

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** June 20, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Jennifer R. Sheahan			
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<b>Email:</b> sheahan_jennifer@yahoo.com			
<b>Telephone number:</b> 973-896-8603			
<b>Date of facility visit:</b> April 19-20, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Luther Luckett Correctional Complex			
<b>Facility physical address:</b> 1612 Dawkins Road, La Grange, KY 40031			
<b>Facility mailing address:</b> <i>(if different from above)</i> P O Box 6, La Grange, KY 40056			
<b>Facility telephone number:</b> 502-222-0363			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" 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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Scott Jordan, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 196			
<b>Designed facility capacity:</b> 1006			
<b>Current population of facility:</b> 988			
<b>Facility security levels/inmate custody levels:</b> Minimum, medium, maximum			
<b>Age range of the population:</b> Adults 19-78			
<b>Name of PREA Compliance Manager:</b> Stephanie Chowning		<b>Title:</b> Unit Administrator I	
<b>Email address:</b> Stephanie.chowning@ky.gov		<b>Telephone number:</b> 502-222-0363 ext. 4531	
<b>Agency Information</b>			
<b>Name of agency:</b> Kentucky Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Justice and Public Safety Cabinet			
<b>Physical address:</b> 275 East Main Street, Frankfort, KY 40602			
<b>Mailing address:</b> <i>(if different from above)</i> P O Box 2400, Frankfort, KY 40602			
<b>Telephone number:</b> 502-564-4360			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Rodney Ballard		<b>Title:</b> Commissioner	
<b>Email address:</b> Rodney.ballard@ky.gov		<b>Telephone number:</b> 502-564-4726	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charles A. Wilkerson		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> charlesa.wilkerson@ky.gov		<b>Telephone number:</b> 502-382-7245	

## AUDIT FINDINGS

### NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Luther Lockett Correctional Complex (LLCC) was performed on April 19-20, 2017, by DOJ Certified Auditor, Jennifer R. Sheahan with the assistance of DOJ Certified PREA Auditor Leah Michele Coffin. The standards used for this audit became effective August 20, 2012.

The pre-audit phase included reviewing the data contained in the Pre-Audit Questionnaire as well as documentation submitted to support PREA compliance. The documentation reviewed included agency policies, procedures, inmate education materials, inmate receipt for PREA information and education attention records, forms, staff/contractor/volunteer training curriculum, staff/contractor/volunteer training acknowledgments, personnel records, medical and mental health files, organizational charts, PREA posters, investigation reports, grievances, and Memorandums of Understanding with local agencies to provide victim services.

In preparation for the on-site audit, the facility posted the required PREA Audit Notice on March 6, 2017, which meets the required six-week posting prior to the commencement of the on-site audit. The agency provided email notification indicating the posters were displayed as required. During the on-site audit, auditors observed the notices in the following areas: facility entrance, main control, administrative areas, all inmate housing units, dining hall, visit areas, intake, medical department, mental health services and chapel. The auditor received 3 letters prior to the on-site audit. One inmate sent the same letter twice.

On April 19, 2017, an entrance meeting was conducted. Auditors met with Scott Jordan (Warden), Charles A. Wilkerson (PREA Coordinator), Harley Allen (PREA Administrator), Joe Martin (PREA Administrator), Jesse Ferguson (Deputy Warden), Stephanie Chowning (PREA Compliance Manager), David Herndon (Senior Captain), Breck Taylor (Electronic Technician) and Andy Floyd (Maintenance) for introductions and to explain the audit process. Following the entrance meeting, auditors toured the facility and observed facility schematics, camera and mirror locations, staff supervision of inmates, housing unit layouts including toilet and shower areas, placement of PREA information, intake area, security monitoring and PREA audit notices. The tour was facilitated by Scott Jordan (Warden). All areas of operation observed during the tour. These areas included: intake, medical department, mental health department, gym/indoor recreation area, outside recreation yard, education/programs building, Chapel, food service/dining area, library, maintenance area, laundry, inmate canteen and all housing units. Auditors noted that shower coverings are in place for privacy and toilet stalls are partitioned. Telephones in the inmate housing areas were tested for access to PREA internal and external reporting hotlines and support services. All hotline numbers connected to a live operator who was able to take information related to a PREA allegation or provide support services. The PREA Coordinator received emails indicating a hotline call had been received from LLCC. The emails were provided to the auditors for review. During the tour, auditors conducted informal interviews with staff and inmates. Auditors scheduled on-site activities during all shifts to allow for observation of each shift. On-site review was conducted of the following: agency protocols and procedures related to the PREA policies, inmate education materials, inmate files including receipts for PREA information and education attendance records, personnel records including background checks and staff/contractor/volunteer training acknowledgments, medical and mental health files, intake process, PREA posters, completed investigation reports, grievances, log book entries/unannounced rounds and risk assessments.

During the on-site audit, auditors were provided with office space to conduct private interviews with inmates. Auditors were also provided with office space to privately interview staff. Auditors used the PREA Compliance Audit Instrument-Interview Guides to conduct formal interviews with staff/contractors/volunteers and inmates. Auditors interviewed 50 total inmates (54 were requested and 4 refused); 31 random inmates, 7 inmates identifying as LGBTI, 6 disabled or limited English proficiency inmates, 4 inmates who reported sexual abuse and 2 inmates who wrote letters to the auditors prior to the on-site visit. Inmates were chosen at random from a population list that indicated housing unit. At least one inmate from every housing unit was interviewed. LGBTI inmates were randomly selected from a list of inmates who self-identified as LGBTI during risk assessment. Auditors interviewed more than ten percent of the total population because they wanted a larger sample size to get a better understanding of the PREA practices within the facility. Inmate interviews included the following topics: knowledge of the facilities zero tolerance policy for sexual abuse and sexual harassment, receipt of PREA-related information and materials, prohibited sexual conduct and potential for disciplinary action for such conduct, their right to be free from sexual abuse/sexual harassment and retaliation for reporting an incident or cooperating with an investigation, timeliness of PREA risk assessment, knowledge of reporting options, including to an outside agency, awareness of medical, mental health and victim services available at the facility, and protection from abusers. Inmates interviewed were aware of the multiple reporting mechanisms that are in place at the LLCC. All of the inmates interviewed indicated they received sufficient PREA educational materials. The materials included a video presentation and pamphlet received at intake into the facility. The inmates were able to verbalize what actions they would take and who they would tell if they were sexually abused or sexually harassed while at the Luther Lockett Correctional Complex. The inmates also indicated they felt safe at the facility because staff take all allegations of sexual abuse and sexual harassment seriously. Inmates stated they think allegations of sexual abuse and sexual harassment are addressed uniformly, in a timely manner and measures are in place to separate alleged victims from alleged abusers immediately.

Forty-six (46) facility staff members were interviewed (15 random staff members and 22 specialized staff, 6 volunteers and 3 contractors). Staff were randomly selected from staffing rosters provided by the facility. Staff from all shifts was interviewed. Contractors and

volunteers were randomly selected from the contractor and volunteer lists provided to the auditors. Auditors interviewed the Kentucky Department of Corrections Commissioner, PREA Coordinator, Warden, PREA Compliance Manager. Specialized staff included Investigative Staff, First Responders, Administrative/Human Resources Staff, Intake Staff, Segregation Staff, Shift Supervisors (Captains, Lieutenants and Sergeants), Medical/Mental Health Staff, SAFE/SANE Nurse at local hospital (telephone interview) and local advocate crisis center (telephone interview). Staff interview included the following topics: knowledge of the agencies zero tolerance policy for sexual abuse and sexual harassment, pre-service and annual PREA training, reporting procedures for staff and inmates, including the ability to report privately, knowledge of prevention and detection procedures and first responder duties. Staff interviewed indicated they had received pre-service and annual PREA training. In addition, staff reported they are provided with quarterly PREA training. They could define the meaning of the agency's zero-tolerance policy. Staff was knowledgeable regarding their roles and responsibilities in the prevention, detection, responding to and reporting of allegations of sexual abuse and sexual harassment. Auditors determined through interviews and observation that staff were well trained on first responder duties for PREA related incidents.

In the past 12 months, the facility reported 95 PREA incidents (9 substantiated, 54 unsubstantiated, 32 unfounded). The auditors reviewed the 9 substantiated incidents, 6 of the unsubstantiated incidents and 4 of the unfounded incidents. A random sampling of unsubstantiated and unfounded incidents was selected from a list of Sexual Offense Allegations provided by the facility. The unsubstantiated and unfounded incidents were reviewed to determine the PREA protocols were initially followed and the investigation was completed according to LLCC policy.

On April 20, 2017, an exit meeting was conducted. In attendance were: Scott Jordan (Warden), Charles A. Wilkerson (PREA Coordinator), Harley Allen (PREA Administrator), Joe Martin (PREA Administrator), Jesse Ferguson (Deputy Warden), Stephanie Chowning (PREA Compliance Manager), David Herndon (Senior Captain), Breck Taylor (Electronic Technician) and Andy Floyd (Maintenance).

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Kentucky Department of Corrections Mission Statement is: To protect the citizens of the Commonwealth and to provide a safe, secure and humane environment for staff and offenders in carrying out the mandates of the legislative and judicial process; and, to provide opportunities for offenders to acquire skills which facilitate non-criminal behavior. The Luther Lockett Correctional Complex (LLCC) is a 17-building complex that sits on 35 acres in La Grange, Kentucky. The facility is a multi-custody facility that houses minimum, medium and maximum security inmates. The facility has seven (7) inmate housing units; six (6) multiple occupancy housing units and one (1) single cell housing unit. The housing units include a Restrictive Housing Unit (RHU) and a RHU Annex.

Each housing unit has a control center, recreation/day room and one bathroom area that has several toilets and shower stalls. Toilet areas are partitioned to allow for privacy. Shower stalls are partitioned to allow 1 inmate at a time to shower and shower curtains allow for privacy. RHU is equipped with wet rooms. RHU showers allow for inmates to shower one at a time and coverings are in place to allow for privacy. There is an on-site medical and mental health unit. The mental health department includes a long-term sex offender treatment program. There are a total of 352 cameras located throughout the facility. Concave/convex mirrors are also utilized to minimize blind spots. There are a variety of educational and therapeutic programs available to the inmates. Forensic medical exams are conducted off-site. Victim advocacy services are provided by Kentucky Association of Sexual Assault Programs. . LLCC is accredited by the American Correctional Association.

## **SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

**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.**

Luther Luckett Correction Complex (LLCC) has a zero tolerance policy in place that addresses all forms of sexual abuse and sexual harassment. Kentucky Department of Corrections policies include definitions of sexual abuse and sexual harassment. There is a designated agency-wide PREA Coordinator. The PREA Coordinator was appointed on November 15, 2014. The facility has a PREA Compliance Manager who oversees compliance with the zero-tolerance policy and all other PREA standards. The PREA Coordinator was interviewed. He stated he has sufficient time and authority to manage his PREA-related responsibilities. He stated he reports directly to the Deputy Commissioner. The KY DOC Commissioner was interviewed and confirmed the PREA Coordinator has the authority to develop and implement PREA related policies and procedures. The Commissioner confirmed the PREA Coordinator reports to the Deputy Commissioner. The Commissioner reported he is in close communication with the Deputy Commissioner and the PREA Coordinator about PREA-related matters. The PREA Coordinator confirmed this when he explained that if an issue arises around compliance with the PREA standards he meets with the Commissioner to discuss the issue and the appropriate corrective action plan. The PREA Compliance Manager confirmed she receives regular guidance from the PREA Coordinator through emails, telephone calls and site visits. The PREA Compliance Manager stated she has sufficient time and authority to manage all PREA-related responsibilities. The PREA Compliance Manager reports to the Warden. The Warden confirmed the PREA Compliance Manager operates with his authority on matters related to PREA. Agency and facility Tables of Organization were reviewed to confirm reporting lines and levels of authority. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 3.22; Policy 14.7; Pre-Audit Questionnaire; Agency and facility Tables of Organization; Interviews with KY DOC Commissioner, PREA Coordinator and PREA Compliance Manager

### Standard 115.12 Contracting with other entities for the confinement of inmates

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

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The Kentucky Department of Corrections contracts with four (4) agencies for the confinement of inmates in the community. All of the contracts were reviewed. All of the contracts include language requiring compliance with the PREA standards. The PREA Coordinator confirmed through interview the contracted agencies are monitored for compliance with the PREA standards. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Chrysalis SAMHSA Contract; Cumberland Hope Community Center Contract; HOPE SAMHSA Contract; Trilogy Center for Women Contract

### Standard 115.13 Supervision and monitoring

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

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Luther Luckett Correctional Complex (LLCC) has developed and maintains a staffing plan compliant with this standard. The staffing plan reviewed was developed utilizing a workload formula that takes into account the total number of priority posts to be manned per shift as well as the amount of employees available to man them. There are two (12) twelve (12) hour operations/security shifts per day. There have been no judiciary, Federal, internal or external auditing body findings of inadequacy. The staffing plan and its review take into consideration the general layout of the facility, blindspots and camera/mirror placement and the general inmate population makeup. Also included in the staffing plan and its reviews are the amount and placement of supervisory staff on all shifts. The daily schedule delineates supervisory staff and their designated post. The scheduling of institutional programming was considered during the initial development of and subsequent reviews of the staffing plan. Lastly, the number of PREA allegations is considered. The staffing plan is reviewed on a quarterly basis and amended as needed with input from the KCIW Administrative staff, including the PREA Compliance Manager. The agency PREA Coordinator is consulted as part of the review process. As required by 115.13 (c) 1-3, the assessment includes a review of the established staffing plan, deployment of video monitoring systems and other use of technology and resources available to commit to compliance to staffing plan. The plan was predicated on an inmate population of 1006. No deviations from the staffing plan were noted based on facility self-reporting and staff schedules provided documenting posts covered and the use of overtime staff to cover mandatory staffing requirements. Staffing is complemented with the deployment of 352 video cameras inside and outside of the facility. Concave/Convex mirrors are also deployed to minimize blind spots. The camera system is assessed daily to identify any inoperable equipment and the results are communicated to LLCC Administrative staff. Upon review of work order provided, repairs to the camera system are completed in a timely manner. The facility provided a written plan to upgrade the camera system and DVR's to enhance the safety of the staff and inmates. Intermediate and higher level supervisory staff conducts unannounced rounds that are documented in the Shift Log and covered all shifts. Policy allows for disciplinary action against staff who alert other staff that supervisory rounds are being conducted. The on-site audit included an examination of staffing plan meeting minutes, staffing rosters, staff schedules, housing assignments and Shift Log books. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 3.22; Policy 09-01-02 (Priority Posts); Pre-Audit Questionnaire; Facility Tour; Interviews with facility staff and inmates; LLCC staffing rosters and inmate population reports; Log books showing unannounced rounds; Quarterly staffing plan review meeting minutes

### Standard 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)

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According to Kentucky Department of Corrections policy, male youthful offenders (under the age of 18) are housed at the Kentucky State

Reformatory. Once offenders reach the age of 18, they can be transferred to another institution. LLCC does not house youthful offenders. A tour of the facility and a review of inmate rosters confirmed there were no youthful inmates housed at LLCC. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 18.3; Policy KRS 640-070; Facility Tour; Inmate roster

### Standard 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)

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Luther Luckett Correctional Complex (LLCC) policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when conducted by a medical practitioner. The policies also prohibit searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. In the past 12 months, the facility has not conducted any cross-gender pat down, strip or visual body cavity searches. Interviews with the Warden and PREA Compliance Manager confirmed facility staff do not conduct cross-gender strip and pat searches or visual body cavity searches. Female staff announced their presence verbally when entering all areas where male inmates shower, change clothes or perform bodily functions during the facility tour. Control center staff make announcements in the housing areas at the beginning of every shift if a cross gender staff person is assigned to the unit. In addition to the verbal announcements, "Female on Duty" signs were displayed each time a female employee enters the housing unit. Shower stalls are partitioned to allow 1 inmate at a time to shower and shower doors allow for privacy and adequate security. Toilet areas are partitioned for privacy. Inmates interviewed stated they had adequate privacy to shower, perform bodily functions and dress without being seen by staff of the opposite sex. During the facility tour, auditors observed adequate privacy for showering, use of toilet and dressing in inmate housing areas. Interviews with staff confirmed they receive training on cross gender pat searches and searches of transgender and intersex inmates. The training curriculum for pat searches was reviewed. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 3.22; Policy 9.8; Policy 14.7; Pre-Audit Questionnaire; Facility Tour; Interviews with facility staff and random inmates; Staff training curriculum; Staff training acknowledgements; Log books with cross gender announcements

### Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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Luther Luckett Correctional Complex (LLCC) takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse



and sexual harassment. Inmate handbooks, PREA handouts and PREA posters throughout the facility written in English and Spanish were reviewed prior to and during the on-site visit. PREA related information is also available in Braille and large print. LLCC has bi-lingual staff available to translate into Spanish when needed. For the hearing impaired, LLCC has a Video Relay Interpreter and 2 TTY/TDD machines available upon request. Sign language interpreters are available upon request. Inmates with learning disabilities or other impairments would receive assistance with orientation materials and reporting PREA related issues from staff. Random staff interviewed confirmed inmate interpreters, readers, or assistants are not utilized in handling any PREA related matters. Inmate interviews confirmed staff review all PREA orientation materials to ensure they understand the information received. Auditors interviewed a LEP inmate with the assistance of a bi-lingual staff person. He confirmed that he received materials in Spanish and staff assisted with any questions that arose during intake and orientation. Interviews with inmates who were hearing and visually impaired confirmed they received PREA related materials in a format they could read and understand. LEP and disabled inmates were chosen at random from a list provided by the facility. LLCC exceeds compliance with the standard based on PREA information available in Braille and large print and accessibility of the Video Relay Interpreter and TTY/TDD machines.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Facility Tour; Interviews with random facility staff; Interviews LEP, hearing and visually impaired inmates; PREA posters, handouts and inmate handbook in Spanish, Braille and large print; ADA memo; Video Relay Interpreter and TTY/TDD machines

### **Standard 115.17 Hiring and promotion decisions**

- 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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Luther Luckett Correctional Complex (LLCC) policies prohibit the hiring, promotion or retention of any employee and prohibit the enlistment of any contractor or volunteer as required by this standard. The facility has an extensive background check for all new hires. The process includes finger printing and NCIC criminal background checks conducted by the Kentucky State Police and The Federal Bureau of Investigation. The new hire process was reviewed during the interview with the Human Resources Manager. During the hire process, the Human Resources department makes its best efforts to contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse and the results are documented on the Employment References Check form. Contractors and volunteers receive NCIC criminal background checks in accordance with this standard. Five year background checks are completed utilizing the aforementioned services on employees and contractors who have contact with inmates. A log of background checks for new hire staff, contracted staff and volunteers was provided. As part of the Code of Ethics, staff is required to disclose any interaction with law enforcement immediately. PREA disclosures are on the pre-employment application and background check authorization forms. Random Human Resources files were reviewed from a staffing list provided to auditors. Forms reviewed prior to and during the on-site audit included pre-employment applications, background check authorization forms, completed background checks (new hire, promotion and 5 year) for staff/contractors/volunteer, employment application and annual PREA disclosures. Interviews with the Human Resource Manager, Internal Affairs Department and a review of policy and documentation confirm LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 3.1; Policy 3.6; Pre-Audit Questionnaire; Interview with Human Resource Manager; Review of background checks (staff, contractors, volunteers), background check logs, new hire and promotion procedures

### **Standard 115.18 Upgrades to facilities and technologies**

- 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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Luther Luckett Correctional Complex (LLCC) policy addresses the mandates of this standard. The facility has an extensive video and visual monitoring system in place. LLCC has a written plan to install additional cameras and upgrade DVR's that was developed by the administrative and security staff with input from the PREA Compliance Manager. There have been no substantial expansions or modifications of the facility in the last 12 months. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 7.1; Pre-Audit Questionnaire; Facility tour; Review of current camera system and upgrade plan; Interviews with Warden, PREA Coordinator and PREA Compliance Manager

### **Standard 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)

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Luther Luckett Correctional Complex (LLCC) conducts investigations into all allegations of sexual abuse or sexual harassment utilizing investigators from all departments. Administrative investigations are conducted by specially trained investigators. When a PREA allegation appears to be criminal, LLCC refers the case to the Kentucky State Police (KSP) for investigation and possible prosecution. LLCC cooperates fully with all KSP investigations. A Memorandum of Understanding (MOU) with KSP confirms KSP's responsibility to adhere to the PREA standards governing investigations. In addition, it indicates all KSP Troopers receive training in PREA related investigations. Three (3) PREA bags are located throughout the facility. One (1) of the bags was inspected. The PREA bags contain crime scene tape, a white sheet and other items to assist in the securing of the scene and the collection of evidence. Staff interviewed was aware of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. Staff interviewed confirmed the locations of the PREA bags and their contents. LLCC has a Memorandum of Understanding with Kentucky Association of Sexual Assault Programs (KASAP) to provide SAFE/SANE services. The PREA Compliance Manager confirmed all forensic medical examinations are completed at the University of Louisville Hospital. A telephone interview was conducted with SANE Nurse. She confirmed that all forensic medical examinations are completed at the University of Louisville Hospital, without financial cost to the inmate. She stated KASAP has a staff of 227 SANE Nurses. LLCC also has an MOU with KASAP to provide victim advocacy services. A telephone interview was conducted with KASAP PREA Coordinator. She confirmed that victim services are available, including advocacy, at no cost to the inmate and are confidential. In addition, she stated KASAP is involved in the training of LLCC investigative staff. Auditors tested the posted KASAP telephone numbers for victim advocacy services and operators confirmed services were available to inmates 24 hours a day, are confidential and would be provided at the hospital upon request. Auditors reviewed emails received by the PREA Coordinator informing him a call was received on the KASAP hotline number. Two (2) SANE exams were conducted in the past 12 months. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; KSP Evidence Collection Guide and MOU; SANE exam documents; PREA Bag contents; Interviews with SANE Nurse and KASAP PREA Coordinator; Spoke with hotline operator(s) of KASAP; Interviews with investigative staff, random staff and inmates; KASAP hotline notification emails

## Standard 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)

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Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; KSP General Order OM-C-1; Pre-Audit Questionnaire; KSP Evidence Collection Guide and MOU; Interviews with investigators; Investigation reports for allegations of sexual abuse and sexual harassment

## Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy requires all new employees receive training relative to their PREA responsibilities prior to assuming their duties. The Institutional Pre-Service Academy provides PREA training during week one. New employees receive facility specific PREA training upon assignment to LLCC. All current employees receive annual PREA in-service training. The training includes a review of the sexual abuse and sexual harassment policies and procedures. In addition, employees are required to complete quarterly PREA training. The training curriculum and lesson plan reviewed supports compliance with the ten elements required in the standard. Training documents were reviewed to support that all staff with inmate contact have been trained. All staff signs an acknowledgement that they understood the training received. Interviews with staff confirmed they understand the training as it pertains to zero-tolerance, prevention, detection and responding to PREA allegations. All staff carries a card outlining required actions as a first responder. LLCC exceeds compliance with the standard based on a review of quarterly training documents and annual training documents for each year following the initial certification.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Training curricula and lesson plan for content; Pre-Audit Questionnaire; Quarterly and Annual Training records; First Responder Cards; Interviews with random staff

### Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy requires all contractors/volunteers who have contact with inmates receive training as to their responsibilities pertaining to PREA prior to providing services to inmates. The zero-tolerance, prevention, detection, reporting and responding requirements are covered in training. LLCC provides its contractors and volunteers with yearly PREA training. Contractors are also required to attend quarterly PREA training. LLCC has a contract with Aramark to provide food services. LLCC has a contract with Keefe to provide commissary. LLCC has a contract with Correct Care to provide medical/mental health services. Contract staff interviewed stated they had been trained on their responsibility regarding sexual abuse and sexual harassment, steps to take when reporting (Shift Supervisor, PREA Compliance Manager) and how to separate the alleged victim and alleged perpetrator. Contract staff interviewed indicated they are trained not only by their agency but also by LLCC. Telephone interviews with six volunteers were conducted. All volunteers confirmed they are trained annually on PREA related topics referenced above. Samples of PREA Training Acknowledgement receipts signed by volunteers/contractors were reviewed. LLCC exceeds compliance with the standard based on a review of quarterly training documents and annual training documents for each year following the initial certification.

Policy, Interviews and Other documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Training acknowledgements; Interviews with contracted staff; Interviews with volunteers

### Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy requires inmates be given PREA information in accordance with the standard. During the intake process, inmates receive information through a video presentation and in writing (inmate handbook and pamphlet in English and Spanish) explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Braille and large print information is also available. During the tour, the intake area was visited. Auditors were reviewed the video presentation area equipped with a TV. Auditors were also shown a stock of facility handbooks (English, Spanish, Large print and Braille), PREA brochures and blank PREA Acknowledgements. Staff on duty in the intake area discussed the intake process which included giving newly admitted inmates educational materials related to PREA. Intake staff stated a PREA video is played while inmates are in individual holding cells. All newly admitted inmates, regardless of what institution they have come from, receive LLCC's full

compliment of PREA-related information. A random sampling of inmate files chosen from an inmate population list were reviewed and confirmed inmates receive PREA educational materials at intake. Interviews with random inmates confirmed they received PREA-related information at admission to LLCC. Within 30 days of admission to LLCC, inmates are given Comprehensive PREA Education which includes a video/power point presentation and additional handouts that details the facility's PREA policies and procedures. Random inmates interviewed confirmed they received PREA education within 30 days of arrival at LLCC. The facility reported in the last 12 months, there were 581 inmates who were new to the facility either through new admission or transfer from another facility and all of them received initial PREA education materials at intake and comprehensive PREA education within 30 days. A random sample of inmate files was reviewed and all were found to contain the Orientation Checklist outlining the PREA information and education received. PREA posters with hotline numbers and addresses were observed throughout the facility to call or write to report violations of PREA. PREA signage was located in all inmate housing units including by the telephones, programming areas, medical and mental health services, chapel and visitation areas. PREA information was also located in administrative areas and staff break rooms and bathrooms. LLCC has bi-lingual staff available to translate into Spanish when needed. For the hearing impaired, LLCC has a Video Relay Interpreter and 2 TTY/TDD machines available. Sign language interpreters are available upon request. Inmates with learning disabilities or other impairments would receive assistance with orientation materials and reporting PREA related issues from staff. Interviews with staff determined that staff is aware that inmate interpreters cannot be utilized for any inmate PREA education or other PREA related matters. Staff interviewed confirmed inmate interpreters, readers or assistants are not utilized in handling PREA related matters. Inmates interviewed stated they received adequate education and information, such as inmate handbooks, PREA handouts and PREA posters. They reported the information contained pertinent PREA information such as zero-tolerance, procedures on how to report sexual abuse and sexual harassment, rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Inmates interviewed were aware of access to hotlines and methods to anonymously report. The LLCC inmate handbook, PREA pamphlets and inmate orientation curriculum were reviewed. A sample of inmate signed PREA Guide Acknowledgement Forms and PREA Orientation Checklist Forms were reviewed to confirm inmate receipt of PREA education required by this standard. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; LLCC Inmate Handbook, PREA posters and PREA pamphlets; Orientation curriculum for inmate education; Interviews with intake staff and random inmates; signed acknowledgements

### **Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) conducts investigations into all allegations of sexual abuse or sexual harassment utilizing investigators from all departments. Administrative investigations are conducted by specially trained investigators. When a PREA allegation appears to be criminal, LLCC refers the case to the Kentucky State Police (KSP) for investigation and possible prosecution. LLCC cooperates fully with all KSP investigations. A Memorandum of Understanding (MOU) with KSP confirms KSP's responsibility to adhere to the PREA standards governing investigations. In addition, it indicates all KSP Troopers receive training in PREA related investigations. Interviews with PREA Investigators confirmed training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. A telephone interview was conducted with KASAP PREA Coordinator. She stated KASAP is involved in the training of LLCC investigative staff. LLCC maintains a list of current trained PREA investigators. The LLCC Investigator training curriculum and staff training acknowledgements were verified through review prior to and during the on-site visit. A review of the training documents confirmed all investigators received the required annual general PREA and specialized investigator training. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; KSP Evidence Collection Guide and MOU; LLCC Investigator Training Curriculum; Specialized Investigator training and annual PREA training acknowledgement; Trained Investigator list; Interviews with investigative staff

### Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy requires specialized training for all full-time and part-time medical and mental health staff. No forensic examinations are conducted on-site. SANE services are available at the University of Louisville Hospital. Interviews with Correct Care medical and mental health staff confirmed training is completed prior to assignment through an online learning system. In addition to the online learning system, LLCC provides all full-time and part-time medical and mental health staff with facility specific PREA training. Medical and mental health staff are required to attend the training before assuming their duties and on an annual basis. Specialized medical and mental health staff training is in addition to the basic PREA training provided to all staff. A review of the training curriculum and medical/mental health staff interviews confirm training addresses the four (4) elements as required by the standard. A sample of staff training and attendance logs were reviewed to confirm staff receipt of general and specialized training as required by the standard. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Training Curriculum and acknowledgement of training completed; Interviews with Correct Care medical/mental health staff

### Standard 115.41 Screening for risk of victimization and abusiveness

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

**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.**

Luther Lockett Correctional Complex (LLCC) policy requires inmates receive an initial screening within 72 hours of arrival to assess for risk of victimization/abusiveness utilizing an objective screening instrument. LLCC policy requires the inmate's risk level be reassessed within thirty days of admission based on any additional information since the initial risk assessment. The policy also allows for reassessment at any time as needed due to referral, request and reported incident of sexual abuse or receipt of additional information impacting the inmate's risk level. The policy requires inmates may not be disciplined for refusing to answer the risk assessment questions. The risk assessment tool contained questions about the following: (1) inmates mental, physical or developmental disabilities; (2) inmates age and (3) physical build; (4) previous incarcerations and criminal history, including (5) exclusively non-violent offenses or (6) sexual offenses against adults or children; (7) perception of inmates LGBTI status; (8) previous sexual victimization; (9) inmates own perception of vulnerability and (10) detention solely for immigration purposes. In addition, the risk assessment tool considers prior acts of sexual abuse, prior convictions from violent offenses and history of institutional violence or sexual abuse. The risk assessment tool assigns a number value to questions answered in the affirmative. A score of 4 or more in the victimization section or 3 or more in the abusiveness section determines if an inmate is a high risk victim or perpetrator. There is one (1) question in each section that requires an inmate automatically be assigned high risk victim or perpetrator status. Interviews with intake staff indicated risk assessments are conducted according the standard requirements and facility policy. A random sampling of inmate files chosen from an inmate population list were reviewed for

PREA risk assessments. All the inmate files reviewed confirmed PREA risk assessments are conducted within the timeframe required by facility policy. Interviews with the Warden and PREA Compliance Manger confirmed staff are precluded from disciplining inmates for refusing to answer questions on the risk assessment. Interviews with intake staff confirmed they do not discipline inmates for refusing to answer the risk assessment questions. Interviews with random inmates confirmed they were asked questions relevant to their risk for victimization/abusiveness. Inmates who reported an incident of sexual abuse occurring at LLCC confirmed they were reassessed after the incident. Information gained through the risk assessment is kept confidential so that sensitive information is not exploited by staff or other inmates. The information from the risk assessment is entered into the Kentucky Offender Management System (KOMS). The risk assessment information is password protected and accessible only to staff (supervisory and administrative staff) who need to know to make housing, programming, education and work assignments and have permission to access it. Permissions are specific to each staff person and related to their job responsibilities. Interviews with the PREA Coordinator and PREA Compliance Manger confirmed only staff who need to review risk of abusiveness or victimization for housing, programming and work assignments are allowed access to KOMS. Policy allows for disciplinary action against staff and inmates if this information is divulged and subsequently exploited. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Review of completed initial and re-assessments for risk of victimization/abusiveness; Interviews with intake staff responsible for completing risk assessments, intake staff, PREA Coordinator, PREA Compliance Manager and inmates; KOMS system

### **Standard 115.42 Use of screening information**

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

**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.**

Luther Luckett Correctional Complex (LLCC) policy requires that information received from the risk screening required by 115.41 is used to determine housing, work, education and program needs. It is also utilized for any referrals for medical and mental health service. The risk assessment is reviewed when housing, job assignments, education and other programs are assigned or changed. Classification documents contain a section to indicate if the PREA risk level was considered when making a change to an inmate's housing, work, education or other program assignments. Classification documents were reviewed and confirmed PREA risk level is considered when initially classifying or re-classifying an inmate. Interviews with staff responsible for making housing, work, education and other program assignments confirmed an inmate's PREA risk level is considered whenever changes are made. Inmates risk assessment information is entered into the Kentucky Offender Management System (KOMS). The risk assessment information is password protected and accessible only to staff (supervisory and administrative staff) who need to know to make housing, programming, education and work assignments and have permission to access it. Permissions are specific to each staff person and related to their job responsibilities. Interviews with the PREA Coordinator and PREA Compliance Manger confirmed only staff who need to review risk of abusiveness or victimization for housing, programming and work assignments are allowed access to KOMS. Policy allows for disciplinary action against staff and inmates if this information is divulged and subsequently exploited. Interviews with medical and mental health staff confirmed they receive referrals to provide services to inmates based on their PREA risk assessment. A review of a LGBTI log and interview with PREA Compliance Manager confirmed there were no transgender or intersexed inmates at LLCC during the on-site audit. However, policy indicates that decisions regarding a transgender inmate would be in accordance with 115.42 (c-f). LLCC does not have a dedicated wing or unit for inmates identifying as LGBTI which was confirmed through interviews with inmates identifying as LGBTI, review of policy and facility tour observations. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Review of screeners for risk of victimization/abusiveness and LGBTI tracking log; Interviews with staff responsible for completing risk assessments, intake staff, classification staff, PREA Coordinator, PREA Compliance Manager and inmates; KOMS system

### Standard 115.43 Protective custody

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

**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.**

Luther Lockett Correctional Complex (LLCC) policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an alternative housing assessment cannot be immediately completed. Policy requires the alternative housing assessment be completed within 24 hours. Policy requires inmates be reassessed every 7 days if they remain in segregation. In the past 12 months, no inmates have been placed in involuntary segregated housing that are high risk for sexual victimization. Interviews with PREA Compliance Manager and segregation staff confirmed no inmates were placed in segregated housing based on their risk for sexual victimization. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 10.2; Pre-Audit Questionnaire; Interviews with Segregation Staff

### Standard 115.51 Inmate reporting

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

**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.**

Luther Lockett Correctional Complex (LLCC) provides inmates with multiple ways (in writing, verbally, anonymously, privately and from a third party) to report sexual abuse and sexual harassment. PREA posters, handouts and inmate handbooks (all in English and Spanish) outline the mandates of this standard and were observed prior to and during the on-site audit. Reporting information is available in Braille and large print. Auditors tested the posted outside reporting hotline number for KASAP and the internal KY DOC hotline telephone numbers for PREA related services. Operators confirmed inmates can utilize the hotlines to report PREA incidents 24 hours a day. Auditors reviewed emails received by the PREA Coordinator informing her a call was received on the KASAP and KY DOC hotline number. A review of documentation and inmate interviews indicated that there are multiple ways for inmates and staff to report. Random staff interviews confirmed their knowledge of multiple methods to privately report through an employee hotline, KY DOC and KASAP hotlines and written statements delivered to the PREA Compliance Manager or Warden. LLCC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 3.22; Policy 14.7; Education materials-Inmate Handbook, PREA posters, PREA brochures; Pre-Audit Questionnaire; Interviews with random staff and inmates; Memorandum Of Understanding (MOU) with Kentucky Association of Sexual Assault Programs; Hotline number tests; Facility tour

### Standard 115.52 Exhaustion of administrative remedies



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

**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.**

Luther Lockett Correctional Complex (LLCC) policy states inmates may file a grievance concerning allegations of sexual abuse or sexual harassment and administrative or criminal investigation would be immediately initiated. Inmates are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Inmates are allowed to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Policy requires there be no time frames imposed on when an inmate submits a grievance. Policy mandates a grievance must reach a final decision within 90 days unless an extension of up to 70 days is requested. Inmates must be notified of the extension and the new date the grievance is expected to reach a final decision. Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates are permitted to assist inmates with filing grievances related to allegations of sexual abuse. LLCC allows for an inmate to submit emergency grievances when there is a substantial risk of imminent sexual abuse. Immediate corrective action will be taken when an emergency grievance is filed. An initial response will be given within 48 hours and a final decision shall be reached within 5 calendar days. All responses shall include a decision of the LLCC's determination of whether the inmate is at substantial risk of imminent sexual abuse and the protective action taken. In the past 12 months, there were no PREA-related emergency grievances. One (1) grievance alleging sexual abuse was made and an investigation was conducted. Staff responsible for addressing grievances was interviewed and confirmed the procedure for responding to PREA related grievances. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.6 and 14.7; Pre-Audit Questionnaire; Inmate handbook; Documentation of submitted grievance, investigation and outcome; Interviews with staff

#### **Standard 115.53 Inmate access to outside confidential support services**

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

**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.**

Luther Lockett Correctional Complex (LLCC) provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. PREA brochures with appropriate telephone numbers are provided at intake. Mailing addresses are available and information is posted by the telephones in all inmate housing units. This information is also in the inmate handbook issued at intake. LLCC has a Memorandum of Understanding (MOU) with Kentucky Association of Sexual Assault Programs (KASAP) to provide victim support services, including advocacy. Auditors tested the KASAP hotline number from random telephones in the inmate housing units and were able to speak to live operators who confirmed that services were available to inmates 24 hours, are confidential and would provide advocacy services at the hospital upon request. A telephone interview was conducted with KASAP PREA Coordinator. She confirmed that victim services are available, including advocacy, at no cost to the inmate and are confidential. The operator and the KASAP PREA Coordinator stated LLCC would be provided with information related to the reporting of a PREA incident occurring at LLCC. KASAP PREA Coordinator confirmed KASAP staff would comply with all mandatory reporting laws. Random inmates interviewed were knowledgeable of access to outside confidential support and confirmed receipt of this information through orientation materials (inmate handbook, PREA

brochure, power point) and posters on the walls. Random inmates interviewed stated they were aware of the limits of confidentiality. One inmate who utilized KASAP services stated KASAP staff came to LLCC three times to provide him with support services. He stated he was allowed to meet with KASAP staff privately and that he found the services comprehensive and helpful. Interview with the PREA Compliance Manager confirmed the inmate did receive services from KASAP at LLCC. Random staff interviewed confirmed their knowledge of the availability of outside victim support services and how inmates could access them. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Education Materials-PREA posters, PREA brochures, Inmate Handbook; MOU with KASAP; Interviews with random staff and inmates, PREA Compliance Manager and KASAP representative; Facility tour

### **Standard 115.54 Third-party reporting**

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

**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.**

Luther Lockett Correctional Complex (LLCC) policy requires third-party allegations be accepted. Posted notifications (English and Spanish) throughout the facility, including visitation areas, were observed by the auditors. Postings include information for a third party to make a PREA report. Posted by the entrance to the visiting area were pat-search procedure posters with pictures. In each no contact visit booth, PREA information, including third-party reporting procedures, was available on laminated cards. In addition, third party reporting information is on the Kentucky Department of Corrections website ([www.corrections.ky.gov](http://www.corrections.ky.gov)). Inmates interviewed were aware a third-party could make a PREA allegation on their behalf and confirmed information is posted throughout the facility and is located in orientation materials (inmate handbook, power point). Random staff interview confirm their responsibility to immediately report third party allegations they receive. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Kentucky DOC website; Interviews with random staff and inmates; Facility tour

### **Standard 115.61 Staff and agency reporting duties**

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

**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.**

Luther Lockett Correctional Complex (LLCC) policy requires relevant information related to a PREA incident must be immediately reported and maintained in a confidential manner. Interviews with staff confirmed they are knowledgeable about their responsibility to immediately report allegations of sexual abuse, harassment or neglect relevant to PREA standards to their Shift Supervisor. Medical and mental health staff interviewed confirmed they advise the inmate of their duty to report PREA incidents to the appropriate supervisors and investigators and the limits of confidentiality. All staff carry a first responder action card and those interviewed were able to articulate their first responder

duties. Interview with the PREA Compliance Manager confirmed in the past 12 months, there have been no PREA incidents where the alleged victim was under the age of 18 or considered a vulnerable adult.

Policy, Interviews and Other Documentation Reviewed:

Policy 3.22; Policy 14.7; Pre-Audit Questionnaire; Staff First Responder Card; Incident Reports; Interviews with PREA Compliance Manager, random staff, medical/mental health staff and first responders

### **Standard 115.62 Agency protection 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 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.**

Luther Luckett Correctional Complex (LLCC) policy requires staff to take immediate action when they become aware an inmate is at imminent risk of sexual abuse. Staff interviewed was knowledgeable of their duties and responsibilities as it relates to knowledge of an inmate being at imminent risk of being sexual abuse. Random staff interviews confirmed they would immediately actions to protect the inmate to include separation of the victim/perpetrator. Staff reported they are required to immediately report an inmates imminent risk to the Shift Supervisor. Interviews with the Warden and the PREA Compliance Manager confirmed in the past 12 months there have been no situations where the facility determined an inmate was subject to substantial risk of imminent sexual abuse. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Staff First Responder Card; Interviews with random staff, Warden and PREA Compliance Manager

### **Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy requires within 72 hours of receiving an allegation of sexual abuse or harassment occurring at another facility, the Warden must notify the head of the agency where the incident is alleged to have occurred. Upon receiving a PREA allegation from another facility that alleged sexual abuse occurred at LLCC, an investigation will be immediately initiated. In the past 12 months, 1 allegation of sexual abuse that occurred at another facility was reported to LLCC staff and three (3) allegations of sexual abuse were received from another facility. Interviews with the Warden and PREA Compliance Manger confirmed allegations received from other facilities are investigated. In addition, auditors reviewed documentes emails to support PREA incidents occurring at other facilities were reported to the head of that agency within 72 hours as required. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Documentation of notification to other confinement facility; Documentation of notification from another confinement facility; Interviews with Warden, PREA Coordinator and PREA Compliance Manager; Investigation Reports

### 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 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.**

Luther Luckett Correctional Complex (LLCC) policy describes procedures for first responder duties. Random staff interviewed confirmed knowledge of their first responder duties and responsibilities as it pertains to allegations of sexual abuse or sexual harassment. Random staff interviews confirmed they would take immediate action to protect the inmate to include separation of the victim/perpetrator and crime scene preservation. Three (3) PREA bags are located throughout the facility. One (1) of the bags was inspected. The PREA bags contain crime scene tape, a white sheet and other items to assist in the securing of the scene and the collection of evidence. All staff carries a first responder card. A review of the employee PREA training curriculum confirms first responder duties are included in the pre-service and annual training. Random staff interviews confirmed receipt of training on first responder duties and responsibilities. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; First Responder Card; Incident Reports; PREA Bag; Employee PREA training; Interviews with random staff (security and non-security staff)

### Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy and written facility PREA Action Plan outlines the coordinated actions taken in response to a PREA incident among staff first responders, medical and mental health practitioners, investigators and facility leadership. Random first responders (first responders, medical and mental health staff, investigators and supervisors) confirmed their knowledge of the written plan and their responsibilities for adherence to the plan. All staff carries a first responder card to utilize in response to an incident of sexual abuse or sexual harassment. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Written facility PREA Action Plan; Pre-Audit Questionnaire; First Responder Card; Interviews with random staff, supervisors, Warden and PREA Compliance Manager

**Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

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

**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.**

Luther Luckett Correctional Complex (LLCC) does not have a union or Collective Bargaining Agreement. However, they contract for medical and mental health services, food service and commissary. All of the contracts include language that does not limit LLCC’s ability to remove alleged contracted staff abusers from contact with inmates or to determine what disciplinary measures may be employed. LLCC is compliant with the standard.

**Standard 115.67 Agency protection against retaliation**

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

**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.**

Luther Luckett Correctional Complex (LLCC) policy prohibits any type of retaliation of any staff member or inmate who has reported sexual abuse or sexual harassment or who has cooperated with an investigation. The PREA Coordinator and PREA Compliance Manager were interviewed and confirmed a Retaliation Monitor is assigned the responsibilities for monitoring all possibilities of retaliation. Retaliation Monitoring begins immediately after a PREA allegation is made and continues for at least 90 days. A Protection Against Retaliation Form is used to document meetings with an inmate who may have been victimized or participated in an investigation. Included in the retaliation checks are a review of housing, work, education and program assignments as well as disciplinary reports. The PREA Compliance Manger indicated that if an allegation is reported by an inmate against staff, the staff member is immediately assigned to another post to prevent contact between the inmate and staff member. She also stated that if the case involves a staff member allegedly retaliating against an inmate, Internal Affairs is immediately notified to investigate the matter. The Warden was interviewed and confirmed a zero tolerance policy for retaliation for making a PREA allegation or participating in a PREA related investigation. The Kentucky Department of Corrections Commissioner was interviewed and confirmed the Departments zero tolerance policy for retaliation. The Retaliation Monitor was interviewed and confirmed the retaliation monitoring procedure and required monitoring time frame. Protection Against Retaliation Forms were reviewed. The PREA Coordinator, Warden, PREA Compliance Manager confirmed there have been no cases of retaliation discovered or reported in the past 12 months. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 3.22; Policy 14.7; Pre-Audit Questionnaire; Interview with KY DOC Commissioner, PREA Coordinator, Warden, PREA Compliance Manager, Retaliation Monitor; Documentation of monitoring/checks

**Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) addresses the requirements of this standard. An examination of the facility, documentation review and staff interviews indicate there are viable alternatives to placement of inmates in involuntary segregated housing for protection following a reported allegation of sexual abuse. Involuntary segregation is utilized as a last resort when separate housing for victim and perpetrator is not viable. Interviews with PREA Compliance Manager and segregation staff confirmed no inmates were placed in segregated housing following a reported allegation of sexual abuse. Policy requires inmates who remain in involuntary segregation after a reported allegation of sexual abuse are reviewed every 7 days. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
 Policy 14.7; PREA Action Plan; Pre-Audit Questionnaire; Facility tour; Interviews with Segregation Staff and random staff

**Standard 115.71 Criminal and administrative agency 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 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.**

Luther Lockett Correctional Complex (LLCC) conducts investigations into all allegations of sexual abuse or sexual harassment utilizing investigators from all departments. Administrative investigations are conducted by specially trained investigators. Staff investigator training curriculum and attendance records were reviewed. LLCC maintains a list of trained investigators. From this list a random sample of investigator training documents was reviewed. This review confirmed staff investigators were trained. Investigations are immediately initiated. When a PREA allegation appears to be criminal, LLCC refers the case to the Kentucky State Police (KSP) for investigation and possible prosecution. LLCC cooperates fully with all KSP investigations. Once an allegation is referred for criminal investigation, KSP staff would conduct compelled interviews. Investigators interviewed were knowledgeable of evidence protocol and the investigation process. They indicated all allegations, including third party and anonymous, are investigated promptly, thoroughly and objectively. The PREA Compliance Manager confirmed investigations are completed even if an inmate is transferred to another facility or released. Investigators confirmed inmates are not required to submit to a polygraph or other truth-telling examination as a condition of furthering an investigation. Staff interviewed were aware of the facility’s procedures to obtain usable physical evidence if sexual abuse is alleged. In the past 12 months, the facility reported 95 PREA Incidents (9 substantiated, 54 unsubstantiated, 32 unfounded). Auditors reviewed the 9 substantiated incidents, 6 of the unsubstantiated incidents and 4 of the unfounded incidents. A random sampling of unsubstantiated and unfounded incidents was selected from a list of Sexual Offense Allegations provided by the facility. The unsubstantiated and unfounded incidents were reviewed to determine the PREA protocols were initially followed and the investigation was completed according to LLCC policy. Auditors review of completed investigation reports confirmed the credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not based on their status as inmate or staff. As per the Retention Schedule, written investigation reports are retained for as long as the alleged abuser is incarcerated or employed by the agency plus 5 years. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
 Policy 47.7; Retention Schedule; Pre-Audit Questionnaire; Investigation reports; KSP investigation MOU; Investigator training curriculum; Investigator training acknowledgements; Interviews with PREA Compliance Manager, investigative staff, first responders and

random staff

**Standard 115.72 Evidentiary standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy addresses the evidentiary standard that requires “a preponderance of the evidence” when determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Compliance Manager and investigators interviewed confirmed investigations of reported PREA incidents will be initiated immediately. A review of the completed administrative investigation reports confirmed no standard higher than a preponderance of evidence was used to substantiate the allegation. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 14.7; Pre-Audit Questionnaire; Incidents and Investigative reports; Interview with PREA Compliance Manager and investigative staff

**Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy requires inmates be notified of the outcome of an investigation and when the perpetrator is no longer posted in the inmates unit or is no longer employed at the facility. In addition, policy requires inmates are notified when the perpetrator is indicted or convicted for a sexual abuse charge. Interviews with the investigative staff, PREA Coordinator and PREA Compliance Manager confirmed when an allegation has been determined to be substantiated, unsubstantiated or unfounded the institution notifies the inmate who made the allegation utilizing either the Offender Notification-PREA Alleged Sexual Abuse form (inmate-on-inmate) or Offender Notification-PREA Alleged Sexual Abuse by a Staff Member form (staff-on-inmate). LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 14.7; Pre-Audit Questionnaire; Completed inmate notifications; Interviews with investigative staff, PREA Coordinator and PREA Compliance Manager

**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 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.**

Luther Luckett Correctional Complex (LLCC) policy outlines the disciplinary sanctions employees are subject to if they engage in the sexual abuse or harassment of an inmate. Interviews with the PREA Coordinator and the PREA Compliance Manager confirm that IA would be notified immediately to conduct an investigation and the inmate and the staff member would not have contact during the investigation process. Interviews with the PREA Compliance Manger and the Warden confirmed no LLCC staff have been terminated or resigned prior to termination in the past 12 months. There were no cases reported to a licensing body in the last 12 months. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
 Policy 3.22; Pre-Audit Questionnaire; Interview with PREA Coordinator, Warden and PREA Compliance Manager

**Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy outlines all required actions and reporting concerning contractors and volunteers pursuant to this standard. Interviews with the PREA Coordinator and PREA Compliance Manager described that IA would be notified immediately and the contractor/volunteer would not have contact with the inmate during the investigation. Interviews with contractors and volunteers indicated they were informed of the sanctions they will be subject to for engaging in sexual abuse or harassment of an inmate. In the past 12 months, there have not been any contractors/volunteers accused of sexual abuse or sexual harassment of an inmate. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
 Policy 3.22; Pre-Audit Questionnaire; Interviews with Correct Care medical/mental health staff, Keefe staff, volunteers, PREA Coordinator and PREA Compliance Manager

**Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy outlines the sanctions for inmates who engage in sexual abuse or harassment. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following criminal finding of guilt for inmate-on-inmate sexual abuse. Inmates may be disciplined for sexual contact with staff only after a finding the staff did not consent and for sexual activity with other inmates. A review of policy and interviews with the Warden and PREA Compliance Manager confirmed inmates cannot be disciplined for making reports in “good faith” even if the allegation is later found to be unsubstantiated or unfounded. LLCC policy allows for the sanctioning of inmates when it can be proven a false allegation was filed in bad faith. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 14.7; Policy 15.2; Pre-Audit Questionnaire; Incident and Investigation reports; Disciplinary Hearing Reports; Interview with PREA Coordinator, PREA Compliance Manager

**Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy addresses the requirements for mental health referrals when the risk assessment reveals an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community or has perpetrated sexual abuse, whether in an institutional setting or in the community. LLCC policy states inmates are required to be assessed by medical and mental health staff within 14 days when the risk assessment indicates prior sexual victimization. Perpetrators of sexual abuse are required to have a mental health assessment within 14 days. Interviews with the PREA Compliance Manager and medical and mental health staff confirmed any information related to sexual victimization or abusiveness in an institutional setting is strictly limited to medical/mental health staff and other staff, as needed, to inform treatment plans and security decisions, including housing, bed, work, and program assignments. Interviews with medical and mental health staff confirmed re-assessment and follow-up services. Medical and mental health staff attempt to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Medical and mental health evaluations were reviewed and were found to be completed within 14 days of risk assessment. Interviews with inmates who had reported prior sexual abuse confirmed they were referred to medical and mental health services within 14 days. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 14.7; Pre-Audit Questionnaire; Interviews with medical/mental health staff and inmates; a review of KOMS; completed medical and mental health assessments

**Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. A review of completed investigation reports and staff interviews confirmed no victims were referred off-site for access to emergency medical or mental health services in the past 12 months. Interviews with medical staff confirmed access to emergency medical and mental health services would be provided without cost to the inmate and regardless of whether the victim names the abuser or cooperates with any investigation. Interviews with medical and mental health staff confirmed inmate victims of sexual abuse while incarcerated are offered timely and unimpeded information about sexually transmitted infection prophylaxis, emergency contraception, in accordance with professionally accepted standards of care and confidentiality of treatment. LLCC has a Memorandum of Understanding (MOU) with Kentucky Association of Sexual Assault Programs (KASAP) to provide SAFE/SANE services. Interviews with the PREA Compliance Manager and KASAP representatives confirmed all forensic exams take place at the University of Louisville Hospital. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; PREA Action Plan; Pre-Audit Questionnaire; Memorandum Of Understanding with KASAP; Completed investigation reports; Interviews with Correct Care medical/mental health staff; SANE and KASAP PREA Coordinator

### **Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy requires medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. This treatment is without financial cost to the inmate and is consistent with the local community's level care. The standard requires medical services will include, as appropriate, pregnancy tests, timely and comprehensive access to all lawful pregnancy-related services and treatment for sexually transmitted infections. Access to pregnancy related services is not applicable because LLCC is an all male facility. LLCC policy requires treatment for sexually transmitted infections. The policy requires an attempt to conduct a mental health evaluation on inmate-on-inmate sexual abusers within 60 days. Interviews with medical and mental health staff confirms there were no identified inmate-on-inmate abusers in the past 12 months. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Interviews with Correct Care medical and mental health staff

### **Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy describes the procedures for sexual abuse incident reviews. LLCC policy requires the review team consist of upper-level management officials, line supervisors, investigators and medical or mental health practitioners. Interviews with the PREA Coordinator, Warden and PREA Compliance Manager and members of the incident review team confirm PREA incidents are reviewed within 30 days of the conclusion of an investigation unless the outcome was unfounded. Interviews with the PREA Coordinator, Warden, PREA Compliance Manager and incident review team members indicate the team takes into consideration the items listed in section d (1-6) of the standard. Interviews with the Warden and PREA Compliance Manager confirmed the incident review team consists of appropriate staff as required by the standard. A review of completed sexual abuse incident reports confirms, in some instances, recommendations were made and implemented as required. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Sexual Abuse Incident Review Reports; Interviews with PREA Coordinator, Warden, PREA Compliance Manager and Incident Review Team members

### **Standard 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 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.**

Luther Luckett Correctional Complex (LLCC) policy requires the maintenance, collection, aggregation and review of PREA incident data from incident reports, investigation files and sexual abuse incident reviews. LLCC collects uniform data for every allegation of sexual abuse by using a standardized form. Data collected is utilized to complete the Department of Justice (DOJ) Survey of Sexual Violence, prepare an annual PREA report, monitor trends and take corrective action when appropriate. An interview with PREA Coordinator confirmed data is collected and submitted to him from all KY DOC facilities which is aggregated at least annually. A review of the KY DOC website confirms the 2015 PREA report was posted as required. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:

Policy 14.7; Pre-Audit Questionnaire; Annual PREA Report (2015); Department of Justice (DOJ) Survey of Sexual Violence Report 2015; Interviews with PREA Coordinator; Kentucky Department of Corrections website ([www.corrections.ky.gov](http://www.corrections.ky.gov))

### **Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy requires data review for the purpose of assessing and improving the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training. LLCC policy requires problem areas to be identified and appropriate corrective action be taken on an on-going basis. The PREA Coordinator with the assistance of the PREA Compliance Manager collects data from all KY DOC facilities for this purpose. An annual report is prepared and approved by the Commissioner. Information may be redacted from the posted report when publication would present a clear and specific threat to the safety and security of the facility. This report is published on the Kentucky Department of Corrections website (www.corrections.ky.gov). The most recent annual report (2015) was reviewed and the PREA Coordinator was interviewed to confirm these procedures. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 14.7; Pre-Audit Questionnaire; 2015 PREA Annual Report (most recent); Interview with PREA Coordinator

**Standard 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 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.**

Luther Lockett Correctional Complex (LLCC) policy addresses storage, publication, retention and destruction of data. An annual report is prepared and approved by the Commissioner. Information may be redacted from the posted report when publication would present a clear and specific threat to the safety and security of the facility. This report is published on the Kentucky Department of Corrections website (www.corrections.ky.gov). The data is retained in a secure file for over 10 years. The most recent annual report (2015) was reviewed and the PREA Coordinator was interviewed to confirm these procedures. LLCC is compliant with the standard.

Policy, Interviews and Other Documentation Reviewed:  
Policy 14.7; Pre-Audit Questionnaire; 2015 PREA Annual Report (most recent); Retention Schedule; Interview with PREA Coordinator

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- 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.

Jennifer R. Sheahan \_\_\_\_\_

June 20, 2017 \_\_\_\_\_

Auditor Signature

Date