standards exceeded: 2

Number of standards met: 41

Number of standards not met: 1 N/A

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p><b>Policy IMPP 10-103D mandates LCF to a zero tolerance policy against sexual abuse and harassment, discusses the position of PREA Coordinator and the responsibilities associated with the position. Statewide PREA Coordinator, Elisabeth Copeland, was interviewed and indicated she has sufficient time and authority to develop and oversee compliance with the PREA standards. Ms. Copeland works closely with the PREA Compliance Managers at each institution within the Kansas Department of Corrections in developing policies and ensuring the proper practices are followed. In addition, the facility Compliance Manager, Stuart Bailey was also interviewed and voiced he has sufficient time to devote to his responsibilities as the Lansing Correctional Facility PREA Compliance Manager.</b></p>	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p><b>Policy IMPP 10-103D authorized KDOC to enter into a contractual agreement with other entities to confine offenders. All contracts were reviewed and include the necessary language to be compliant with this standard.</b></p>	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p><b>Policy IMPP 12-137D has a staffing plan to include but not limited to the number of the post, the filling of the post or the lack of filling of the post. The plan is reviewed annually and there is justification of any deviation to the plan. The facility operational staffing plan and daily rosters clearly indicated staffing levels, deviation from any staffing plan. The policy defines the expectations in regards to PREA standards when developing the staffing plan. On site the auditor</b></p>	

requested additional documentation that the unannounced supervisory rounds were being conducted. The facility has since provided additional documentation verifying 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)

**Auditor comments, including corrective actions needed if does not meet standard**

This standard is not applicable to this facility

115.15 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy IMPP 12-103 covers the procedures for searches and is compliant with the mandates of this standard. However, the policy states that a witness be present during a strip search. When interviewing staff, it was determined that there was one area in the intake unit in which the staff member was a female and voiced same gender witness of staff is not always possible, despite the policy language. Once this was brought to the Warden's attention, he issued a directive that there would be no cross gender witness for strip searches and the staff was trained immediately on the directive. The facility has since provided training rosters for staff on this issue and a copy of the new General Order that specifies his directive for this unit particularly. The facility also placed a privacy barrier in the area to ensure additional privacy for the offenders to undress. The facility provided all necessary training logs to demonstrate all staff has been trained on pat searches. However; when interviewing one of the transgender offenders, the offender claimed the searches were being conducted without regard to the status of the offender. The auditor could not view onsite the transgender pat search curriculum so I have requested to facility to provide a curriculum on how to pat search a transgender offender. The facility provided an updated curriculum; however, although it did state the search would be conducted in a professional manner, it was not specific as to what procedure is used to conduct a pat search on a transgender offender. The PREA coordinator updated lesson plan to address this concern. It appears the cross gender announcements were being conducted on most housing units; however, interviews with offenders and staff reflected it is not completed consistently. It was also recommended that the facility document the practice of the cross

gender announcements in the log books. The policy states that offenders are allowed to shower, perform bodily functions and change clothing without non medical staff in view. However, there were a few areas that needed additional barriers to prevent cross gender viewing. There were 10 crisis cells that have a camera in each cell. The female officer monitoring the camera's had access to view the toilet area. Although these offender are high risk maximum security offenders, the violation of the cross gender viewing was still present as they are were not on a suicide watch. The facility had the IT department obscure the toilet area (on each camera) with a black box. The facility forwarded the pictures of the camera view to auditor and it complies with the standard. The urinal in T-Dorm needed a partition, a 40"partition has since been installed. There were three areas in Q-3 that required a partition; all partitions have been installed. In addition, the entrance view of the Medium Compound Gym needed a barrier. The facility has installed a barrier in this area in addition to the exit area that had view of the urinal. Also the restroom in the Impact Design Bldg needed a barrier which has since been installed. The corrective action for this standard includes additional documentation that cross gender announcements are being made in housing areas. Also, updated training curriculum for transgender pat searches and proof that staff has received such training. Both corrective action requirements have been met and documentation forwarded to auditor for review has been completed.

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
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- 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 comments, including corrective actions needed if does not meet standard**

**LCF provides training for staff, counselors, volunteers and offenders that are or work with those who have limited capabilities in reading, writing, deafness, sight or other disabilities/handicaps or that are less than English proficient. The facility utilizes Big Word Language line in the event they have an offender who needs assistance with interpretation. The facility also has available a Spanish brochure.**

115.17	HIRING AND PROMOTION DECISIONS
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- 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 comments, including corrective actions needed if does not meet standard**

**LCF through policy and practice requires a criminal background check to be completed on all potential employees and an annual check on all current employees. All incident of sexual abuse or sexual harassment is given full consideration when hiring or promoting an employee per IMPP 08-126. Auditors were provided sample files to document criminal backgrounds checks were being conducted. The facility exceeds the requirement in this area with thorough documentation of all**

**criminal background checks.**

115.18 UPGRADES TO FACILITIES AND TECHNOLOGY

- 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 comments, including corrective actions needed if does not meet standard**

**IMPP 01-123 requires the Secretary of Corrections to approve any major change in construction and shall consider the best interest of staff and offenders. There have been no significant upgrades within the time period of audit review.**

115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

- 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 comments, including corrective actions needed if does not meet standard**

**Policy IMPP 22-103 set forth proper investigative procedures, how to conduct the investigations, obtain and preserve evidence, collection of evidence by appropriate medial personnel and the services provided to victims. The facility provided documentation demonstrating that offender's are not financially charged when provided forensic medical exams. The SAFE/SANE exams are provided at an outside facility. The facility has an MOU in place with the Alliance Against Family Alliance to provide SAFE/SANE and advocacy services when necessary.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has established methods of reporting to include verbal, anonymous, written notes, hotline access, etc. LCF has specific policy in place to ensure referrals of allegations for investigations are handled in accordance with the PREA standards.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**Policy IMPP 03-104D sets forth the minimum training provided to entry level staff as well as more advanced training. LCF provided lesson plan and numerous training logs for auditor review. Staff is aware of how to report allegations.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has a good curriculum in place to train volunteers and contractors. LCF provided numerous training logs for auditor review. Interviews with volunteers demonstrated that training provided and covers all necessary aspects of PREA.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF provides brochures and orientation training discussing the zero tolerance policy, offender rights, how to report in English and Spanish. LCF provides this information in offender orientation, both orientation manual and offender training logs provided. The information for PREA is also ran on the offender television station.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**Policy IMPP 10-103D discusses additional advance sexual abuse and sexual harassment training included but not limited to Miranda and Garrity warnings. Investigative staff and completed necessary training with certification to demonstrate compliance.**

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<b>LCF contract with Corizon Health Care. Per Corizon policy, medical staff upon employment receives training on how to detect, respond to and report any sexual misconduct and how to preserve physical evidence. Update training is completed in two year cycle. LCF staff has received this training and provided documentation and lesson plan for auditor review.</b>	

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<b>Reviewing policy IMPP 10-139, intake screening form (Multi Occupancy Housing form) meets the standards. The form and the instructions are very detailed and take into consideration all required factors. The policy clearly states offenders are not disciplined for refusing to answer specific questions. The facility also conducts an additional assessment (ICC) within the first thirty days to ensure the offender feels safe in the environment. Offenders at risk of sexual victimization are easily identified and never housed with offenders that have a tendency for predatory behavior. The information is appropriately disseminated within the facility staff to maintain level of confidentiality.</b>	

115.42	USE OF SCREENING INFORMATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<b>The facility utilizes a review of the Internal Classification Checklist to appropriately determine housing, job placement, education, etc. This form is reviewed daily and includes a designation for PREA that considers all factors. The audit team interviewed two transgender offenders and both stated they had not been afforded the opportunity to shower separately. However, the one offender that has officially been recognized as transgender stated that due to the current housing assignment, the offender does not have any issues and does not feel unsafe in the dormitory. The</b>	





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 comments, including corrective actions needed if does not meet standard**

**LCF meets standard per policy in IMPP 10-103D, IMPP 20-104, IMPP 20-105. The Coordinated Action Plan checklist is thorough and utilized appropriately. It is apparent LCF will take immediate action if they are aware an offender is at substantial risk of imminent sexual abuse.**

115.63

REPORTING TO OTHER CONFINEMENT FACILITIES

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 comments, including corrective actions needed if does not meet standard**

**Policy IMPP 10-103D addresses advising other agencies when an alleged violation occurs in another facility. The facility was able to articulate and provide information regarding this procedure. LCF is in compliance with this standard.**

115.64

STAFF FIRST RESPONDER 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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF is compliant with this standard by policy IMPP 1-103D and through training of staff and documentation provided. The PREA Checklist utilized is very thorough and part of the response to a PREA incident. Staff was knowledgeable of the first responder duties.**

115.65

COORDINATED RESPONSE

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 comments, including corrective actions needed if does not meet standard**

**LCF has a policy in place outlining the coordinated response. The PREA checklist is utilized and appropriate response is provided. LCF IMPP 10-103D also details the procedures used to ensure actions and notification of the proper authorities are completed in a timely manner.**

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115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b> <b>LCF staff has the ability to move any offender to a safe/cell or segregation or other location that is suitable for the protection of an offender at risk for sexual victimization. Provided was copy of the MOU with Kansas State Organization for Employees Union. All mandates of this standard are compliant.</b>	

115.67	AGENCY PROTECTION AGAINST RETALIATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b> <b>Per policy IMPP 10-103D, LCF meet standards and requires all staff to report verbally or in writing any retaliation to EAI or PREA Compliance Manager. The facility was able to provide documentation that this practice is in place.</b>	

115.68	POST-ALLEGATION PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b> <b>Policies IMPP 20-106 and IMPP 0-108 mandate the minimum level of protective custody that is required. Reviewing practices of LCF and interviewing offenders in segregation, the policy is being followed. The facility utilized the PREA Checklist post incident that evaluates the needs of offenders placed in involuntary segregation. The facility provided documentation that this is in effect.</b>	

115.71	CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS
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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 comments, including corrective actions needed if does not meet standard**

**Per policy IMPP 22-103, LCF shall respond and conduct investigation in accordance with investigative techniques covered by the PREA standards. The facility was able to provide adequate examples that this practice is in place and utilized correctly.**

115.72

EVIDENTIARY STANDARDS FOR ADMINISTRATIVE 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)

**Auditor comments, including corrective actions needed if does not meet standard**

**Policy IMPP 22-103 3 A discusses the preponderance of evidence standard. EAI investigators have attended investigation training and seek the input of the DA's office regarding whether an investigation is administrative or criminal.**

115.73

REPORTING TO 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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has a policy, IMPP 10-103 D that enforces the use of the Notification of Inmate form to provide the victim information regarding the outcome of the investigation. The form is very thorough and meets all requirements of the standard.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF addresses disciplinary actions and sanction of staff through policy IMPP 10-103D. The facility provided documentation to demonstrate this practice is in place. The facility handled the situation appropriately and enforces the disciplinary procedure in place for staff who violate the PREA policy.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF addresses disciplinary actions and sanction of contractors and volunteers through policy IMPP 02-118. The facility provided documentation to demonstrate this practice is in place. The facility handled the situation appropriately and enforces the disciplinary procedure in place for contractors and volunteers who violate the PREA policy. The facility will issue a Gate Stop notification to enforce the dismissal of a volunteer or contract employee post incident.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF addresses disciplinary actions and sanctions of offenders through policy IMPP 10-103D. LCF holds offender accountable and will impose disciplinary sanctions following an administrative or criminal finding that the offender engaged on offender on offender sexual abuse. Disciplinary sanctions will occur and will be based upon the circumstances of the incident, offender's disciplinary history and similar sanctions imposed on similar incidents. LCF will consider the mental health of an offender and will consult with the mental health staff prior to sanction. Reports of sexual abuse made in good faith will not constitute false reporting of an incident even if the investigation doesn't establish sufficient evidence to substantiate the allegation. LCF prohibits all sexual activity between offenders.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has a policy in place to define the referral process to mental health for an offender who has history of sexual abuse. The staff understood the process; however, practice could not demonstrate the offender who voiced victimization upon screening was offered follow up within 14 days of the screening. The corrective action included to develop referral process from the ICC board to mental health and to document follow up efforts. The facility has provided documentation of the new referral procedure and an example of the only incident needing referral since the procedure was put into place. I feel confident the facility will incorporate the referral process appropriately per the new procedure.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has a policy IMPP 10-103D requiring immediate protection of the victim, immediate and ongoing medical and mental health service to be provided for the victim. The MOU with AAFA is also evidence of the access of medical and mental health services. The facility also utilizes the PREA Checklist to ensure that an offender is seen immediately by both medical and mental following a PREA allegation.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has a policy IMPP 10-103D requiring immediate protection of the victim, immediate and ongoing medical and mental health service to be provided for the victim. Ongoing treatment is provided as needed per the medical and mental health staff. The mental health staff evaluates the offender that is an alleged abuser prior to disciplinary hearing.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**Policy IMPP 12-118 meets all requirements of the standard. The facility completes incident reviews and takes action on necessary recommendations. This was demonstrated in documentation given for auditor review. All documentation is thorough and the facility has numerous staff participate and provide feedback for changes.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**LCF has a policy IMPP 10-103D requiring data collections from each facility. All documentation provided for auditor review.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**Per policy IMPP 10-103D, all data is reviewed annually. The Annual Report was readily available for auditor review.**

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)

**Auditor comments, including corrective actions needed if does not meet standard**

**The policy requires the collection and retention of the files in accordance to the standard.**

**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 agency under review.

*Michele Danzot*

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Auditor Signature

*May 11th, 2016*

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Date