

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]	
Name of facility: Hutchinson Correctional Facility	
Physical Address: P.O. Box 1568, Hutchinson, Kansas 67504-1568	
Date report submitted: March 5, 2015	
Address: 510 E. 12 th St., Des Moines, Iowa 50319	
E-Mail: Delbert.Longley@iowa.gov	
Telephone number: 515-725-5731	
Date of facility visit: December 1-3, 2014	
Facility mailing address: (if different from above)	
Telephone number:	
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: Mark Mora	
E-Mail Address: Mark.Mora@doc.ks.gov	
Title: PREA Compliance Manger	
Phone Number: 620-662-2321	
Name of agency: Hutchinson Correctional Facility	
Governing authority or parent agency: (if applicable) Kansas Department of Corrections	
Physical address: P.O. Box 1568, Hutchinson, Kansas 67504-1568	
Mailing address: (if different from above)	
Telephone Number: 620-662-2321	
Name: Sam Cline	
Title: Warden	
E-Mail Address: Sam.Cline@doc.ks.gov	
Telephone Number: 620-662-2321	
Name: Talia Labouchardiere	
Title: KDOC PREA Coordinator	
E-Mail Address: Talia.Labouchardiere@doc.ks.gov	
Telephone Number: 620-662-2321	

AUDIT FINDINGS

NARRATIVE:

The audit of the Hutchinson Correctional Facility (HCF) was conducted on December 1-3, 2014 by Delbert Longley, Certified PREA Auditor; Jen Foltz, Certified PREA Auditor; and Darin Cox, Certified PREA Auditor, in order to determine compliance with the Prison Rape Elimination Act (PREA) standards. An entrance meeting was held to introduce the audit team to their staff currently on the HCF PREA team. This included but not limited to: Sam Cline, Warden; Robert Vieyra, Deputy Warden; KDOC PREA Coordinator Talia Labouchardiere; Mark Mora, PREA Compliance Manager; Ryan Patton, back-up PREA Compliance Manager; Don Langford, Deputy Warden; Troy Robinson, Special Agent Supervisor; and several other Administrative Staff. Following the entrance meeting, interviews were conducted with key leadership personnel in the morning. After lunch, over five (5) hours was spent touring the facility, including two (2) satellite sites. Areas toured included the living units, inmate services, laundry, gym, dining hall/kitchen, canteen, yard, industries areas, health services, visiting rooms, video surveillance rooms, tower, and shift supervisor areas. Informal interviews were done with both staff and inmates while in the various areas throughout the facility.

An inmate roster was obtained and a random sampling of inmates was chosen. Attention was paid to special populations within the facility. Information in regards to zero tolerance for sexual abuse and harassment is easily accessible for the inmates. All inmates understood PREA and how to report allegations of sexual abuse and sexual harassment. LGBTI inmates were identified and information was obtained from these individuals.

Formal staff interviews were completed with the PREA Coordinator, PREA Compliance Manager, Warden, Human Resources, Health Services, Shift supervisors, PREA investigators, Officers/Sgts, Counselor, and Unit manager. Staff from all three shifts were interviewed. All staff are knowledgeable of KDOC/HCF policies and their responsibilities if an allegation or incident occurs.

PREA case log/data and investigative files were made accessible for the audit team to examine prior investigations. Investigations are handled by EAI KDOC Central Office and are done promptly, thoroughly, and attention is given to details. Investigative decisions are based upon evidence gathered.

PREA Standards and policies were reviewed for compliance. Questions were clarified and suggestions were made to enhance HCF's procedures.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Hutchinson Correctional Facility (HCF) is located at 500 Reformatory St, Hutchinson, Kansas 67501. The mission is for HCF to provide male inmates safe and secure confinement to assist in successful inmate transition and return to their families and communities.

The facility houses special management, maximum, high medium, low medium, minimum and work release level inmates. It is divided into three compounds. The main-custody compound within the walled portion of the HCF, a minimum-security unit located outside the walls, and a medium-

custody unit located slightly more than a mile east of the main facility. The facility has 93 buildings. The inmate population was 1832. The age range of the population is 18-83 years of age. HCF does not house youthful inmates under the age of 18. There is 655 staff working throughout the facility. There are 600 total cameras throughout the facility utilized to enhance the staff coverage.

All inmates are admitted and discharged through a centralized reception center. The facility encourages advancement through the level system which is based upon sentences, programming, classification, treatment, behavior, etc. HCF offers a wide variety of jobs for the inmates including off site work assignments for work release inmates. Recreational activities are available to inmates at each site.

The facility design allows for inmates to be separated from other inmates or staff when a sexual abuse or sexual harassment allegation is made.

HCF has in place a 5 year plan to enhance safety, supervision and security.

All construction and redesigning of exiting units/areas have PREA considerations taken into account.

***HCF has made the necessary changes and currently meet or exceeds all standards.**

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 10-103D sets forth mandates HCF to free from sexual abuse and sexual harassment, discusses the position of PREA Coordinator and their responsibilities. Statewide PREA Coordinator Talia Labouchardiere was interviewed and indicated she has sufficient time and authority to develop and oversee compliance with the PREA standards. Ms Labouchardiere 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, Ms Labouchardiere works with the rest of the PREA team, Enforcement/Apprehension/Investigations (EAI) and staff at the facility to ensure policy is being followed.</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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 10-103D authorizes KDOC to enter into a contractual agreement with other entities to confine inmates. Copies of contracts with Nebraska Department of Corrections, North Dakota Department of Corrections and Butler County have been forwarded to the auditor for review. The contract with the Butler County Jail does not include a provision for monitoring of compliance with the PREA standards. The auditors suggest adding a provision to ensure monitoring of the Butler County Jail's compliance with the PREA standards, similar to the language included in the other two contracts mentioned above.</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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF per KDOC Policy IMPP 12-137D has a staffing plan to include but not limited to the number of post, the filling of the post or the lack of filling of the post, at least annual review of the staffing plan, and justification of any deviation of the plan. HCF has a Staffing Level Justification Report that documents the operational staffing levels, the actual staffing levels and the deviations from these numbers. This was completed for every date and shift. When there was a deviation, it provided an explanation as to why. The most common reasons for deviation include sick leave, vacation leave,</p>	

military leave, family leave, jury duty, and bereavement leave.

Based upon interviews, the staffing plan takes into account activities such as religious services, showers and other daily issues. The Shift Captains assessed their shift needs and have shown more staff are needed for certain shifts. HCF had documented PREA considerations to determine staffing needs. They outline staff/inmate ratios and where additional staff would benefit the facility. 600 cameras are placed strategically throughout the facility to enhance coverage but not replace staff. The five year plan calls for additional cameras.

Unit Supervisors and Shift Supervisors shall make unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Staff shall be prohibited from alerting other staff members that supervisory rounds are occurring. (General Order 01-102, p. 3, I., C.) Rounds were documented via electronic logs.

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 NA.

115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES

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

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

HCF has addressed searches and observations of the prisoners by members of the opposite gender through policies, practices and notices to staff and inmates. PREA Standard 115.15d requires inmates be able to perform bodily functions, shower, and change clothing without members of the opposite gender having the opportunity to view except when incidental or routine checks. HCF has a female staff member view video monitoring on a routine basis. Warden Cline advised this is a union bid post thus creating an opportunity for extended viewing.

Currently HCF is working under an expired union contract. Since this is a bid position, this is an excellent time to address this post as a gender specific post.

*HCF has submitted a BFOQ request to KDOC. This request has been granted, policy and procedures have been put in place to address this standard. HCF has made the needed changes and now meets this standard.

115.16 INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH

	PROFICIENT
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF provides training for staff, counselors, volunteers and inmates that are or work with those that have limited capabilities in reading, writing, deafness, sight or other disabilities/handicaps or that are less than English proficient.</p> <p>The facility shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to inmates who have limited reading skills. When an offender has problems understanding the rule book, a staff member or translator shall assist the inmate in understanding the rules. To the extent practical, a translation may be made for anyone who language is other than English. A translation shall be made for any language spoken by significant numbers of inmates. (IMPP 01-138)</p>	

115.17	HIRING AND PROMOTION DECISIONS
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF through policy and practice requires a criminal background check to be completed on all potential employee 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 02-126.</p> <p>As an example, HCF conducted 10 background checks in the last 12 months for contractors.</p> <p>Auditors were provided sample files to document criminal record checks were being conducted.</p>	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>IMPP 01-123 requires the Secretary of Corrections to approve any major change in razing or construction and shall consider the best interest of staff and inmates. Based on the facility tour, formal and informal interviews with administrative staff, a five (5) year plan has been developed</p>	

and will be implemented contingent on funding from the State of Kansas.	
115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 22-103 sets forth proper investigative procedures, how to conduct the investigation, obtain and preserve evidence, collection of evidence by appropriate medical personnel, SANE 10-103D, and the services provided to victims. HCF does not maintain MOUs with a SANE provider. By policy, HCF ensures the victim has access to all medical attention including SANE. This information is then keep in the inmate medical records. SANE services are provided at an outside facility. Auditors encourage HCF to develop, implement, and document a training program and policy and procedures to ensure the inmates that require medical attention are given adequate treatment.</p>	

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF has established methods of reporting to include verbal, anonymous, written notes, #50 anonymous phone reporting and *21. HCF receives reports from third parties, documents all reports and investigates each report, maintaining an investigative log of each report.</p>	

115.31	EMPLOYEE TRAINING
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy IMPP 03-104D sets forth the minimum training provided to entry level staff as well as more advanced training. KDOC has provided a sample class lesson plan, power point presentation and training log for auditor review. Staff is very aware of the *21 reporting mechanism.</p>	

115.32	VOLUNTEER AND CONTRACTOR TRAINING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> 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

HCF has established a training program for volunteers and contractors, provided a power point presentation of the training and brochures. HCF have documented 380 volunteers and contractors have received minimum training. Aramark provides additional training for their staff and have provided a letter of documentation to HCF. Auditors note the volunteers and contractors were very knowledgeable and articulated their obligation to report and use of the reporting mechanism.

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

HCF provides brochures and orientation training discussing the zero tolerance policy, inmate rights, how to report in English and Spanish. HCF has documented 1374 inmates that have received reporting information at intake. Inmates have provided verbal assurance they received video training at the El Dorado reception center, understand #50 reporting systems and can review posted documentation pertaining to reporting sexual abuse and assault.

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 including but not limited to Miranda and Garrity warnings. Investigative staff have attended Moss Group and NIC investigative technique training. IE: Sexual Misconduct for Correctional Investigators and PREA: Investigating Sexual Abuse in a Confinement Setting.

115.35

SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

HCF contracts with Corizon Health Care. By Corizon policy, medical staff upon employment receives training on how detect, respond to, report any sexual misconduct and how to preserve physical evidence. Update training is completed in a two year cycle.

HCF has provided documentation they have a total of 67 practitioners working in the facility. This

includes 56 medical and 11 mental health/behavioral health personnel. All have received training in their related field.	
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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Per policy IMPP 10-139, review of the practices of intake staff, review of the intake screening questionnaire, and after seeking the opinion of the PREA Resource Center, it is determined that the standard is met.</p> <p>In the last 12 months, 1244 inmates have been admitted with more than 72 hours sentences. HCF does not maintain data of the number that have reassessed for their risk of victimization or abusiveness. However assessment staff has been trained and are aware reassessments are to be completed in all cases where additional or relevant information is received or when a new allegation investigation is complete.</p>	

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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Reviewing policy IMPP 10-139, intake screening form, and intake careening form, HCF meets the standards.</p> <p>HCF utilizes color coding charts for ease of recognition. Staff was able to articulate policies, protocols, and procedures very well. Screening information is only shared with correctional counselors and mental health staff as a control of who has access to sensitive information.</p>	

115.43	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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policies IMPP 20-106 and IMPP 20-108 mandate the minimum level of protective custody that is required. Reviewing the practices of HCF and interviewing inmates in segregation, the policy is being followed.</p> <p>HCF moves all victims and perpetrators to protective custody for their protection upon receiving a report of sexual abuse or sexual assault. It is suggested HCF review this practice to ensure the best</p>	

possible outcome is accomplished.

115.51	INMATE REPORTING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input 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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF exceeds standards by providing training to all staff, including volunteers, contractors, medical, mental health professionals, and inmates; provides brochures in English and Spanish; postings throughout the facilities explaining how to report any sexual misconduct verbally, in writing, or anonymously to HCF employees or by third party. HCF exceeds the standard by utilizing numerous means of readily assessable methods of reporting.	

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
Inmates have the ability to use formal or informal means to grieve their concerns per KAR 44-15-204. It is believed HCF meets this standard because they respond to all complaints and investigate the complaints using recognized investigative techniques. It is somewhat concerning that it is unknown how many grievances are filed alleging sexual misconduct. It is suggested HCF establish a recording method by which they can track the number of grievances and the status of each.	

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF meets this Standard by providing outside services per policy, MOU with notification given through brochure in English and Spanish. Inmates have responded positively about the available services when interviewed.	

115.54	THIRD-PARY REPORTING
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF provides for third party reporting by staff, inmates, family or others via a toll free hotline. This is publicized through the use of posters, General Orders and notices.	

115.61	STAFF AND AGENCY REPORTING DUTIES
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
Per policy IMPP 10-103D, all staff shall report any knowledge of sexual violence or misconduct to supervisor, Appointing Authority or EAI. Failure to do shall result in disciplinary action. Staff articulated the various methods they have available to report very well.	

115.62	AGENCY PROTECTION DUTIES
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF meets standard per policy in IMPP 10-103D, IMPP 20-104, IMPP 20-105, and IMPP 20-108. All staff and inmates are responsible for being alert to signs of potential situations in which sexual abuse or harassment might occur. HCF will take immediate action if they learn an inmate is at a substantial risk of imminent sexual abuse.	

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy IMPP 10-103D addresses advising other agencies when an alleged violation occurred in another facility.	
Auditors have reviewed a report and appears to be complete and thorough.	

115.64	STAFF FIRST RESPONDER DUTIES
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input 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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF meets this standard by policy, IMPP – 10-103D and through training of staff per the interviews of staff. Line staff and investigative staff have been trained on how to secure a crime scene and how to preserve any physical evidence on the victim/perpetrator. Staff was able to articulate the proper procedure.	

115.65	COORDINATED RESPONSE
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF has a policy, IMPP 10-103D, and a procedural form to be used to ensure actions and notification of the proper authorities are completed in a timely manner. Staff understands and have articulated their responsibilities very well.	

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)	
Auditor comments, including corrective actions needed if does not meet standard	
HCF staff has the ability to move any inmate to a safe cell/segregation or other location that is suitable for the protection of any inmate from any perpetrator by policy, practice and verbal assurance from staff.	

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)	
Auditor comments, including corrective actions needed if does not meet standard	
Per policy IMPP 10-103D, HCF meets standards and requires all staff to report verbally or in writing any retaliation to EAI or PREA Compliance Manager. Victims and inmates are also encouraged to promptly report any retaliation.	

Auditors suggest the retaliation manager have a private face to face with the victim of retaliation. It is believed this would enhance victim's willingness to report and security.

115.68 POST-ALLEGATION PROTECTIVE CUSTODY

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

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

HCF policy IMPP 20-105 provides documentation to the procedure to be used when an inmate is moved to segregation housing unit. HCF also has a policy, IMPP 20-106 per standard 115.43, concerning the review requirements of administrative segregation.

115.71 CRIMINAL AND 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

Per policy IMPP 22-103, HCF shall respond, conduct investigation in accordance to sound investigative techniques including but not limited to properly securing the crime scene, providing medical and mental health services to the victim, and preserving evidence to ensure admissibility in administrative and criminal court.

EAI provides documentation and evidence to District Attorney's Office for case review and final determination on criminal charges. There has been one case referred in 2013 and none in 2014.

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 District Attorney's Office regarding whether an investigation is criminal or administrative.

115.73	REPORTING TO 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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF has a policy, IMPP 10-103D, and a form to be completed to provide the victim of the status of the investigation.</p> <p>HCF will inform the inmate when the staff member is no longer posted within the inmate's unit; no longer employed at the facility; indicted on a charge related to sexual abuse within the facility; or learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>If HCF has an inmate make an allegation against another inmate that they were sexually abused, HCF will ensure that the alleged victim is notified if the alleged abuser has been indicted on a charge or convicted of a charge related to sexual abuse within the facility. Auditors were provided copies of victim notifications.</p>	

115.76	DISCIPLINARY SANCTIONS FOR STAFF
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF addresses disciplinary actions and sanctions of staff through policy IMPP 10-103D. Warden Cline assured the auditors he does not have any room for any misconduct from staff and will take appropriate action to resolve any founded allegations.</p>	

115.77	CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF addresses disciplinary actions and sanctions of contractors and volunteers through policy IMPP 02-118.</p> <p>Warden Cline assured the auditors he does not have any room for any misconduct from contractors or volunteers and will take appropriate action to resolve any founded allegations.</p>	

115.78	DISCIPLINARY SANCTIONS FOR 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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF addresses disciplinary actions and sanctions of inmates through policy IMPP 10-103D.</p> <p>HCF holds inmates accountable and will impose disciplinary sanctions following an administrative or criminal finding that the inmate engaged in inmate-on- inmate sexual abuse. Disciplinary sanctions will occur and will be based upon the circumstances of the incident, inmate’s disciplinary history and similar sanctions imposed on other inmates with comparable offenses. HCF will consider the mental health of an inmate and will consult with the mental health staff prior to imposing discipline.</p> <p>HCF will refer inmates to mental health staff to address any underlying reasons or motivations for sexual abuse and will determine if the inmate’s participation is a condition for access to programming or other benefits.</p> <p>Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>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. HCF prohibits all sexual activity between inmates. They will take the appropriate action when incidents of sexual activity that are not coerced or considered sexual abuse occur.</p>	

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HCF has a policy, IMPP 10-139, an assessment tool, and protocol to address those with a history of sexual abuse.</p> <p>Auditors interviewed medical and mental health staff. Medical and Mental Health staff were knowledgeable and were able to articulate their obligations.</p>	

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<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)	

Does Not Meet Standard (requires corrective action)

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

HCF has a policy, IMPP 10-103D, requiring immediate protection of the victim, immediate and ongoing medical and mental health service be provided for the victim.
Staff verbalized very well how to obtain emergency medical and mental health services and the procedures in a timely manner.

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

HCF has a policy, IMPP 10-103D, requiring immediate protection of the victim, immediate and ongoing medical and mental health service be provided for the victim.
Ongoing treatment is provided as needed per the medical and mental health staff.

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

See policy IMPP 12-118.
HCF EAI and Medical review incidents to ensure investigation are handled and completed properly and medical follows up to ensure on going treatment is adequate.

Auditors had access to incident reviews and were impressed with the number of Executive level staff is involved in review of each incident.

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

HCF has a policy, IMPP 10-103D, requiring data collections, have a survey form and has provided incident data for 2013.

Annual reports, charts, and diagrams were well done and easy to read and understand.

115.88	DATA REVIEW FOR CORRECTIVE ACTION
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
Per policy IMPP 10-103D requires collection and review on an annual basis. 2014 Annual report has been provided and reviewed.	

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<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)	
Auditor comments, including corrective actions needed if does not meet standard	
Kansas Statute and HCF policy require the collection and retention of these case files.	
See annual report.	

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.

Delbert G. Longley
Auditor Signature

March 5, 2015