

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    January 20, 2021

## Auditor Information

Name: Sharon R. Shaver      Email: sharonrshaver@gmail.com

Company Name: SRS Professional Services, LLC

Mailing Address: P.O. Box 1183      City, State, Zip: Mableton, GA 30126

Telephone: 478-454-7433      Date of Facility Visit: December 7-9, 2020

## Agency Information

Name of Agency: Kentucky Department of Corrections      Governing Authority or Parent Agency (If Applicable): Justice & Public Safety Cabinet

Physical Address: 275 East Main Street      City, State, Zip: Frankfort, KY 40602

Mailing Address: P.O. Box 2400      City, State, Zip: Frankfort, KY 40602

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

Agency Website with PREA Information: [http://corections.ky.gov/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx)

## Agency Chief Executive Officer

Name: Cookie Crews, Commissioner

Email: cookie.crews@ky.gov      Telephone: 502-225-6513

## Agency-Wide PREA Coordinator

Name: Shannon Butrum, Assistant Director/PREA Coordinator

Email: Shannon.butrum@ky.gov      Telephone: 502-382-7245

PREA Coordinator Reports to: Randy White, Deputy Commissioner      Number of Compliance Managers who report to the PREA Coordinator  
13

## Facility Information

**Name of Facility:** Green River Correctional Complex

**Physical Address:** 1200 River Road

**City, State, Zip:** Central City, KY 42330

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** Same as agency

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

Click or tap here to enter text.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Kevin Mazza

**Email:** kevin.mazza@ky.gov

**Telephone:** 270-754-5415 ext.408

### Facility PREA Compliance Manager

**Name:** Angela Hernandez

**Email:** angela.hernandez@ky.gov

**Telephone:** 270-754-5415 ext.405

**Facility Health Service Administrator**  N/A

**Name:** Ron Carey

**Email:** ron.carey@ky.gov

**Telephone:** 270-754-5415 ext. 274

## Facility Characteristics

Designated Facility Capacity:	982	
Current Population of Facility:	732	
Average daily population for the past 12 months:	960	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-79	
Average length of stay or time under supervision:	70 months	
Facility security levels/inmate custody levels:	Max/Med/Min	
Number of inmates admitted to facility during the past 12 months:	898	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	898	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	892	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	280	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	124
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	13
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	671
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	15
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	44
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	23
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

### PHASE ONE: PRE-ON-SITE

**Audit Planning and Logistics:** The Prison Rape Elimination Act (PREA) site review of Green River Correctional Complex was conducted December 7-9, 2020 by Sharon Ray Shaver, a certified Department of Justice (DOJ) PREA Auditor. Green River Correctional Complex is an adult male prison operated under the authority of Kentucky Justice & Public Safety Cabinet, Department of Corrections.

This facility was audited through a contractual agreement between the Kentucky Department of Corrections and the American Correctional Association (ACA). The auditor assignment was made on October 30, 2020. This audit was scheduled for earlier in the year by a different auditor and was postponed due to the COVID-19 pandemic. On the date of assignment, the ACA also provided Green River Correctional Complex with PREA Audit notifications to post throughout the facility. Preliminary audit instructions had already been distributed by the previously assigned auditor and the PAQ and document collection was already prepared prior to this auditor's assignment. After discussion with the agency's PREA Coordinator, it was decided to hold the audit period for document review purposes, and that current incident data would be provided for auditor's review, along with any other updated information that was deemed necessary and requested.

Green River Correctional Complex received its last PREA audit June 14-16, 2017 with a final report issued on December 30, 2017. The previous PREA audit results found Green River Correctional Complex exceeded 3 and met 39 of the 43 possible standards, with the remaining standard not applicable (§115.14). The current audit will reflect that 115.14 continues to be not applicable due to the facility housing only inmates 18 and older. The previous final report noted corrective action was required for standards 115.15 and 115.41 during the prior interim report. The facility was found by this auditor to have maintained compliance in these areas for the current audit period.

The official beginning of the current audit began with correspondence between the auditor and the agency's PREA Coordinator, Shannon Butrum, which occurred on October 30, 2020 shortly after the assignment was made. The PREA Pre-Audit Questionnaire and supporting documents were delivered to the lead auditor on a secured flash drive via mail delivery on November 4, 2020. Once received, the review began of the PAQ and documents using the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and other documents to create a log of additional information to be requested of the facility. As needed, written requests by email were submitted to the Green River Correctional Complex PREA Compliance Manager for additional documents and/or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor and both the PREA Coordinator and the PREA Compliance Manager, Angela Hernandez, up to the on-site portion of the audit. A schedule of the on-site portion of the audit was established and travel arrangements were secured directly by the auditor. A plan for conducting interviews and for the facility tour was developed in advance. Further discussion included corrective action expectations for any non-compliance identified by the audit team and timelines for after the site visit. Due to the COVID-19 pandemic, health and safety protocols were discussed, and it was agreed that the participants in the initial on-site in-briefing and subsequent tour would be kept to a minimum to limit contact among participants.

**Posting Notice of the Audit:** Audited notices were posted by the PREA Compliance Manager on November 1, 2020. Notices were printed and posted throughout the facility on brightly colored paper in all common areas of the facility to include the facility entry, inmate housing units, library, kitchen/dining area, education and programming areas, administration building, intake, staff common areas, and recreational areas. These notices, posted in both English and Spanish, contained large, bold text that provided observers with scheduled dates of the audit, purpose of the audit, name of the auditor, accurate contact information for the auditor and an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality pursuant to mandatory reporting laws, with the auditor and anyone who may respond to the notices.

**Reviewing Facility Policies, Procedures, and Supporting Documentation:** The auditor reviewed relevant documents provided by the facility and on the agency website in addition to the PAQ and supporting documents. Using the PREA Compliance Audit Instrument and the Checklist of Documents during review of the PAQ, a list was prepared for review during the on-site portion of the audit. A list of policies reviewed by auditor is found in Phase 3 section. Other documents reviewed will be referenced in the narrative sections under each individual standard discussion.

**Correspondence Received:** No correspondence was received from inmates, employees, contractors, or other non-incarcerated persons.

**Mandatory Reporting Laws:** As documented through memorandum from the Kentucky Department of Human Resources (KDHR) to Kentucky Department of Corrections, KDHR has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150; complaints of this nature will fall under the referral for criminal investigation. The facility houses no one under the age of 18.

**Outreach to Advocacy Organizations and General Search:** Just Detention International (JDI) was contacted via e-mail to inquire if the organization had any information of concern for Green River Correctional Complex. In response, JDI stated that they had received no correspondence regarding this facility. A web search revealed no information relevant to this audit, beyond several articles related to the COVID-19 pandemic.

The local hospital providing SAFE/SANE services is identified as Owensboro Health Regional Hospital. This hospital is included in the facility's coordinated response plan as the provider for forensic medical examinations. Based on information provided by the emergency room staff to the auditor, any inmate victim will be treated, and a forensic exam will be performed with consent of the victim, and that the hospital has SANE nurses on staff. In the event a SANE is not available, the exam will be performed by a trained RN.

Research was conducted by the lead auditor using the Kentucky Department of Corrections public website <https://corrections.ky.gov>. The website is intuitive and easily navigated; and includes the agency's zero-tolerance policy for sexual abuse, links to related policies, how to report abuse, annual reports, statistical reports, memorandum from KY State Police regarding investigations, and final audit reports. The auditor reviewed the PREA annual reports, and the facility's last Final Audit Report.

A telephone interview was conducted with the Sanctuary, Inc. who is the designated rape crisis center servicing Green River Correctional Complex. Based on this interview, inmates have 24/7 access to the telephone hotline and through written correspondence for emotional support services; on-site counseling is available by appointment when coordinated through the inmate victim's case manager; and a counselor will accompany during a forensic examination and/or investigative interviews upon request. The 24-hour confidential crisis line is 1-800-766-0000; address is Sanctuary, Inc., PO Box 1165 Hopkinsville, KY 42241.

No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with Shannon Butrum, PREA Coordinator and Commissioner Cookie Crews confirmed no consent decrees or oversight exists. Additionally, the auditor reviewed the most recent American Correctional Association (ACA) reaccreditation audit report for Green River Correctional Complex conducted June 4-6, 2018.

The week prior to the on-site portion of the audit, the auditor requested from the PREA Compliance Manager documents to be made available on day one of the site visit including: a complete roster of inmates present on day one; a list of inmates identified with disabilities; a list of inmates with limited English proficiency; a list of inmates who identify as lesbian/bisexual/gay/transgender/intersex; a list of inmates assigned to isolated or segregated housing; a list of inmates who have reported prior sexual abuse; a list of inmates who have reported an allegation of sexual abuse at Green River Correctional Complex; a list of all staff; a list of contract employees; daily shift reports for specific dates; a list of all investigations for the audit period and up to the current date. This information was provided upon arrival to the facility in bound books along with a copy of the Inmate Handbook and other various facility information that the auditor found helpful.

## PHASE TWO: ON-SITE AUDIT

On December 6, 2020, the auditor met at the hotel lobby with the PREA Coordinator to review the plans for Green River Correctional Complex's audit and to conduct the PREA Coordinator interview. Auditor was transported to the Green River Correctional Complex by Kentucky Department of Corrections PREA Coordinator Shannon Butrum daily. We arrived the facility around 8:00 a.m. on Monday, December 7 and were greeted by Warden Kevin Mazza and members from his management team. We were escorted to the conference area where we underwent a Rapid COVID-19 test. While we waited for the results of the test, we discussed the agenda for the tour. Once participants were cleared by medical the tour began.

Green River Correctional Complex staff who participated in the tour of the facility included: Warden Kevin R. Mazza, Major Byron Masden, Procedures Officer Angela Hernandez (PREA Compliance Manager), Admin. Specialist Mindy Masden; additional participants included PREA Coordinator Shannon Butrum, and Justice Program Administrator Lauren Henderson. The auditor was informed that many of the normally scheduled activities were suspended due to the COVID-19 pandemic and that inmate movement was restricted to their buildings. A small number of inmates were on quarantine, include inmates who were scheduled to be released back into the community within the next 14 days. In-person visitation and volunteer services had not resumed. The facility is not currently taking in new arrivals which contributes to the population being below the average daily population.

During the facility site review, all areas within the facility were inspected for sexual safety concerns to include the use of video cameras and security mirrors and identification of any blind spots. Bathrooms, showers, and other similar areas were inspected in the housing units, inmate work areas, recreation areas, programming, and administrative areas. The auditor inspected for any secluded areas throughout the facility, on the walkways, and the yard. Areas where inmates are routinely strip searched were examined to ensure adequate measures are in place to prevent viewing by opposite gender staff. Areas toured included: Visitation area; Captain's Hallway; Mailroom; Property Room; Control Center; Dorms 1, 2, 3, 4, 5, 6, 7, 8, and 9; Gym; Chapel; Correctional Industry Building; Laundry; Canteen; Kitchen; Maintenance Shop; Special Management Housing Unit; Administration Building; Motor Pool Building; Warehouse. Dorm 5 is currently not housing inmates.

The auditor placed test calls to the PREA hotline through the inmate phone system and notifications were routed back to the PREA Coordinator within a very short timeframe on the same day. The auditor looked for placements of PREA informational posters and audit notices. Audit notices were found to be posted conspicuously and prominently throughout the facility. In addition to the observations of appropriate posting of notices, inmate interviews confirmed their knowledge of the audit by having observed the posted notices and through verbal notification by staff and other inmates.

Inmate strip search areas were found to have appropriate physical barriers and/or curtains installed. Video cameras present in these areas were checked for viewing and found to be appropriate, allowing for no opposite gender viewing. Camera views were observed where being monitored to verify that none allowed viewing of inmates while showering, using the restroom, or changing clothes. Shower curtains were installed on every shower. Privacy screens were present in the medical examination rooms. Opposite gender announcements were made each time we entered a housing unit, and the "green female on duty" light was keyed on by the officer.

Area logbooks were randomly reviewed throughout the tour and auditor observed supervisor rounds are made regularly and documented appropriately. Areas toured were well-lit and cameras were present in strategically placed areas of the facility. Because of COVID-19 pandemic, the facility is not currently taking in new inmates, so no intake occurred during the visit to be observed.

Day two consisted of touring the medical section, document review, process and procedure observations, and interviews. Day three consisted of finalizing the document review and conducting the remaining staff interviews and two additional inmate interviews. An out-briefing was conducted with the Warden joined by a small group of the management team and the PREA Coordinator. The auditor thanked the Warden and staff for their hospitality and cooperation during the site visit and explained the next phase expectations. The facility was not provided with the compliance findings during this meeting but was told that an analysis would be conducted of all the information collected to make a final determination. The facility was advised that additional correspondence and documentation may be necessary to aid in a comprehensive compliance review.



**Interviews:**

Staff interviews were based on guidance from the PREA Auditor Handbook page 54-57 and PREA Compliance Audit Instrument –Interview Guide for Agency Head, Interview Guide for Facility Director, Interview Guide for PREA Coordinators, Interview Guide for A Random Sample of Staff, and Interview Guide for Specialized Staff. The auditor was provided a quiet, comfortable, private area to conduct interviews with staff. Additional informal interviews were conducted with staff throughout the visit and during the tour.

At the time of the on-site portion of the audit, there were 280 staff employed by Green River Correctional Complex and 13 contract employees who may have contact with inmates. Green River Correctional Complex has a contract with Aramark to provide food services (7-employees) and Keefe to provide canteen services (6 employees). Two additional contract staff (network analysts) work on Green River Correctional Complex premises. Based on the interview with the Volunteer Coordinator, all volunteers previously approved (671) have not been active over the past 10 months due to the pandemic and will be required to complete the certification process to be approved again before entry. Taking this information into consideration, the auditor elected to not contact any of the volunteers from the previous list since they are no longer considered active. For purposes of this section, the term employee(s) may refer any status of the collective body of employees to include contractors. Interviews were conducted with specialized and random staff from both security and non-security and covering all shifts. Staff interviewed were actively on duty at the time of the audit to avoid any unnecessary hold overs and no employee was required to report to work solely for the purpose of this interview process.

A total of 50 interviews were conducted including Warden Kevin Mazza, PREA Compliance Manager Angela Hernandez, Training Coordinator Debra Banks, Chaplain William Kizziar, and ADA Coordinator Mark Jackson. The 45 remaining employees were interviewed using the random staff questionnaire and 13 different specialized questionnaires (listed in the table below). The random staff interview questionnaire was used for 19 employees and specialized interview protocols were used for 36 employees. Interviews were also conducted by the auditor with agency representatives Commissioner Cookie Crews, PREA Compliance Manager Shannon Butrum, and Contracts Administrator Michael McKinney.

Staff Interviews	
Interview Protocol Title	Protocols Administered
Agency Head/Designee *	1*
Agency Contract Administrator *	1*
PREA Coordinator *	1*
PREA Compliance Manager	1
Warden/Facility Director/Superintendent/Designee	1
Intermediate/Higher Level Staff Unannounced Rounds	6
Medical and Mental Health Staff	4
Administrative/Human Resources Staff	2
Volunteers & Contractors	2
Investigative Staff	4
Staff who perform risk screening	6
Staff who supervise inmates in segregated housing	3
Staff on the sexual abuse incident review team	6
Designated staff responsible for monitoring retaliation	2
First responders/Security and Non-security	6
Intake staff	5
Random Staff	19
*These protocols are not included in the narrative totals and are represented separately. These protocols are answered at the agency level and not by Green River Correctional Complex.	

Inmate interviews were based on guidance from the PREA Auditor Handbook page 52 and from the PREA Compliance Audit Instrument, Interview Guide for Inmates. Inmate interviews were conducted using the no-contact booth in visitation to limit face-to-face contact for COVID-19 precautions. Interviews of inmates housed in restrictive housing (RHU) were conducted in the supervisor’s office in the RHU. All inmate interviews were conducted in private to ensure inmates felt comfortable to express any concerns they may have without prison staff being present. Interviews were conducted over the three days of the on-site audit phase. The official assigned population on day one of the site visit was 732. The overall minimum number of inmate interviews required for this population size is 30, to include 15 randomly selected and a minimum of 15 selected from targeted categories. Green River Correctional Complex houses no inmates who meet the definition of youthful offender, and there were no inmates with a cognitive disability or housed in segregated housing for the purpose of being at high risk for victimization to interview using these targeted protocols. The auditor selected six additional inmates from other targeted categories to compensate for the three categories where no inmates met the criteria.

The auditor was provided an inmate roster and several lists of inmates identified for the targeted categories which were generated on the first day of the site visit as previously mentioned in this report. Random inmates were selected from each of the housing units listed on the roster and from the targeted lists using a random number selection and taking into consideration factors such as housing locations, length of incarceration, race, and work assignments.

The auditor interviewed a total of 38 inmates including 21 random and 17 targeted. No inmates declined to participate in the interview. A total of 20 targeted protocols were administered. All 38 inmates were interviewed using the Random Sample of Inmates Questionnaire and targeted inmates were asked additional questions using the questionnaire appropriate for their targeted group. During the interviews, if it became apparent that any person belonged to any other subset of targeted inmates, then additional targeted protocols were administered.

The auditor utilized LangageLine interpreter services for the two LEP inmates and these interviews were conducted in the PREA Compliance Manager’s office to allow use of the telephone. A summary of the interview protocols administered is listed in the table below.

Inmate Protocols – Total of 38 Inmates Interviewed		
Interview Type	Number Required	Total Protocols Administered
Randomly Selected	15	21
Youthful inmates†	3	0
Inmates with physical disability, blind, deaf, or hard of hearing	1	5
Inmates who are LEP	1	2
Inmates with a cognitive disability†	1	0
Inmates who identify as transgender or intersex	2	5
Inmates who identify as lesbian, gay, or bisexual	1	4
Inmates in segregated housing for high risk of sexual victimization†	1	0
Inmates who reported sexual abuse/harassment	3	2
Inmates who reported prior sexual abuse	2	2
Total	30	41
†Where no protocols were administered indicates the facility had no inmates assigned who meet these criteria		

Every inmate interviewed was able to adequately convey to the auditor the facility’s zero-tolerance policy and knew multiple ways to make a report of sexual abuse or sexual harassment. The inmates indicated they had seen the PREA video and were given a PREA pamphlet. Auditor’s assessment of the collective interviews is that Green River Correctional Complex staff take interest in ensuring the safety of all inmates housed at the facility. The Unit Management staffing model allows the Unit Administrators (UA), Case Managers, and security staff time and access to become familiar with the inmates housed in their respective buildings. This seems to have a positive effect on the inmate’s ability to access these staff members daily. Most every inmate interviewed stated he would feel comfortable reporting a problem to the UA or a security supervisor. It was clear the inmates know the staff and staff know the inmates. Based on inmate interviews, it appears that Green River Correctional Complex staff is

very effective in meeting the needs of the inmates under their care. Every inmate mentioned the posters and PREA messages being visible in multiple locations and every inmate was aware of the PREA hotline. Not everyone was familiar with the victim advocacy services but those who did not indicated they would know where to find this type of information should it be needed. The facility informed the auditor that the intake procedures had been modified over the past year to maintain COVID-19 protocols and in some cases, inmates were quarantined prior to receiving the PREA training and orientation. Regardless, each inmate indicated they had been informed of the PREA and the file reviews had documented evidence that the inmates received the Inmate Handbook and PREA training within an acceptable timeframe and that a risk screening was conducted.

Investigation statistics for Green River Correctional Complex for December 1, 2019 through November 30, 2020 were provided by the PREA Coordinator. A total of 18 allegations were reported for the period and the auditor reviewed the case files. There were 12 allegations of staff to offender sexual abuse and 1 allegation of staff to offender sexual harassment. Of these, the harassment allegation was unsubstantiated, and the abuse allegations were deemed: 8 unfounded; 3 unsubstantiated; 1 still under investigation. Three allegations of offender-to-offender harassment were reported, and two allegations of offender-to-offender sexual abuse were reported; all six allegations were deemed unsubstantiated.

### **PHASE THREE: POST-ON-SITE AUDIT**

**Document Review:** An extensive document review was conducted as part of the audit process. Various policies, forms, contracts, and additional working documents were reviewed and evaluated and triangulated against information obtained from interviews and personal observations during the site visit which were instrumental in determining agency and facility compliance. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. The governing Kentucky Corrections Policies and Procedures (CPP) and Green River Correctional Complex Policies & Procedures that will be referenced throughout the report are listed below and annotated in the report narratives by the indicated abbreviation:

- CPP/3.6, Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders
- CPP/3.1, Code of Ethics/Social Media Use
- CPP/3.22, Staff Sexual Offenses
- CPP/7.1, Construction, Renovation and Expansion Guidelines
- CPP/9.8, Search Policy
- CPP/14.6, Inmate Grievance Procedure
- CPP/14.7, Sexual Abuse Prevention and Intervention Programs
- CPP/14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders
- CPP/15.2, Rule Violations and Penalties
- CPP/18.1, Classification of the Inmate
- CPP/18.15, Protective Custody
- CPP/18.3, Confinement of Youthful Offenders
- Green River Correctional Complex/18-04-01, Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI)

Information obtained from these policies and the information collected from the site visit was carefully evaluated and assessed against each of the element of the standards. Additional correspondence was necessary and facilitated by email for clarification and the facility staff was quick to respond with the requested information.

During all phases of the auditing process the auditor experienced no barriers to completing a thorough evaluation of compliance. The auditor found agency and facility staff to be forthcoming with information and readily provided all documents requested. The auditor was allowed unfettered access to all areas of the facility. All staff and inmates willingly participated in the interview process.

## **Facility Characteristics**

The Green River Correctional Complex is a secure, adult male correctional institution located on 230 acres within the city limits of Central City in Muhlenberg County. The annual operating budget is over 14 million.

Green River Correctional Complex opened on December 16, 1994 with an original capacity of 550 inmates. In 2000 Building T was constructed to add 318 general population beds and then in 2002 a unit with 50 minimum security beds was added. The current rated capacity is 982 and operates with 285 staff. Custody levels housed are: Maximum, Medium, and Minimum.

Green River Correctional Complex is an ACA accredited facility since 1997.

Perimeter security is dependent upon an electronic detection perimeter alert system, a microwave detection system, and constant 24-hour armed perimeter vehicle patrol. Inmate management is achieved through a direct supervision method. The dormitories have an open control center (no bars, glass, or other barriers). A K-9 Blood Hound tracking unit is on call 24/7 for use during institutional emergencies and as a resource for surrounding law enforcement agencies. Recent enhancements to security initiatives include installation of housing barrier fences and electronic gate controls, installation of additional security cameras, enhancement of security features in the segregation unit and the implementation of a centralized chemical depot.

The current physical structure of Green River Correctional Complex consists of eight dormitories with 444 double-bunked cells, one 44-cell segregation unit, and one 50-bed open bay minimum security unit. The housing compositions are: Building T, Dorms 6, 7, 8 (6 is the honor dorm and home to "Death Row Dogs" Program); Building D, Dorms 1, 2, 3 (Dorm 1 houses most of the hearing impaired and other special needs; Dorm 3 is the Substance Abuse Program); Building E, Dorms 4, 5. Dorm 9 is located outside of the main prison compound and houses minimum security inmates who are not allowed contact with inmates on main compound. Dorm 8 is currently being used for the overflow for segregated housing (2-man rooms). The lower range houses mostly inmates who state they cannot live on the main compound. Upper range is for 14-day quarantined inmates who are scheduled for release. Program areas include inside and outside recreation, gym, chapel, library, academic and vocational classrooms, and Correctional Industries. Support areas include food service, medical, legal, maintenance, laundry, clothing house, barber services, and inmate commissary.

Green River Correctional Complex currently operates under a unit management concept designed to foster personal relationships in smaller groups and assures inmate access to staff that is familiar with their needs. An inmate may seek personal counseling from a Unit Team, which consists of a Unit Administrator II and I, Classification and Treatment Officers, Security Supervisor, Correctional Officers, and Office Support Staff. The Unit Team assists inmates with institutional programming, case preparation for the Parole Board, classification reviews, developing release plans, and problem solving.

Various life skills and formal educational opportunities are available to inmates at Green River Correctional Complex: computer and vocational classes; Death Row Dog Program, pairing inmates with rescued dogs to provide training for adoption; Narcotics Anonymous, Alcoholics Anonymous, Cage Your Rage, Lifer's Club; MRT, New Directions, Malachi Dads; staff sponsored clubs of Jaycee's, Veterans Club, NAACP, and the Death Row Dogs Club.

The medical department coordinates all health care services with a staff of 1-Physician (PRN); 1-Advanced Registered Nurse Practitioner (ARNP); 1-Health Service Administrator (HSA); 1-Director of Nursing (DON); 1-Psychologist; 4-Registered Nurses (RN); 9-Licensed Practical Nurses (LPN); and 2-Office Assistants. Routine and emergency care is available 24/7. In addition to direct medical, optometry, and dental care, the medical department also arranges for the provision of medical care by outside hospitals and private practitioners.

Multiple work programs are available to the population including Correctional Industries, who manufacture office and home furniture; Aramark sponsored Inmate to Workmate (In2Work) food service training program, and the Kentucky Dot minimum security work detail. Various additional inmate jobs are available to provide services to the facility in the recreation, maintenance, food service, outside detail, clerical, janitorial, and other areas. Maintenance personnel have skilled inmate laborers assigned, usually 6-8 are assigned to detail.

**Visitation:** The inmate visitation room consists of several large, open visiting rooms equipped with small tables and an outdoor area. Under normal operation, visiting for general population is scheduled Saturday and Sunday between 8:30 a.m. and 2:30 p.m. Additional visitation for the minimum-security unit and those on honor dorm is available on Friday from 5:30 p.m. to 8:30 p.m. Non-contact visiting for Restrictive Housing is scheduled separately by appointment on weekends. Mail service is coordinated by two employees and is received and delivered five days per week. Indigent inmates may mail two free letters each week. Legal and privileged mail is opened in the presence of the inmate. Incoming mail is scanned prior to being issued to the inmate. Telephone access is available in each housing unit. Outside visitors have not been allowed during the COVID-19 pandemic and the facility has expanded visitation options to video visitation. Certified Volunteers normally provide religious services, but since COVID-19, many of the religious services are inmate led and supervised by staff.

## Summary of Audit Findings

Based on triangulation of documented evidence, interviews, and observations during site visit, all standards were found to be compliant. The auditor made one recommendation to the facility related to §115.53 for improvement, and which was not out of compliance, however this recommendation was acted upon immediately. This recommendation is explained in the related narrative. The staff at all levels were found to be very responsive, polite, and highly engaged in the audit process and were truly concerned about having a positive audit. The interactions observed by the auditor between staff (both security and non-security) and inmates were found to be professional and respectful. The atmosphere was vigilant but not tense or confrontational. It was evident that staff were in authority, yet the inmates did not seem apprehensive to approach staff (including facility leadership). There appeared to be a mutual respect of persons in the culture at Green River Correctional Complex. Warden Mazza and his staff take their charge very seriously and exemplify the mission of dedication to the humane and proper management of the offender population.

### Standards Exceeded

**Number of Standards Exceeded:** 8

**List of Standards Exceeded:**

115.11, 115.15, 115.16, 115.31, 115.32, 115.34, 115.53, 115.86

### Standards Met

**Number of Standards Met:** 37

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** none

## PREVENTION PLANNING

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

115.11(a): CPP/14.7 mandates zero-tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to allegations. CPP/3.22 further declares a zero tolerance-policy toward sexual offenses specifically for employees, provides definitions of policy applicability to include employees, contractors, volunteers, interns, students, and

consultants, and definitions of prohibited behaviors and acts. Auditor's review of the above referenced policies finds that they outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, includes definitions and sanctions, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

115.11(b): Kentucky Department of Corrections has designated Shannon Butrum as the Assistant Director/PREA Office Coordinator for the agency. Assistant Director Butrum was promoted to this position November 13, 2019 and previously served as a facility PREA Compliance Manager. The agency PREA Coordinator is a full-time and dedicated position and reports to the Office of Adult Institutions Deputy Commissioner as documented by the Kentucky Department of Corrections Organizational Chart. AD Butrum has a direct line of communication to the Commissioner as evidenced by interviews with Commissioner Crews and AD Butrum. During auditor's interview, AD Butrum stated that she has adequate time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Auditor's observations of the PREA Coordinator's interactions with facility staff during the on-site portion of the audit supported a high-level engagement and respect for the authority of her role with the agency in this capacity. The PREA Coordinator has two Justice Program Administrators who have been allocated to assist the PREA Coordinator in managing the agency's efforts to comply with PREA standards and provide oversight and guidance to the Wardens and PREA Compliance Managers. This structure exceeds the requirements of this provision.

115.11(c): Each of the 13 facilities of Kentucky Department of Corrections has a designated PREA Compliance Manager and a backup as indicated by interview with the PREA Coordinator and review of the "Adult Institutions PREA Compliance Managers" Directory provided with the PAQ. Interview with the Green River Correctional Complex PREA Compliance Manager indicates she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility PREA Compliance Manager reports directly to the Warden as confirmed by interview with PREA Compliance Manager, Warden, and review of the Green River Correctional Complex Organizational Chart. Interviews with all level of staff to include Warden, Investigators, Programs and Security staff and Health Services staff indicate regular communication between them and the PREA Compliance Manager. The facility PREA Compliance Manager is consulted with on all matters that impact sexual abuse and sexual harassment prevention measures at the facility. Auditor found most inmates interviewed knew who the PREA Compliance Manager is and inmates considered high risk indicated they have routine contact with her.

The auditor determines Green River Correctional Complex meets all provisions of this standard based on policy and document reviews as noted in above narrative, and interviews with the Commissioner, PREA Coordinator, PREA Compliance Manager, random and specialized staff, and inmates. The agency is found to exceed requirements of this standard in that it designates two support staff to oversee the agency's efforts in addition to the required PREA Coordinator and facility PREA Compliance Manager.

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

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.12(a)(b): Kentucky Department of Corrections contracts with 30 separate Reentry Service Centers to provide housing for inmates transitioning from prison to the community. Auditor reviewed all 30 contracts and found language requiring the private entity to comply with the PREA. In addition, the contract is subject to announced or unannounced compliance monitoring that may include on-site monitoring visits. Contracted entity is required to be audited by a DOJ Certified PREA Auditor every three years and failure to meet these contractual requirements may result in termination of the contract. These facilities are audited, where required, under the Community Confinement Standards.

All facilities that are required to be audited have done so, except for one facility which is currently being monitored by the PREA Coordinator's office for compliance. Two facilities are newly under contract and are being monitored for compliance by the agency, pending a PREA audit once they are fully operational. Five facilities were due for audits in 2020 but had to postpone due to the COVID-19 pandemic. According to interview with the PREA Coordinator, contracted entities exempt from 115.401(a) are still held to the PREA standards and are monitored directly by the PREA Coordinator's Office and that Annual Compliance Reviews are conducted at all contracted facilities. Auditor reviewed an example of a recent compliance review conducted at one of the centers and found it to be thorough, covering a review of all applicable standards.

Based on documented evidence provided with the PAQ, review of contracts, and interviews with the PREA Coordinator and Contracts Administrator, Kentucky Department of Corrections meets all provisions of this standard.

#### Standard 115.13: Supervision and monitoring

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes



No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.13(a): As directed by CPP/14.7, the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against abuse. Documented consideration was given to all elements of provision (a) of this standard in development of the facility's staffing plan. Since the facility's last PREA audit conducted June 14-16, 2017, the average daily number of inmates was 971 and the staffing plan was predicated on an average population of 982. Auditor reviewed the current staffing plan and found it to provide adequate coverage with relief factor for inmate supervision posts. Auditor reviewed the facility schematics identifying locations of the 184 cameras located within the facility and these cameras were also observed during the facility tour. These cameras are monitored from the Control Center by the assigned shift officer. Interviews with the Warden and PREA Compliance Manager confirmed that PREA data is evaluated when identifying locations and placements of camera. Cameras are monitored by the Control Center Officer and from Warden's office, with additional management staff having access to certain cameras throughout the facility. The Warden explained that the facility maintains a strict policy about reporting any camera outages

immediately to the Shift Supervisor who is to submit a service request which will be responded to by a technician as an emergency 24 hours/7 days per week.

115.13(b): When the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Interview with the Warden determined that the facility uses overtime to ensure that designated posts are covered in accordance with the staffing plan. Auditor reviewed the current staffing plan which indicated the number of officers and supervisors required plus relief factor required for each shift. Posts are identified by priority order and managed based on activities and needs. A review of random samples of Security Shift Rosters found that each shift documents deviations from the staffing plan and adequately justifies any post closures or adjustments. Staff overtime and administrative staff assistance is utilized to supplement staff shortages when needed and is documented accordingly. The most common reasons for deviations from the staffing plan include vacancies, callouts, and medical transports. Interviews with the Major confirm documentation of staffing plan deviations and that he conducts a daily review of the shift rosters.

115.13(c): The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed in the staffing plan, the deployment of monitoring technology, or the allocations of resources to commit to the staffing plan to ensure compliance with the staffing plan. Auditor reviewed meeting minutes from the PREA Staffing Plan Meeting of January 20, 2020 confirming the management team reviewed the current staffing plan and evaluated individually all considerations required within this standard and the plan was found to be adequate with no changes recommended. The PREA Coordinator's input and review is documented through memorandum to the Warden annually.

115.13(d): CPP/14.7 and CPP/3.22 requires supervisors to conduct and document unannounced rounds on all shifts to identify and deter staff sexual offenses and that staff shall not alert other staff if a supervisory round occurs unless such announcement is related to the legitimate operational functions of the institution. Post Order #PO-01, General Post Orders, directs officers to document all supervisory rounds in the living units to include the Special Management Housing Unit; to include the staff members name, title, and document they are making unannounced/unscheduled rounds; and further prohibits staff from alerting other staff or inmates that supervisory rounds are occurring in any specific area of the institution. Auditor observed documentation of rounds during the onsite tour, and review of Officer's Daily Activity Log sheets (6 sheets provided with the PAQ and 6 dates randomly selected by auditor) which provided evidence that supervisor rounds occur regularly and according to the established requirements. Interviews with supervisory staff, line staff, and inmates indicate that rounds are made by intermediate/upper-level supervisory staff on each shift at least once per day.

Auditor's analysis of information obtained from policy review, documentation review, and interviews with staff concludes the facility meets all provisions of this standard.

## Standard 115.14: Youthful inmates

### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.14(a)(b)(c): CPP/18.3 requires that all male youthful offenders ordered committed to the Department of Corrections shall be housed at the Kentucky State Reformatory in a housing unit designed by the Warden that meets all requirements set forth in 28 CFR SS 115.14. Green River Correctional Complex houses only adult male offenders, therefore this standard is not applicable.

### Standard 115.15: Limits to cross-gender viewing and searches

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)

Yes  No  NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.15(a)(c): CPP/9.8 defines clearly terminology used in the policy related to searches and requires that except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the inmate. All searches are to be carried out in a dignified manner and under sanitary conditions and professionally. All cross-gender strip searches shall be logged and documented in the institutional strip search logbook. Any search of an inmate which requires probing of a body cavity, x-rays, or any medical procedure shall be conducted in private by an institutional medical professional. The facility reports that no cross-gender strip or cross-gender visual body cavity searches of inmates were conducted of inmates in the past 12 months. Thirty-seven inmates were interviewed, and all reported they have never been strip-searched by a female officer at this facility. A random sample of the strip search log for general population and for the special management housing unit was reviewed which provided evidence all searches were conducted by male officers.

115.15(b): This provision is not applicable as Green River Correctional Complex is a male facility.

115.15(d): CPP/14.7 directs that offenders shall be provided facilities that enable them to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks. CPP/3.22 requires a staff member of the opposite gender from the offender in a housing unit to announce his or her presence before entering the unit as described by institution post orders or written guidelines. Specific facility guidance is provided through Warden's Memorandum requiring female staff to announce their presence when entering an inmate housing unit; supplemented by daily cross gender announcements via the dorm intercom at 5:00 a.m. wake-up; 8:00 a.m. shift change; and 4:00 p.m. shift change. These cross-gender announcements are to be documented in the logbook. In addition, female dorm security staff will post the "Female on Duty" signs while working the post to assist inmates who may be hearing-impaired or inmates who were possibly out of the living unit. The facility has also installed a "Green Light" in the housing units that is to be activated when there is a female present on the dormitory. Auditor reviewed four samples of completed Officer Daily Activity Logs and viewed logs on posts during the on-site tour and found documented cross-gender announcements. All inmates interviewed said that staff are consistent in making cross-gender announcements and find the green light activation helpful.

115.15(e): CPP/9.8 directs that a transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital status. A medical exam may be performed as permitted by 28 CFR §115.15. Sample documentation provided with the PAQ included a completed form indicating a transgender offender's request to have pat searches conducted by female officers and to shower separately from other inmates; A memorandum was issued from the PREA Compliance Manager advising Shift Supervisors and Unit Administrators of the directive to comply with

the request. A Statement of Fact issued by the PREA Compliance Manager and interviews with staff confirmed no searches have been conducted for the sole purpose of determining an inmate's genital status.

115.15(f): Auditor reviewed curriculum for Pre-Service and Annual Inservice and found each covered a module on search procedures. All staff receive the PREA - Prison Rape Elimination Act Module in pre-service training upon hire and during annual in-service training each year thereafter. The facility reports 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Random staff interviews confirmed they have been trained on how to conduct proper searches. Auditor reviewed a sample Pre-Service training roster for 20 newly hired employees, and staff records for 16 employees documenting annual in-service. Sample documentation provided with the PAQ included a completed form indicating a transgender offender's request to have pat searches conducted by female officers and to shower separately from other inmates; A memorandum was issued from the PREA Compliance Manager advising Shift Supervisors and Unit Administrators of the directive to comply with the inmate's request. Auditor learned during interviews with five inmates who identified as transgender that searches are conducted professionally and respectfully, and in no incident to determine one's sex.

Auditor's analysis of information collected through document review, policy review, and interviews with staff and inmates concludes the facility meets all provisions of this standard. In addition, training on searches is delivered to all staff (not only to security staff), and is delivered annually, which is found to exceed the requirements of this standard.

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.16(a): The agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provides offender education in formats accessible to all offenders including those who are deaf, visually impaired, or otherwise disabled, and for offenders who have limited reading skills. Based on interviews with the PREA Compliance Manager and facility ADA Coordinator, the facility utilizes Video Remote Interpretation (VRI) system which allows a hearing person and a deaf person who signs, who are next to each other, to communicate with each other. There has been no documented incident where the use of VRI has been required to address any PREA related issues. The facility maintains a copy of the Prison Rape Elimination Act Brochure published in Braille for both English and Spanish languages. The PREA Brochure is also available in Large Print in both English and Spanish. The auditor observed availability of all signage and brochures through information provided with the PAQ and during the tour onsite. The facility houses a significant hearing-impaired population. Auditor interviewed four inmates identified as deaf or hard of hearing and found that they were provided the PREA information in a manner of their understanding. Interviews with programs and intake staff confirmed that inmates are provided the PREA training and information in multiple formats and that any special needs of each inmate will be identified quickly upon intake and addressed as needed to ensure effective communication is facilitated between the staff and inmate. The Commissioner's interview conveyed the importance of effective communication between inmates and staff and her expectation that all inmates have the ability to participate and benefit from these efforts.

115.16(b): The agency has established procedures to provide inmates with limited English proficiency (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Based on interviews with the PREA Compliance Manager and facility ADA Coordinator, the facility utilizes the Correct Care Solutions contract with Language Line Solutions. There has been no documented incident where a language interpreter has been necessary within the past 12 months to address any PREA related issue. The facility handbook is published in both English and Spanish. The zero-tolerance policy and reporting instructions has been painted and stenciled on the walls in all dormitories in both English and Spanish. The auditor observed prominent signage and brochures during the onsite tour and found information to be readily accessible to inmates. Auditor interviewed two inmates identified as LEP and found that they were provided the PREA information in a language of their understanding. LEP inmates are aware they can ask for an interpreter if needed.

115.16(c): CPP/14.7 prohibits use of offender interpreters or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The facility reports no instances where inmate interpreters have been used in a PREA related matter. One of the hearing-impaired inmates interviewed is classified as an inmate interpreter and assists other inmates with ASL as his job assignment but stated that he has never been asked to interpret PREA information or during a PREA investigation.

The auditor's review of the Adult Institution In-Service 2020 Agenda found it included a 2-hour module, Communicating with Deaf and Hard of Hearing which is beyond the requirement of this standard.

Analysis of the information obtained through interviews with staff and inmates, policy and documentation review concludes the facility meets and exceeds the provisions of this standard.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

115.17(a): CPP/3.6 prohibits hiring or promoting anyone or enlisting the services of a contractor who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in item (2) of this provision.

115.17(b): CPP/3.6 provides consideration be given to any incident of sexual harassment in determining whether to hire or promote any employee or enlisting the services of any contractor who may have contact with offenders. Interview with the agency's Contract Administrator confirmed that all contracts include PREA language requiring compliance as a condition of the agreement.

115.17(c): CPP/3.6 requires a background investigation be conducted on all prospective employees, prior to any new employee's starting date and best effort to contact all prior confinement facility employers to obtain and consider information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Auditor reviewed (15) randomly selected personnel files as evidence that criminal history checks are conducted on all new employees prior to employment with the agency. The agency uses a form letter that is completed and sent to the prior employer of any applicant who reports to have previously worked at a confinement facility.

115.17(d): CPP/3.6 requires a background investigation be conducted on all contractors who may have contact with inmates before enlisting services. The facility reports there were five criminal record checks conducted on all staff covered in the contract who might have contact with inmates. Auditor reviewed randomly selected documentation as evidence that criminal history checks are conducted on all contractors prior to enlisted services with the agency.

115.17(e): CPP/3.6 requires all current employees and contractors who may have contact with inmates to have a background investigation conducted at least every five years. Interview with Human Resources (HR) Administrator confirmed that every January she reviews the employee list each January to identify employees and contractors who are at their five-year anniversary; this list is forwarded to the designated facility staff member who conducts a criminal history check and returns the results to the HR Manager who in turn presents for review any derogatory findings for the Warden's review and disposition.

115.17(f): CPP/3.1 requires an employee to report to his respective supervisor or facility contact as soon as possible any arrests, domestic violence orders, emergency protection orders or pending charges. In addition, the employee is required to report any civil or administrative adjudication where he has been found to have engaged in sexual activity facilitated by force, overt or implied threats of force or coercion if the victim did not consent or was unable to consent or refuse. A continuing duty to report any incidents outlined in this provision is imposed upon employees and contractors and is communicated through the PREA training curriculum and as part of the employment application. The Authorization to Conduct Criminal Records Check Form includes the three questions required to be asked of all employees. This form must be completed and signed each time a criminal records search is conducted. The auditor's review of the (15) personnel records found the signed questionnaire had been completed.

115.17(g): CPP/3.6 states that material omissions regarding misconduct described in this provision, or providing materially false information, shall be grounds for termination. and is communicated through the PREA training curriculum and as part of the employment application.

115.17(h): According to documentation provided by the PREA Coordinator, Kentucky State has no law prohibiting the release of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work; therefore, HR provides this information when requested. This was confirmed during interview with the HR Administrator. There were no requests received within the audit period for auditor's review.

Analysis of the information obtained from review of personnel files, interview with HR Administrator, Warden, PREA Compliance Manager, and PREA Coordinator and policy review concludes Green River Correctional Complex meets all provisions of this standard.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.18(a): CPP/7.1 requires consideration be given to the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse when designing or

acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Green River Correctional Complex has had no substantial expansions or modifications since their last audit on June 14-16, 2017.

115.18(b): CPP/7.1 requires consideration be given to how such technology may enhance the agency's ability to protect inmates from sexual abuse when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology. Since the last audit, Green River Correctional Complex has made enhancements to their video monitoring systems by adding additional cameras nearly every year. Cameras have been added to work areas, housing units, recreation yard, as budget permits, to enhance and aid their abilities to protect inmates from sexual abuse and to maintain the overall security of the institution. Interview with the Agency Head, PREA Coordinator, Warden and PREA Compliance Manager determined that video monitoring enhancement is an ongoing goal. Review of the staffing plan indicates the video monitoring system is reviewed at least annually to ensure coverage enhances the ability to protect inmates from sexual abuse. Review of the facility's Annual Planning document reflects a funding request for expansion of the video monitoring equipment. The facility has upgraded equipment and increased the number of cameras monitoring from 177 to 184 since the last PREA audit in 2017. During the onsite tour, auditor observed no areas that were not adequately covered by direct line of sight or video camera coverage.

Analysis of information obtained from document and policy reviews and interviews conducted with the Commissioner, the PREA Coordinator, and the Warden concludes Kentucky Department of Corrections and Green River Correctional Complex meet provisions of this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.21(a): The agency follows the Kentucky State Police Forensic Laboratory Physical Evidence Collection Guide for evidence collection protocols. CPP/14.7 requires allegations of sexual abuse and sexual harassment be promptly, thoroughly, and objectively investigated and that evidence be preserved for any sexual abuse incident that is known to have occurred within the previous 96 hours. The auditor's review of the protocols found them in alignment with the DOJ's national protocols. All case files reviewed indicate that the uniform evidence protocols were followed and well documented as part of the investigation.

115.21(b): Green River Correctional Complex does not house youthful offenders; although the agency protocols are consistent with the DOJ national protocols which are considered developmentally appropriate for youth.

115.21(c): CPP/14.7 directs the Medical Department to promptly arrange for the alleged victim to be transported to an outside facility for an examination that may include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, and mental health assessment. In preparation of transporting the inmate to the hospital's emergency room, staff are responsible for collecting any potential forensic evidence according to the established guidelines. In coordination with the hospital, the Medical Department shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner. The examination shall be at no cost to the offender. The PAQ indicates there has been (1) forensic examination conducted in the past 12 months and it was conducted by a SANE/SAFE. The auditor's review of this case file found it well documented with chronological entries made for each response action taken by the facility. The coordinated response plan was enacted immediately and followed exactly as prescribed. File documentation provided confirmation evidence was collected according to the uniform evidence protocols. The facility transported the inmate to the Owensboro Health Regional Hospital where the forensic medical examination was conducted.

115.21(d): CPP/14.7 directs the alleged victim be offered victim advocate services. If requested, the advocate service is to be contacted and given the appropriate information. The auditor reviewed the Memorandum of Understanding (MOU) with the Kentucky Association of Sexual Assault Programs, Inc. (KASAP) to provide confidential emotional support services to victims of sexual abuse. This agreement includes hospital accompaniment for an inmate victim during the forensic medical examination process, in-hospital investigatory interviews; referrals, and follow-up crisis counseling on request of the inmate victim. The local Rape Crisis Center for Green River Correctional Complex is identified as Sanctuary,



Inc. in Hopkinsville, 1-800-766-0000. This information is made available to inmates through posters prominently displayed on the housing units and in the facility's inmate handbook. The auditor placed a phone call to the Sanctuary and confirmed the MOU is in place; the counselor stated that they have not received any requests from inmates or staff on behalf of an inmate for services in several years. Counselors are available 24/7 through the hotline for victims of sexual abuse. In the case referenced in provision (c) of this narrative, the inmate was offered an advocate prior to being taken to the hospital and he refused; upon return to the facility the inmate was offered an advocate a second time and he refused; the file documented that the inmate was then provided the KASAP flyer.

115.21(f): Once a case is turned over to the Kentucky State Police for criminal investigation a letter is prepared that serves as verification of the case referral and requests that the investigation be conducted in accordance with CFR §115.71/§115.21.

115.21(h): The facility always makes a victim advocate from a rape crisis center available to victims.

Auditor's analysis of the information collected through policy and document review, review of the investigative files and interviews concludes Green River Correctional Complex meets all provisions of this standard.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.22(a)(b): CPP/14.7 directs notifications for the purpose of an investigation to be immediately made to the designated facility investigator upon having knowledge of a sexual abuse allegation and for all allegations to be promptly, thoroughly, and objectively investigated; all allegations that involve potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police. Based on interview with the Internal Affairs Investigator, an administrative investigation is conducted on all allegations, to include any that may be forwarded to the Kentucky State Police for criminal investigation. He stated that he has a good working relationship with the local Kentucky State Police office, and they are responsive to the facility when contacted. The referral of a case to the Kentucky State Police is documented in the local administrative investigation file. The auditor reviewed a completed PREA Investigation Final Report which documented the administrative investigation and subsequent referral to the Kentucky State Police for criminal charges upon a substantiated finding. The agency publishes its policies on their public website as required at: [https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx). Both the Commissioner and PREA Coordinator emphasized the expectation and requirement for investigation of all allegations. Interviews with staff indicated a solid understanding that any allegations or suspicion of sexual abuse or harassment is to be immediately reported and that it will be promptly investigated.

115.22(c): Auditor reviewed the General Order OM-C-1, Criminal Investigations & Reports for the Kentucky State Policy which outlines the responsibilities of the investigating entity.

Auditor's analysis of the information obtained through interviews with all levels of staff, discussion with facility investigator and policy, website, and document review, concludes Green River Correctional Complex and Kentucky Department of Corrections meet all provisions of this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.31(a)(c): CPP/14.7 outlines the agency's annual training requirements for employees on PREA. The auditor's review of the Institutional Pre-Service Academy: PREA Module curriculum found it to include instruction on: PREA standards, the agency's zero-tolerance policy, victims/aggressors characteristics, staff responsibilities, reporting guidelines, preventative measures, inmate rights, dynamics of sexual abuse/harassment in confinement, communicating effectively, and how to comply with the laws. It has been determined by the Kentucky Department for Human Resources (DHR) has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150; complaints of this nature will fall under the referral for criminal investigation. The auditor's review of the Adult Institution In-Service 2019 and 2020 agendas found them to include the 2-hour block of instruction on PREA; this instruction may be delivered in person or on a computer-based platform. The auditor's review of new hire training rosters, 15 randomly selected training records, and medical staff training transcripts provided by the facility's Training Coordinator found all records to include the PREA training was delivered initially upon hire and then again annually. This standard only requires refresher training every two years so the facility is found to exceed the requirement.

115.31(b): CPP/14.7 requires training to be tailored to be gender specific to the facility of each staff member. The agency has created training flyers on working with male/female offenders for use in training employees transferring to work at a facility with a different gender; training is documented by employee signature on the standardized acknowledgement form.

115.31(d): CPP/14.7 requires staff acknowledgement that they understand the training they have received through signature. The auditor reviewed samples of signed acknowledgement forms indicating this process is well implemented. Interviews with all levels of staff found a solid knowledge of the agency's zero-tolerance policy for sexual abuse and sexual harassment; employees were able to discuss information from the training consistent with the curriculum.

Analysis of the information obtained through interviews, by review of documentation, training records, and related policy concludes Green River Correctional Complex meets and exceeds provisions of this standard.

#### Standard 115.32: Volunteer and contractor training

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.32(a)(b)(c): CPP/14.7 requires all volunteers and contractors who have contact with offenders to be trained annually on: the department's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents; and their responsibilities under the department's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The agency maintains documentation confirming that volunteers and contractors understand the training they have received through signature on the PREA Training Acknowledgement form. Interview with the agency's Contract Administrator confirmed that all contracts include PREA compliance language as a condition of the agreement.

Interviews with the Warden, PREA Compliance Manager, Training Coordinator, and staff confirms that contracted staff are required to receive the same training as indicated for employees as explained in auditor's 115.31 narrative; auditor's review of contract staff's training records found them consistent with this requirement and to meet all requirements set forth in 115.31. Interviews with contracted staff found them to be knowledgeable on the department's zero-tolerance policy and the overall PREA curriculum used during in-service. This requirement is above and beyond the requirement of this standard.

The auditor's review of the Citizen Involvement/Volunteer Program Volunteer Training curriculum found the Orientation Module to contain all required elements included. Training records were reviewed (2) randomly selected volunteers and were found to meet all requirements of this standard, to include documented evidence of training through signature on the PREA Training Acknowledgement form.

Analysis of information obtained through interviews, review of policies, training curriculum, and training records concludes Green River Correctional Complex meets and exceeds provisions of this standard.

## Standard 115.33: Inmate education

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.33(a): CPP/14.7 requires during orientation at the assessment and classification center of each institution, and offender shall receive oral and written information about the department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition, each facility shall educate each offender about: a) prevention of sexual abuse; b) self-protection from being abused; and c) receiving treatment and counseling. Upon arrival, all inmates receive the "Understanding the Prison Rape Elimination (PREA) for Offenders brochure (available in English and Spanish) which includes the agency's zero-tolerance policy and an explanation on how to report incidents or suspicions of sexual abuse or sexual harassment. In addition to the brochure, each inmate is given a facility handbook that contains written information regarding the Green River Correctional Complex's zero-tolerance policy, how to report an incident, prevention of sexual abuse, self-protection, and receiving treatment and counseling. This information was confirmed during interviews with the Unit Administrators, Case Managers, and PREA Compliance Manager.

115.33(b): CPP/14.7 requires within 30 days of intake, comprehensive education to be provided, either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding policies and procedures for responding to such incidents. Within 30 days, but generally within 14 days, each inmate attends an orientation facilitated by a case worker and includes viewing of a video containing education on all required elements of this standard. The auditor confirmed this orientation is provided during interviews with inmates, Unit Administrators, and Case Managers and through review of 14 randomly selected inmate files.

115.33(c): The auditor's review of (14) inmate files found documentation where each inmate had received this training prescribed above in section (b). The "PREA What You Need To Know" video is shown to all inmates within 30 days of arrival to any new facility. During orientation, the facilitator reads the PREA brochure to each inmate.

115.33(d): CPP/14.7 requires each facility to provide offender education in formats accessible to all offenders, including those who are LEP, deaf, visually impaired, or otherwise disabled, and for offenders who have limited reading skills. Auditor reviewed extensive literature and the tools available to the facility to ensure that any offender with special needs can be accommodated. This information is explained in detail in the auditor's narrative for 115.16. The PREA education video has the capacity to be displayed using closed caption for the hearing impaired.

115.33(e): CPP/14.7 requires each facility maintain documentation of participation in offender education. The auditor's review of inmate files found documentation of inmate's receipt of the facility handbook and their attendance at orientation.

115.33(f): CPP/14.7 requires each facility to ensure that key information is continuously and readily available or visible to offenders. During the site visit, the auditor observed PREA posters, PREA paintings on the wall, victim advocacy flyers, handbooks, prominently posted on bulletin boards; PREA brochures were found on each of the officer's stations and readily available for inmate access. Interviews with inmates confirmed that these posters are readily available and posted at all times.

Analysis of the information obtained from interviews with inmates and staff, and review of policy and inmate file records, concludes Green River Correctional Complex meets provisions of this standard.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA



- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  
 Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  
 Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.34(a)(b): CPP/14.7 requires all employees who conduct sexual abuse investigations to receive specialized training in conducting investigations in confinement settings. The auditor's review of the "Specialized Training: Investigating Sexual Abuse in Correctional Settings" 2-day training found it to include a module on each of the required topics delineated in section (b) of this standard. Interviews with facility investigators found them to be knowledgeable on the techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and criteria and evidence required to substantiate a case. Each of the eighteen cases investigated were completed by one of the specially trained investigators from the approved list.

115.34(c): The facility provided a list of 23 facility investigators and evidence of the required specialized training.

The auditor reviewed a memorandum issued from Kentucky State Police to the Kentucky Department of Corrections stating that the Kentucky State Police investigates allegations of criminal sexual abuse when requested by Kentucky Department of Corrections facilities; that all Kentucky State Police troopers receive training in sexual abuse investigations during basic training at the State Policy Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes including confinement settings, and the criteria and evidence required to substantiate a case for prosecution referral. This is above and beyond the requirements of this standard. As this is a separate entity, this speaks to the working relationship between the two agencies and guarantee of coordination of efforts between the two.

Analysis of the information obtained through documentation review, policy review, training records, and interviews concludes Green River Correctional Complex meets and exceeds provisions of this standard.

## Standard 115.35: Specialized training: Medical and mental health care

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.35(a): CPP/14.7 requires all full and part-time medical and mental health care practitioners who work regularly in the facility to receive specialized training on: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed the training presentation and found it to include all elements required of this standard for specialized training; the 2020 In-Service agenda indicates PREA specialized training required for medical and mental health staff.

115.35(b): Medical staff employed by the agency do not conduct forensic examinations.

115.35(c): CPP/14.7 requires staff members completing the specialized training to sign a document acknowledging that they understand the training they have received. Auditor reviewed training records for the (22) medical and mental health staff and found all have received the required training. The auditor's interview with healthcare staff found them to be very knowledgeable in policies and procedures and in their responsibilities related to PREA.

115.35(d): Medical and mental health practitioners are required to receive the same basic PREA training as all employees as discussed in auditor's narrative in 115.31; contracted providers comply with requirements of 115.32. Training curriculum for medical and mental health staff includes the basic training topics as well as specialized for this class of employees.

Analysis of information obtained from review of training curriculum, policy review, training records, and interviews with staff concludes provisions of this standard have been met by Green River Correctional Complex.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?   
Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?   
Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.41(a): CPP/14.7 requires the facility to assess each offender during intake screening within 72 hours of arrival at the Assessment and Classification Center and upon each transfer to a facility. Each screening is to include a review of any history of sexual abuse victimization or sexually predatory behavior. Housing concerns are to be documented on the screening form.

115.41(b): The auditor's review of 16 inmate files found that the intake screening was conducted within 24 to 72 hours in all cases.

115.41(c)(d)(f): The auditor's review of the PREA screening assessment found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in this provision are included as part of the risk screening instrument; Kentucky Department of Corrections does not detain inmates solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse in an effort to assess an inmate's risk of being sexually abusive.

115.41(f): CPP/14.7 requires the facility to reassess the offender's risk level based upon any additional information received since the intake screening. A reassessment may occur at any time when warranted. Assessment information is tracked within the computer-based system (KOMS). Interviews with unit administrators and case managers confirmed that the reassessments are conducted within 30 days of the intake screening and the auditor observed completed reassessments in the inmate files reviewed to be compliant.

115.41(g): The auditor reviewed an example of a reassessment initiated based on additional information received affecting the risk level. Based on interview with PREA Compliance Manager, there were no substantiated incidents of sexual abuse requiring a reassessment.

115.41(h): CPP/14.7 directs offenders shall not be disciplined for refusal or nondisclosure of complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this standard. This was confirmed through interviews with staff who conduct screening assessments.

115.41(i): CPP/14.7 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, beds, work, education, and program assignment. All inmates interviewed stated the risk screening was conducted in a professional manner and in a private

setting. The PREA Coordinator explained that a list is distributed to management staff and updated weekly of inmates who are considered to be at high risk for victimization and those at high risk for aggressive sexual behavior so that these inmates can be monitored accordingly. She further confirmed that KOMS rights are handled at the central office level and she must approve any requests for PREA access.

Auditor's analysis of information collected from the interviews, document & policy review, and inmate file reviews concludes Green River Correctional Complex meets all provisions of this standard.

## Standard 115.42: Use of screening information

### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.42(a)(b): CPP/14.7 directs the information gleaned from the intake screening to be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression. The result of this screening is disseminated to staff necessary to inform treatment plans and in making security and management decisions regarding the individual. Interviews with programs security and programs staff confirm that the screening information results is used, along with other classification information collected, and evaluation of inmate needs, to assign housing, work, and programs. No inmate identified as high risk for sexual abuse will be housed with an inmate who is identified as high risk for aggressive sexual behavior. The computer-based inmate management system flags these identifications and will not allow a placement to occur, in addition, staff monitor any bed moves and ensure inmates with risk are kept separate. Staff who supervise inmate work details or programs are informed when inmates are not to be allowed to work in unsupervised areas with certain other inmates. This list is updated weekly and is not disseminated any more widely among staff to the extent of managing inmate safety.

115.42(c)(d): CPP/14.7 requires placement decisions regarding transgender, intersex, lesbian, gay, and bisexual offenders to be made in accordance with 28 CFR §115.42. CPP.14.8 directs that an assessment to determine the facility a transgender or intersex inmate shall be assigned to shall be made on a case-by-case basis via an individualized assessment of the inmate by the Therapeutic Level of Care (TLOC) committee, which includes input from medical and mental health staff, in consultation with the Director of Classification. A determination is not to be made on genital status alone and consideration is to be given to the inmate's health and safety and if the placement would present management or security problems. Placement considerations include: a) classification's housing decision; b) the offender's documented choice of whether a male or female facility is safest for him or her; c) the inmate's physical characteristics; d) whether the inmate identified as male or female; e) the offender's prior institutional history, to include incidents and grievances; f) the offender's physical appearance, age, and physical build; h) any relevant information obtained about the offender from security, medical or mental health staff since arrival; i) the ability of security staff to house and supervise the offender to ensure his or her safety in each environment; j) any management problems that can be identified in each facility; and k) any other relevant information about the offender's ability to positively or negatively manage his or herself in each type of environment.

Green River Correctional Complex/18-04-01 directs classification staff to use the information from the risk screening required in CPP/14.7 to determine housing, bed, work, education, and program assignments with the goal of keeping separate LGBTI inmates at high risk of being sexually victimized from those at high risk of being sexual abusive; to make individualized determinations on how to ensure the safety of each inmate; to reassess placement and programming assignments for each transgender or intersex inmate at least twice each year and to review any threats to safety experienced by the inmate; to give significant consideration to the inmate's own views with respect to his/her own safety and document. The auditor's interviews with (5) transgender inmates found that they meet with a classification committee every six months for a review of their health and well-being, and assessment of their housing, programming, and work assignments. Auditor's assessment of the information collected during the interviews indicated that they have access to the PREA Compliance Manager and that their housing assignments are safe and appropriate. Based on interviews with staff, it is apparent that the

inmate's safety concerns are taken very seriously by staff at all levels at Green River Correctional Complex.

115.42(f): Transgender and intersex inmate are given the opportunity to shower separately from other inmates. This is accomplished through scheduled showers as requested and coordinated through the PREA Compliance Manager. The auditor's interviews with (5) transgender inmates found that they are allowed to shower separately during a designated time for which they are scheduled separately. Staff interviews confirmed their knowledge and facilitation of ensuring scheduled showers.

115.42(g): Green River Correctional Complex has no dedicated units or wings solely for inmates identified as LGBTI as directed by Green River Correctional Complex/18-04-01 and confirmed by observation of the auditor during on-site tour and review of the inmate roster by housing unit. Interviews with the (5) transgender inmates confirmed they are well integrated into general population and experiencing no safety or health problems related to their placement.

Analysis of information obtained during inmate interviews, staff interviews, policy and document review, and personal observations during on-site tour concludes Green River Correctional Complex and Kentucky Department of Corrections meet provisions of this standard.

## Standard 115.43: Protective Custody

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.43(a): The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. CPP/14.7, CPP/14.8, Green River Correctional Complex/18-04-01, and CPP/10.2 allows for placement of an inmate who is presently at high risk to be a sexual victim and may need separation from likely abuser pending an alternative housing assessment; however, this temporary assignment is to only occur if the assessment cannot be immediately completed and, in such cases, shall be completed within 24 hours and in accordance with 28 CRF §115.43.

115.43(b): CPP/10.2 directs special management programs will provide living conditions similar to those provided the general population as physical facilities and resources allow, but which maintain the degree of security and control the program and inmates concerned require.

115.43(c): The Green River Correctional Complex has not placed an inmate in involuntary segregated housing within the audit reporting period as documented by a Memorandum from the PREA Compliance Manager provided with the PAQ. The auditor's assessment during interviews with staff who work segregated/restrictive housing, security supervisors, the Warden, PREA Compliance Manager, and programs staff, identified a facility culture that arranges safe housing for inmates at high risk without the use of involuntary segregated housing. High-risk inmates interviewed confirmed they had never been placed in segregation to keep separate from likely abusers against their will.

115.43(d)(e): CPP/10.2 requires the facility's Classification Committee to conduct an administrative review of an inmate assigned to administrative segregation every seven days. There were no inmates placed in involuntary segregation for the audit period for high risk of victimization; therefore, there was no documentation for the auditor to review. Interviews with the Warden and PREA Compliance Manager confirm that if an inmate were to be placed in involuntary segregation for purposes of separating from likely abusers, the facility would clearly document the basis of the safety concern and why no alternative means of separation can be arranged.

Analysis of information obtained from interviews and policy review concludes Green River Correctional Complex and Kentucky Department of Corrections meet provisions of this standard.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes    No
  
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes    No    NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes    No
  
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes    No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes    No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

115.51(a)(b)(c): CPP/14.7 directs multiple ways for inmates to privately report sexual abuse, sexual harassment, staff neglect or violation of responsibility, and retaliation; and outlines staff first responder duties upon receipt of a report. Auditor’s review of the inmate handbook, PREA brochures, orientation video, posters, and paintings on the wall clearly communicate to inmates the various ways to report incidents or suspicions of incidents to internal and external entities not part of the agency. Staff interviewed were aware to accept reports of sexual abuse and harassment if made verbally, in writing, anonymously, or by a third party. Inmates are informed through the various mediums described above that they may remain anonymous in their report if they so choose. The telephone hotline number does not require an inmate to enter his pin. Interviews with inmates and staff verify awareness of the multiple ways to make a report which include: a) through the PREA hotline 1-833-362-PREA or \*7732 speed dial no pin required; b) call \*5532 speed dial for outside DOC; c) have a family member report on behalf of the inmate; d) write to Justice and Public Safety Cabinet, Internal Investigation Branch; Investigative reports reviewed by the auditor indicate that reports of sexual abuse and harassment were received through a variety of methods, and regardless of the method received, were handled expeditiously and investigations were initiated on the date staff were made aware. Test calls made by the auditor through the hotline from the inmate phone system were forwarded to the agency’s PREA Coordinator within a short time after the call was made.

115.51(d): CPP/3.22 affords staff the option of contacting the hotline listed on the department's website established to privately report a sexual offense involving an offender 1-833-362-7732. This hotline is monitored by the Kentucky Justice & Public Safety Cabinet's Internal Investigations Branch.

Analysis of the information obtained through interviews, policy and document review, and personal observations concludes Green River Correctional Complex and Kentucky Department of Corrections meet the provisions of this standard.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes  No  NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.52(a-g): CPP/14.6 exempts a report of sexual abuse to be handled through the established grievance process, although inmates are not prohibited from submitting a report through the system. No time limit is imposed on when a grievant may submit a grievance of an allegation of sexual abuse. Interviews with the Grievance Coordinator confirmed that the grievance system is not utilized for processing reports of sexual abuse and sexual harassment; if an inmate submits a complaint through the grievance system the complaint is forwarded immediately upon receipt to the Warden and subsequently to the PREA Compliance Manager to initiate an investigation. Grievance Activity Logs for 2019/2020 provided by the facility indicates none were received related to incidents of sexual abuse or sexual harassment.

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)



- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.53(a)(b)(c): CPP/14.7 establishes that outside victim advocate services will be made available to inmates. The Kentucky Department of Corrections has an MOU with the Kentucky Association of Sexual Assault Programs, Inc. (KASAP) to provide emotional support services to inmates. The Sanctuary, Inc. is the local service provider for Green River Correctional Complex. The agreement provides that sufficient confidentiality will be maintained pursuant to KRS 211.608. Inmates are provided the mailing address to Sanctuary, Inc., and the 24-hour confidential crisis line at 1-800-766-0000 through the inmate handbook, notifications posted on bulletin boards in the living units, and posting of the KASAP flyer. Inmates can call the crisis line to talk to a counselor 24/7; to access scheduled emotional support counseling, inmates are instructed to contact their case manager, shift supervisor or facility director who will facilitate the appointment. The auditor spoke with a counselor at the Sanctuary who confirmed the service availability and stated that no services had been requested for several years from Green River Correctional Complex although they are there and available when needed. Interviews with staff indicated they are aware these services are available for inmates. Interview with PREA Compliance Manager determined there have been no reports or incidents where an inmate requested access to victim services. All inmates are offered these services and given the information during every investigation by the investigator or PREA Compliance Manager. Interviews with 38 inmates found that not everyone was aware that these services are available. The auditor recommended the KASAP information be incorporated into the orientation PREA training presentation for inmates. The PREA Compliance Manager confirmed through email confirmation and a copy of the training presentation to the auditor that the KASAP flyer has been added to the inmate education portion of orientation as of 12/14/2020. The lesson plan requires the facilitator to read the brochure to inmates during the orientation and capture their signature on the acknowledgement form.

The auditor's analysis of the information collected from interviews with staff, inmates, and a representative from the Sanctuary concludes Green River Correctional Complex meets all provisions of this standard; the facility's efforts to notify all inmates that these services are available during orientation is above the requirements of this standard and found to exceed.

## Standard 115.54: Third-party reporting

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency has established a method to receive third-party reports of sexual abuse and sexual harassment through calling the PREA Hotline toll free at 1-833-362-7732. This information is posted on the agency's public website. Notices with this same information is posted throughout the facility in areas where inmates and visitors have access. Interviews with inmates confirmed their knowledge that they can have a family member or friend report on their behalf.

Analysis of the information obtained during interviews and review of the documentation and public website concludes Green River Correctional Complex and Kentucky Department of Corrections meet the provisions of this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.61(a): CPP/14.7 establishes the requirement for all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, or retaliation, or staff neglect or violation of responsibilities contributing to an incident, that occurred at a facility. All staff interviewed were knowledgeable of this requirement and investigative files reviewed by the auditor confirmed immediate reporting is the standard at Green River Correctional Complex.

115.61(b): CPP/3.22 directs all information in a report or investigation of a sexual offense to be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as

confidential. Breach of this confidentiality is grounds for disciplinary action. Staff interviewed by auditor were knowledgeable about this requirement.

115.61(c): The auditor's review of two allegations reported directly to medical/mental health practitioners found that they were both forwarded to the facility investigator. Medical and mental health staff interviewed by auditor were knowledgeable about this requirement and explained that upon arrival, inmates sign a consent form that includes the limitations of confidentiality and that they advise inmates verbally at time of treatment as well.

115.61(d): It has been determined by the Kentucky Department of Human Services has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150, as documented by memorandum from DHR; complaints of this nature will fall under the referral for criminal investigation. This facility does not house anyone under the age of 18. Auditor's interview with the PREA Coordinator confirmed that in facilities where inmates under 18 are housed, she would provide guidance to the facility to ensure that The Cabinet for Health and Family Services was contacted if a sexual abuse incident occurred.

115.61(e): Interviews with staff, PREA Compliance Manager, Warden, and the facility Investigator confirm that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility's designated investigators. The auditor's review of the investigative files documented this process is well-implemented.

Analysis of the information obtained from document reviews, policy review and interviews with staff concludes Green River Correctional Complex and Kentucky Department of Corrections meet provisions of this standard.

## Standard 115.62: Agency protection duties

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CPP/14.7 establishes that if at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender. Interviews with staff at all levels and disciplines confirmed that it is within their responsibility and authority to ensure the safety of any inmate who is at substantial risk of imminent sexual abuse. The auditor's review of case files confirmed staff actions were consistent with this requirement. The facility provided a summary of an incident of suspected risk of abuse and where staff intervened and provided appropriate protection to

the potential victim. During the interview with the Commissioner, she explained that staff are authorized and expected to take any necessary means immediately to protect an inmate who is subject to a substantial risk of imminent sexual abuse.

Analysis of the information obtained from incident reviews, policy review, and interviews with staff concludes Green River Correctional Complex meets provisions of this standard.

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.63(a)(b)(c): CPP/14.7 requires the Warden to notify the Head of the facility where an alleged incident occurred while confined at another facility within 72 hours of receiving that allegation and to document such notification. Based on evidence of memorandum provided with the PAQ, notification was provided within 72 hours, along with the collected evidence, to the facility upon learning of an allegation that an inmate was sexually abused at that facility. Interviews with the Warden, PREA Compliance Manager, and facility investigator confirm all know the protocols required when an allegation is received about an incident that occurred at another facility. Interview with the Commissioner confirmed her expectation that all Wardens follow this procedure.

115.63(d): CPP/14.7 requires the facility to investigate all allegations received from other facilities. Based on interviews with the PREA Compliance Manager and the facility Investigator, there have been no allegations received from another facility of any incidents to have occurred while an offender was

housed at Green River Correctional Complex; however, if an allegation is received, it will be investigated the same as any other allegation.

Analysis of the information obtained during interviews, policy review, and document review concludes the facility meets provisions of this standard.

## Standard 115.64: Staff first responder duties

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.64(a)(b): CPP/14.7 requires any staff member, upon learning that an offender was sexually abused, to immediately ensure the safety of the alleged victim while reporting the information to the shift supervisor who will ensure the following steps have been taken: a) separation of the alleged victim and perpetrator; b) the crime scene has been secured and protected, or collected if scene cannot be secured; c) if within 96 hours of the incident, instruct the alleged victim and alleged perpetrator to not

take actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Interviews with security and non-security staff confirm a thorough knowledge of the required first responder duties. All staff are provided with a first responder pocket card as a reminder of the steps to follow.

Analysis of information obtained through interviews and policy review concludes Green River Correctional Complex meets provisions of this standard.

## Standard 115.65: Coordinated response

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.65(a): The auditor was provided a copy of the facility's "Sexual Assault Action Plan" that provides step-by-step instructions for coordinating actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan listed Owensboro Health Regional Hospital (OH) in Owensboro, KY as the designated location for a forensic medical exam to be performed. Interviews with staff (first responders, medical and mental health practitioners, investigators, and facility leadership) confirmed they were very knowledgeable of the steps outlined within the coordinate response plan and their specific responsibilities in response to a sexual abuse allegation. Auditor's interview with contact at OH confirmed their capacity to receive and treat inmate victims of sexual abuse from Green River Correctional Complex and that the hospital has SANE on staff.

Analysis of documentation and information obtained from interviews concludes Green River Correctional Complex meets this standard.

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

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on Kentucky Department of Corrections having no collective bargaining power and having no limitations in their ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome to an investigation or a determination of whether and to what extent discipline is warranted, Green River Correctional Complex meets provisions of this standard. CPP/3.22 establishes that during the course of an investigation, the accused staff may be temporarily re-assigned and or placed on special investigative leave. Compliance with this standard was confirmed during interviewed with the Commissioner.

### Standard 115.67: Agency protection against retaliation

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.67(a-e): The agency has established policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff through CPP/14.7 and CPP/3.22. Retaliation by or against any party involved in a complaint is strictly prohibited and is grounds for disciplinary action. The PREA Compliance Manager is the designated staff member charged with monitoring retaliation at Green River Correctional Complex. Monitoring begins the date the allegation is reported and continues for at least 90 days following the incident. This monitoring includes periodic status checks on inmates. Monitoring efforts are documented on the "Protection Against Retaliation" form which is filed with the completed investigation file following the 90-day monitoring period. Protection measures employed may include housing unit change, facility transfer, removal of alleged staff or inmate abuser from contact with the victim, emotional support services, and any other means necessary. Monitoring efforts include review of any disciplinary reports, housing unit changes, program changes, work assignments or negative reports, and any other activity deemed relevant by the PREA Compliance Manager. The auditor reviewed completed monitoring forms and found them to be well-documented and consistent with the requirements of this standard. Based on interview with the PREA Compliance Manager it was evident to the auditor that monitoring for retaliation is taken seriously and any suspicion of retaliation is addressed and remedied immediately. There were no incidents requiring staff monitoring during the audit period. Based on interview with the Commissioner, the agency has a zero-tolerance for any retaliation and when suspected or confirmed, appropriate and swift action will be taken.

Analysis of the information obtained through review of policy, review of investigative files, and interviews concludes Green River Correctional Complex meets all provisions of this standard.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Memorandum provided by the PREA Compliance Manager confirm there have been no incidents at Green River Correctional Complex during the audit period of an alleged victim being placed in segregated housing for protection. Victims of sexual abuse are not placed in segregated housing unless requested by the inmate. Auditor's analysis of information as explained in the §115.43 narrative

of this report along with review of investigative files concludes Green River Correctional Complex meets this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

115.71(a)(c): CPP/14.7 establishes the requirement for allegations of sexual abuse and sexual harassment to be promptly, thoroughly, and objectively investigated. Auditor review of files found the 18 investigations were conducted promptly, thoroughly, and objectively. The investigators documented detailed information related to each case to include evidence collected, interviews with victims/perpetrators/witnesses, and reviews of any prior reports or complaints. Interviews conducted with facility investigators found them to be knowledgeable of investigative protocols, evidence collection and evaluation, and requirements of this standard. The auditor understood through these interviews that the quality of the investigation is not impacted based on the manner in which an allegation is reported. A thorough review of the 18 case files investigated

115.71(b): CPP/14.7 establishes the requirement for all investigations to be conducted by specially trained investigators as defined in §115.34. The auditor verified that all 18 investigations were conducted by an investigator who has been trained in sexual abuse investigations. Criminal investigations are conducted by the Kentucky State Police; memorandum from Kentucky State Police confirms all Troopers receive training in sexual abuse investigations during basic training, which are consistent with the requirements of §115.34.

115.71(d): Compelled interviews are only conducted by trained Internal Affairs Investigators and in consultation with the Kentucky State Police once a case has been determined criminal. This was confirmed during auditor's interviews with facility investigators.

115.71(e): CPP/14.7 requires the credibility of an alleged victim, suspect, or witness to be assessed on an individual basis and to not be determined by the individual's status as an offender or staff member. An offender who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The auditor's interviews with investigators confirm their knowledge and adherence to these requirements.

115.71(f)(g): CPP/14.7 establishes the requirement for investigations to be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse is to include an effort to determine whether staff actions or failures to act contributed to the abuse. The auditor's review of 18 investigative files found them to be thoroughly documented as required by provision (f) and (g).

115.71(h): Investigative files clearly document referral for prosecution where supporting evidence is obtained. This is generally coordinated with the Kentucky State Police. Interviews with the Warden and Internal Affairs Investigator confirmed eligible cases are presented for prosecution.

115.71(i): The auditor's review of State Agency Records Retention Schedule for PREA investigative files determined the requirement for retention to be for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71(j): CPP/14.7 establishes that the departure of the alleged perpetrator or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation.

115.71(l): The auditor's review of the investigation files found clearly documented cooperative efforts between Green River Correctional Complex and external investigators and status updates to remain informed about the progress of the investigation; further confirmation was obtained during interviews

with the Warden and Internal Affairs Investigator. Auditor's interview with the PREA Coordinator confirmed that the administrative investigator is the contact person for the criminal investigator and works closely with them throughout that process. The PREA Coordinator's office monitors the progress of all investigations on a continuous basis.

Auditor's analysis of the information obtained from interviews, investigative file reviews, policy and other document review, concludes Green River meet provisions of this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CPP/14.7 establishes the requirement of no standard higher than a preponderance of the evidence to be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative investigations. The auditor's review of investigation files found the investigative summaries were clearly documented to support a process of preponderance of the evidence was used in making a determination of the findings for each investigation. Interviews with facility investigators confirmed this is the standard used. Based on information obtained through policy review, file review and interviews Green River Correctional Complex meets requirement of this standard.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

115.73(a-e): CPP/14.7 requires that following and investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed and it shall be documented when the: a) allegation has been determined to be substantiated, unsubstantiated or unfounded; b) alleged perpetrator is no longer posted within the offender's unit; c) alleged perpetrator is no longer employed; d) alleged perpetrator has been indicted or convicted on a charge related to sexual abuse. When the case has been referred for investigation by an external entity, the facility will remain updated on the status of the case and will make required notifications as information is available from the external entity. These notifications are made using the "Offender Notification" form. The auditor observed completed notification forms as part of the investigative file review and confirmed through interview with the PREA Compliance Manager that the inmate is notified upon completion of the investigation.

Analysis of the information obtained from policy review, document review, and interviews concludes Green River Correctional Complex meets the provisions of this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination



- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.76(a-d): CPP/3.22 establishes staff members found to have violated the staff sexual abuse policy are subject to disciplinary action up to and including dismissal, based upon the findings of the investigation. Disciplinary action will be commensurate with the nature and circumstances of the violation. Any staff member found to have engaged in sexual abuse based upon the findings of the investigation may be terminated. All terminations related to criminal activity, including resignations that would have resulting in termination if not for the resignation, shall be reported to the Kentucky State Police. Interview with the PREA Coordinator and Internal Affairs investigator confirmed that the investigation will be completed and forwarded for prosecution even if the employee resigns or is terminated. Additionally, the PREA Coordinator's Office monitors substantiated cases and will provide notification to any relevant licensing body, where necessary. If the findings are inconclusive but the investigation reveals potentially problematic conduct, preventive action shall be taken. The accused shall be reminded of Corrections' policy and further preventive measures may be taken including additional training to avoid a further recurrence or permanent reassignment. The auditor reviewed a case where the staff member resigned during the investigation and documentation revealed the investigation continued and the case was turned over to Kentucky State Police for criminal charges. Interviews with the Warden, PREA Compliance Manager, and HR Administrator confirmed no staff have received disciplinary action for violation of these policies.

Analysis of information obtained from policy review, investigative file review, and interviews concludes Green River Correctional Complex and Kentucky Department of Corrections meets provisions of this standard.

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CPP/3.22 establishes the same requirements as employees documented in §115.76 narrative and any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to the Kentucky State Police if the activity was deemed criminal. Interview with the Warden confirmed that he has the authority to remove a contractor or volunteer from contact with inmates upon cause or suspicion. Additionally, the PREA Coordinator's Office monitors substantiated cases and will provide notification to any relevant licensing body, where necessary, as confirmed during interview.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.78(a)(b): CPP/15.2 establishes sanctions for inmates found guilty of sexual abuse after due process through the disciplinary procedures. For this violation sanctions imposed can be loss of up to four years non-restorable good time and assignment to disciplinary segregation for a maximum of 30 days for each offense. Based on statement of fact from PREA Compliance Manager, Green River Correctional Complex has had no confirmed incidents of sexual assault where an inmate received disciplinary action during the audit period. Investigative file reviews found no substantiated allegations.

115.78(c): CPP/14.7 requires the facility to consider whether the offender's mental disabilities or mental illness contributed to his behavior when determining what level of sanction, if any, will be imposed when pending disciplinary sanctions for sexual abuse charges. Interviews with the disciplinary hearing officer and mental health staff confirm this consideration is weighed when sanctions are determined, although there were no cases within the reporting period that met these criteria.

115.78(d): Green River Correctional Complex offers therapy, counseling, substance abuse treatment, and other intervention programs. The facility currently operates under a unit management concept designed to foster personal relationships in smaller groups and assures inmate access to staff that is familiar with their needs. An inmate may seek personal counseling from a Unit Team who will assist with institutional programming, and other identified needs. Inmates are encouraged to pursue avenues to address and correct underlying reasons or motivations for abusive behavior. Interviews with several Unit Administrators and the Psychologist confirmed this as standard practice at Green River Correctional Complex.

115.78(e): CPP/14.7 establishes offenders may not be disciplined for sexual abuse of a staff member if the staff member consented. Interviews with the PREA Compliance Manager and Internal Affairs Investigator confirmed that no inmate has been disciplined for sexual abuse of a staff member under these circumstances.

115.78(f): CPP/14.7 establishes an offender may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegations. Review of the investigative files found one instance where an inmate was disciplined for making a false PREA allegation which was found to be a malicious attempt to retaliate against an officer.

115.78(g): Consensual sex between inmates is prohibited at Green River Correctional Complex and both parties are subject to disciplinary action if found to engage in this activity. The auditor was provided a copy of disciplinary action for inappropriate sexual behavior by an inmate for a finding of guilt after due process.

Analysis of information obtained from investigative file reviews, policy review, and interviews concludes Green River Correctional Complex meets the provisions of this standard.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.81(a)(b)(c): CPP/14.7 requires when a risk assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within 14 days of the assessment. The auditor reviewed two documented referrals to mental health practitioner for inmates who reported prior sexual abuse (1-victim and 1-perpetrator); these referrals were made the same day as the assessment and confirmed as scheduled by the mental health professional. Interviews with mental health professionals confirmed inmates are seen within 14 days after receiving a referral by staff.

115.81(d): CPP/14.7 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and to make security and management decisions regarding housing, beds, work, education, and program assignments. The information collected for the assessment is entered into the inmate management database system which is restricted to those employees who participate in classification and security management decisions. User access is granted through a need to access basis and is controlled by position level rights. This information was confirmed through interviews with the Warden and PREA Compliance Manager.

115.81(e): CPP/14.7 requires medical and mental health professionals to obtain informed consent from the offender prior to reporting information related to a prior sexual victimization that did not occur in a facility. The auditor's interview with the Psychologist confirmed that informed consent from inmates is required and obtained before reporting information about prior sexual victimization that did not occur in an institutional setting.

Analysis of information obtained from interviews, documentation review, and policy review concludes Green River Correctional Complex meets the provisions of this standard.

## Standard 115.82: Access to emergency medical and mental health services

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes    No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes    No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes    No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes    No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes    No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.82(a): CPP/14.7 requires inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with the Sexual Assault Action Plan, discussed in §115.65, inmate victims of sexual assault will be examined by Green River Correctional Complex medical staff for injuries prior to transporting to the hospital for a forensic exam and further treatment. Inmates will be transported to Owensboro Hospital in Daviess County which is a designated Sexual Assault Nurse Examiner-Ready facility. Interviews with medical staff confirmed that these services will be provided immediately, and consistent with community standards of care. They further confirmed that the decision on whether an inmate needs to be referred to the hospital is made by the medical department.

115.82(b): Green River Correctional Complex has 24/7 medical coverage. Inmate victims will be separated from the alleged perpetrator and all inmates will be kept under constant observation in SMU and a psychological referral will be submitted to the institutional Psychologist by the Shift Supervisor with details of the incident.

115.82(c): CPP/14.7 requires inmate victims of sexual abuse to be offered timely information about and access to sexually transmitted infections prophylaxis as deemed appropriate by the medical practitioner. There have been no incidents in the past 12 months meeting the need for this action to verify.

115.82(d): CPP/14.7 requires current and previous victims of sexual abuse to receive any medical and mental health services related to the sexual abuse at no cost to the offender. The Health Service Administrator confirmed inmates are not charged for treatment services related to sexual abuse.

Interviews with medical staff and mental health practitioners and the Health Service Administrator confirmed there have been no incidents requiring a forensic medical exam in the past 12 months; all staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. The allegations which have been reported within the past 12 months have been mostly harassment, yet each inmate is taken immediately to medical for an evaluation and referral for any continuing treatment that may be deemed necessary.

Analysis of the information obtained from interviews and policy and document review concludes Green River Correctional Complex meets the provisions of this standard.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.83(a)(b)(c)(f): CPP/14.7 requires the facility to offer medical and mental health evaluation and treatment as deemed appropriate, for all offenders who have been victims of sexual abuse in any correctional facility. This treatment includes follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Victims of sexual assault will be offered testing for sexually transmitted infections as deemed appropriate by the medical practitioner. All services provided by Green River Correctional Complex medical staff is consistent with the community level of care. Interviews with the Psychologist, Health Services Administrator, and medical staff confirms that treatment is offered to all offenders who have been victims of sexual abuse in any facility; the inmate has the right to participate or refuse treatment.

115.83(d)(e): Green River Correctional Complex is a male facility.

115.83(g): CPP/14.7 requires current and previous victims of sexual abuse to receive any medical and mental health treatment services related to the sexual abuse at no cost to the offender. In addition to



services provided by Green River Correctional Complex staff, inmates are eligible to received follow-up crisis counseling by phone and three in-person sessions with the Sanctuary, Inc., under the MOU established with KASAAP. Inmates who were seen by medical for an evaluation after an allegation of sexual abuse/harassment were not charged for services.

115.83(h): CPP/14.7 requires mental health practitioners to attempt to conduct an evaluation on all known offender-on-offender perpetrators within 60 days of learning of such abuse and provide treatment as deemed appropriate. The auditor was provided with two examples providing evidence that known perpetrators are evaluated by mental health practitioners at Green River Correctional Complex. The interview with the Psychologist confirmed that known perpetrators are referred for an evaluation; if treatment needs are indicated, this will be offered to the inmate who may accept or refuse treatment.

Interviews with medical staff and mental health practitioner and the Health Service Administrator confirmed there have been no incidents requiring a forensic medical exam in the past 12 months; all staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. The allegations which have been reported within the past 12 months have been mostly harassment, yet each inmate is taken immediately to medical for an evaluation and referral for any continuing treatment that may be deemed necessary. If an inmate is transferred or released, they will be provided with a treatment plan that follows to their next facility or they will be provided community information for continuation of care.

Analysis of the information obtained from interviews and policy and document review concludes Green River Correctional Complex meets the provisions of this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.86(a)(b): CPP/14.7 directs all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Interview with the PREA Compliance Manager confirmed that she initiates an incident review upon completion of the investigation. The auditor's review of the investigative files found these reviews occur within the designated timeframe.

115.86(c): The Green River Correctional Complex review team consists of the PREA Compliance Manager, line supervisors, medical and/or mental health staff, investigators, and deputy wardens.

115.86(d)(e): Considerations of the review include: a) whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect or respond to sexual abuse; b) whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; c) examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d) assessment of adequacy of staffing levels in that area during different shifts; e) assessment of monitoring technology deployment or as staff augmentation. The incident

review is documented on the Sexual Abuse Incident Review Report form, CPP14.7, Attachment III and lists any recommended improvements. This review is submitted to the Warden for review and implementation of any approved recommendations. The facility documents implementation of these recommendations or its reasons for not doing so. The form is submitted to the agency's PREA Coordinator upon completion.

The auditor interviewed incident review team members and found them to be knowledgeable about the process. Each person was able to talk through the various elements that the team reviews after the closure of an investigation. Interview with the Warden confirmed that he takes the recommendations made by this team seriously and spoke to several of the recommendations that were implemented. The auditor's evaluation based on interviews is that the incident review team produces meaningful and effective results. The standardization of the process by the agency's PREA Coordinator's Office through implementation of the Sexual Abuse Incident Review Report form, CPP14.7, Attachment III is above the requirements of this standard; in addition, the PREA Coordinator's Office tracks the due date for completion of each incident review and requires the facility provide a copy of the form upon completion for review.

Analysis of the information obtained from interviews, completed incident reviews, and policy review concludes Green River Correctional Complex and Kentucky Department of Corrections meet and exceed provisions of this standard.

## **Standard 115.87: Data collection**

### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### **115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.87(a): The agency collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions using their computer-based offender management system (KOMS). CPP/14.7 requires each facility to provide allegations and dispositions of sexual offenses on a monthly report.

115.87(b)(d)(e): The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, to include those from private facilities with which it contracts. The agency aggregates the incident-based sexual abuse data at least annually and publishes an annual report. The last published report available is 2018.

115.87(c)(f): The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). Information is provided to the DOJ upon request. The last data requested was in 2018.

The agency's PREA Coordinator is responsible for collecting and managing this data and publishing the related reports. She confirms that the PREA data collected is maintained in a network drive that has limited access. The auditor's interview with the PREA Coordinator indicates she is very knowledgeable about the data collection requirements and has a good system in place for incident reviews.

Auditor's finds the agency meets the requirements of this standard based on document reviews and interviews.

### Standard 115.88: Data review for corrective action

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes    No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes    No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.88(a): The agency's PREA Coordinator is responsible for reviewing data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies practices and training by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility as well as the agency. Interview with the PREA Coordinator confirms that she and her team make regular use of the incidence data collected and is in constant motion for improving the agency's PREA programs. She meets with the PREA Compliance Managers monthly virtually to discuss any problem areas and to provide on-going training. The KOMS provides a mechanism for regular data analysis from multiple perspectives on a micro and macro basis.

115.88(b)(c)(d): The PREA Coordinator compiles and publishes an annual report for the agency which includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The most current report published is 2019. The Kentucky Department of Corrections Commissioner approves the annual report. This report is published to the agency's public website. This public report contains no information that would present a clear and specific threat to the safety and security of a facility therefore, redacting is unnecessary.

Analysis of the information obtained through document review and interview with the PREA Coordinator and Commissioner concludes Kentucky Department of Corrections meets all provisions of this standard.

## Standard 115.89: Data storage, publication, and destruction

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.89(a): CPP/14.7 requires all case records associated with claims of sexual offenses, including incident reports, investigation reports, offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, to be retained securely and in accordance with the records retention schedule. User access to KOMS database is highly restricted and access is issued by approval of the PREA Coordinator.

115.89(b)(c): Aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, is made readily available to the public annually through its public website. The PREA Coordinator compiles and publishes this annual report, as noted in §115.88, The most current report published is 2019. This report is published to the agency's public website. This public report contains no information that requires redacting.

115.89(d): The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection as required by the State Agency Records Retention Schedule for Corrections/Adult Institutions.

Auditor's analysis of information obtained from interview with PREA Coordinator and review of policy and PREA data reports concludes the Kentucky Department of Corrections and Green River Correctional Complex meets the provisions of this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Kentucky Department of Corrections is in the second year of the current audit cycle. During interview with the agency's PREA Coordinator, the auditor confirmed that audits were scheduled in accordance with the requirements of §115.401, to include those entities under contract with the agency. However, due to the COVID-19 pandemic over the past year, some of those audits that were scheduled were unable to be conducted. The PREA Coordinator continues to monitor PREA compliance in all facilities and is working to get them scheduled at their earliest possible date. A review of the agency's website and prior PREA audit reports found the agency to be consistent and systematic with ensuring audits are completed.

115.401(n): The auditor observed during the on-site tour the required notifications posted prominently and conspicuously in areas accessed by inmates and staff. According to interviews with mailroom staff, outgoing mail to the PREA Auditor or ACA would be treated in the same manner as legal mail and would not be opened, unless in the presence of the inmate should it appear suspicious. No letters were received by the auditor or by ACA on behalf of the auditor as of issuance of this report.

Based on interviews with the Commissioner and the PREA Coordinator, review of website, and review of documentation provided by agency, the auditor finds Green River Correctional Complex and Kentucky Department of Corrections meets all provisions of this standard.

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The auditor's review of the agency's public website finds the Final Audit Reports have been published in accordance with §115.403.

## 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sharon R. Shaver \_\_\_\_\_

01/20/2021 \_\_\_\_\_

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.