

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

Interim Final

Date of Report 08-17-2021

Auditor Information

Name: Lori Fadorick

Email: lfadorick@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: P.O. Box 2634

City, State, Zip: Salem, Virginia 24153

Telephone: 540-206-9389

Date of Facility Visit: June 30 - July 2, 2021

Agency Information

Name of Agency:

Kentucky Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Justice and 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://corrections.ky.Policyv/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corrections.ky.Policyv/about/pages/prison-rape-elimination-act-(PREA).aspx)

Agency Chief Executive Officer

Name: Cookie Crews, Commissioner

Email: cookie.crews@ky.gov

Telephone: 502-5627259

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

14

Facility Information

Name of Facility: Little Sandy Correctional Complex

Physical Address: 505 Prison Connector Road

City, State, Zip: Sandy Hook, KY 41171

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: [http://corrections.ky.Policyv/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corrections.ky.Policyv/about/pages/prison-rape-elimination-act-(PREA).aspx)

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: DOC)

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: Keith Helton, Warden

Email: keith.helton@ky.gov

Telephone: 606-738-6133 x1101

Facility PREA Compliance Manager

Name: Holly Finch

Email: holly.finch@ky.gov

Telephone: 606-738-6133 x1706

Facility Health Service Administrator N/A

Name: Summea James

Email: summea.james@ky.gov

Telephone: 606-738-6133 x1309

Facility Characteristics

Designated Facility Capacity:	1062	
Current Population of Facility:	829	
Average daily population for the past 12 months:	876	
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:	27-83	
Average length of stay or time under supervision:	19 months	
Facility security levels/inmate custody levels:	Community, Minimum, Medium, Maximum	
Number of inmates admitted to facility during the past 12 months:	181	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	181	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	180	
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)	<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:	242	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	82
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	43
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0 currently due to Covid
Physical Plant	
<p>Number of buildings:</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>	14
<p>Number of inmate housing units:</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>	16
Number of single cell housing units:	7
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	90
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: Click or tap here to enter text.)

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: Click or tap here to enter text.) <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?	6
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: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Little Sandy Correctional Complex, a Kentucky DOC facility contracted with Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor, through the American Correctional Association (ACA) on April 7, 2021 to conduct a Prison Rape Elimination Act (PREA) Audit of the facility. The purpose of this audit was to determine Little Sandy Correctional Complex's level of compliance with the standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act Audit for LSCC. They were previously audited in April 2018 and February 2016.

On May 5, 2021, I spoke with Shannon Butrum, PREA Coordinator via email. We spoke several times via email and phone over the following weeks. We discussed the documents that will be required for review and outlined the agenda for the on-site audit. The auditor answered any questions from the PREA Coordinator and discussed submission of the PAQ, as well as additional documentation.

The Auditor requested for the PREA Coordinator to assist in identifying and, if possible, make the following available for targeted staff and inmate interviews during the on-site portion of the audit:

INMATES:

- Youthful inmates/detainees confined in adult prisons, jails, and lockups, if any
- Youthful inmates held in segregated housing to provide sight and sound separation, if any
- Inmates with a physical or cognitive disability
- Inmates who are Limited English Proficient
- Transgender and intersex inmates
- Lesbian, gay, and bisexual inmates
- Inmates placed in segregated housing for their own protection from sexual victimization
- Inmates who reported sexual abuse that occurred in the facility
- Inmates who reported prior sexual victimization during risk screening

STAFF:

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds
- Line staff who supervise youthful inmates, if any
- Education and program staff who work with youthful inmates, if any
- Medical and mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation

- First responders, both security and non-security staff
- Intake staff
- Warden or designee
- PREA Coordinator

The Auditor requested that all documents be provided electronically, if at all possible, and that the PAQ and associated documents be provided on a removable storage device, and sent via certified mail.

On May 4, 2021, Mr. David Haasenritter, ACA Standards and Accreditation Director emailed Ms. Butrum the PREA Audit notices in both English and Spanish, which is the prevalent non-English language spoken in their area. Ms. Butrum sent these via email to the facility's PREA Coordinator on the same day. The Audit Notices contained contact information for the Auditor and information on how offenders could confidentially contact the Auditor prior to the onsite portion of the audit, as well as limits of confidentiality of the auditors in accordance with the law.

Ms. Joy Bell, a U.S. Department of Justice Certified PREA Auditor, also contracted through the American Correctional Association (ACA) assisted with the audit of the Little Sandy Correctional Complex.

Audit notices were posted on May 4, 2021 in all inmate living areas, as well as public areas, including the lobby and visitation areas announcing the upcoming audit and containing the Auditor's contact information. Documentation was submitted to the Auditor demonstrating the timely posting of the audit notices. Audit notices were present and observed at the time of the on-site audit. The Auditor received no communications from any inmates at LSCC prior to the onsite audit at the PREA Audit Post Office Box. The facility was requested and agreed to keep all notices posted for four weeks following the on-site audit. As of the date of this report, the Auditor has received no letters from any offenders at Little Sandy Correctional Complex at the PREA Audit Post Office Box.

On June 11, 2021, the Auditor received a removable storage device from PREA Compliance Manager Holly Finch containing the Pre-Audit Questionnaire (PAQ), as well as supporting documentation and policies, including forms, staffing plan, reports, floor plans, training outlines, and assessments. In the weeks leading up to the on-site evaluation, the Auditor performed a comprehensive review of the agency policies, operational procedures, forms, training materials and other related supporting documentation submitted by the facility to demonstrate compliance with the standards. During and after this review, the Auditor had several follow-up conversations with the agency. All requests for additional documentation and clarification were provided promptly and reviewed by the Auditor prior to and during the on-site portion of the audit.

The Auditor reviewed the KYDOC website. The website includes a link to access information on PREA, including the agency's zero tolerance policy, resources for counseling, reporting information and the annual report.

During the Pre-Audit phase, the Auditor did not identify any current pending litigation or federal consent decrees related to sexual misconduct.

Onsite Audit Phase:

The Prison Rape Elimination Act (PREA) on-site audit of the Little Sandy Correctional Complex in Sandy Hook, Kentucky was conducted on June 30 – July 2, 2021 by Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia and Joy Bell, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Raleigh, North Carolina.

An entrance conference was conducted with facility administration on the afternoon of June 30, 2021. Present were Auditor Lori Fadorick, Auditor Joy Bell, Statewide PREA Coordinator Shannon Butrum, Warden Keith Helton, PREA Compliance Manager Holly Finch, Deputy Warden David Bradley, Deputy Warden Ivan Krow II, and Unit Administrator David Riggs, back up PCM. After a brief overview and opening

remarks by both the Auditors and Administrators, the discussion focused on the schedule for the audit and a review of the audit process. The Auditors asked if there were any questions regarding the on-site portion before proceeding.

The Auditors were given a secure conference room in the administrative area of the facility in which to work and perform confidential staff interviews. Inmate interviews were conducted in a secure area within the facility, away from the inmate housing areas. The population on the morning of the first day of the audit was 967. The auditors briefed the PREA Compliance Manager and administrative staff on the audit methodology, the proposed audit schedule and provided her with a list of documents that would be reviewed during the audit. In addition, the auditors informed the PCM that there may be additional documents requested depending on any findings during the on-site portion of the audit.

The PREA Compliance Manager provided the auditors with a roster of all inmates currently housed in the facility alphabetically and by housing unit, as well as staff rosters by shift for the three days of the onsite portion of the audit. The auditors were informed that there had been 7 total PREA related investigations conducted during the audit period.

Following the entrance conference, the Auditors toured the facility escorted by Warden Helton, PCM Holly Finch, and Unit Administrator David Riggs. The Auditors toured all areas of the facility, including all offender housing areas, kitchen, laundry, medical, intake, records and the program areas. Due to COVID related precautions, housing units on lockdown due to COVID related safety precautions were not toured. All inmates received at the facility are quarantined upon arrival. In addition, inmates from these housing units were not selected to be interviewed due to the inability to remove them from the housing unit.

The Auditors had full, unimpeded access to all areas of the Little Sandy Correctional Complex. Throughout the facility tour, the Auditors spoke informally with both offenders and staff. Some of the informal questions asked of the offenders included their perception of the safety of the facility, information they had received at intake, if they knew the various reporting methods, and whether or not they had seen the PREA orientation video. Some of the informal questions asked of staff included their perception of the safety of the facility, their awareness of the first responder duties and their awareness of the various reporting methods. The Auditors observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. During the review of the physical plant, the Auditors observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditors noted that the shower areas in the offender housing areas have separate shower curtains for each of the showers. There is an area in the corner of the shower that is walled off around three sides and a curtain can be placed in the front. This area provides more privacy and is used for the transgender inmates to shower individually. Security staff regularly monitor the showers during their rounds to ensure this is not a safety issue. Throughout the tour, the Auditors were observing for blind spots in the facility and the overall level of offender supervision. Due to COVID related restrictions, most programs were not being conducted yet in order to minimize movement and help minimize the spread of the virus.

After the completion of the physical plant review and tour, the Auditors began interviewing random and specialized staff and inmates, as well as reviewing additional documentation on site. The Auditors observed and spoke with staff on the evening shift on the second day of the onsite portion of the audit. On day two, the Auditors conducted additional specialized staff interviews and completed the random and specialized inmate interviews. Final document and file review were conducted on day three, including training, personnel and offender files. The investigative files were reviewed on day three and an exit conference was conducted with the Warden, PREA Compliance Manager, PREA Coordinator and other administrative staff to discuss the audit results, questions and any needed follow-up.

Staff Interviews:

The Auditor began conducting random and specialized staff interviews on day one of the onsite audit. The Auditor was provided private space to conduct the confidential interviews. All staff were made available in a timely manner. No staff refused to be interviewed when requested by the Auditor. Overall, a total of 23 staff were interviewed during the on-site review. Included in the interviews was 12 random staff representing three shifts over three days, 0700 to 1500 and 1500 to 2300 and 2300 to 0700. The Auditor was provided a roster for each shift working the days the interviews were conducted, as well as a roster for daylight staff not included on the shifts. Specialty staff interviewed included medical, mental health, investigator, intermediate level supervisors, staff who perform risk assessments, classification, intake staff, and staff on the incident review team. Also interviewed were the Warden, Human Resources, Training and The PREA Coordinator. Due to Covid related protocols, most programming was not being held at the time of time on-site audit and some staff, including volunteers were not available to interview. All interviews were conducted using appropriate social distancing and masks by both the auditor and interviewee. All staff interviews were conducted using the established DOJ interview protocols.

Category of Staff	Interviews Conducted
Random Staff (Total)	12
Targeted Staff (Total)	16
Total Staff Interviewed	28
Breakdown of Targeted Staff Interviews	
• Supervisors	6
• Medical and Mental Health Staff	4
• Non-Medical Staff involved with cross-gender searches	1
• Human Resources Director	1
• Volunteer Personnel	0* Due to Covid - none
• Investigator	1
• Staff who perform screening for risk of victimization	2
• Staff who supervise inmates in restrictive housing	2
• Member of Incident Review Team	1
• Staff who Monitor Retaliation	1
• First Responders	1
• Contract Staff/First Responders (non-Security)	1
• Intake Staff	1
• Food Service Staff	1
• Staff Responsible for supervising youthful offenders	0
• Training Staff	2
• Contract Administrator	1
• Agency Head (Commissioner)	1
• Warden	1
• PREA Coordinator	1
• PREA Compliance Manager	1

Inmate Interviews:

The Auditors began conducting inmate interviews on day one of the on-site portion of the audit. Based upon the inmate population on day one of the audit (967), the PREA Auditor Handbook required that the auditors interview a minimum of 33 inmates, 15 random and 15 targeted. All interviews with inmates occurred in a

secure area away from the inmate housing units to ensure privacy. All interviews were conducted using appropriate social distancing and masks by both the auditor and interviewee.

There were 967 male offenders housed in the facility during the on-site review. The Auditor was provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 33 offenders was interviewed. On the afternoon of day one of the on-site portion of the audit, the staff provided the Auditors a list of inmates arranged by housing unit as well as a list of inmates who were identified as the targeted populations. Inmates in all of the targeted categories were identified with the exception of Inmates in Segregated Housing for High Risk of Sexual Victimization and LEP Inmates. The facility does not hold inmates in restrictive housing for being at sexual victimization unless they request to be there. They did not have any inmates being held in restrictive housing for this reason at the time of the onsite audit. In addition, there were no inmates identified as limited English proficient. The facility does not hold Youthful Offenders. The facility did not have any Youthful Offenders at the time of the on-site review and have not had any during the audit period.

If a randomly selected inmate refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There was one inmate selected to be interviewed that refused. Another inmate in the same housing area was randomly selected. Due to COVID related precautions and protocols, inmates from the intake housing areas were not selected to be interviewed. These inmates were not able to be moved out of the housing units at the time.

Offender interviews were conducted using the established DOJ interview protocols. Offenders were also asked about their perceptions of the sexual safety of the facility and whether they felt the staff would take reported allegations seriously. The offenders felt that the facility staff took their sexual safety seriously and made PREA compliance a priority. The staff, including administrators, are well-respected by the offenders and most all offenders interviewed indicated that the staff care about their safety and well-being.

Category of Inmates	Interviews Conducted
Random Inmates (Total)	17
Targeted Inmates (Total)	16
Total Inmates Interviewed	33
Breakdown of Targeted Inmate Interviews	
• Youthful Inmates	0
• Inmates With Physical Disability	2
• Inmates Who Are Blind, Deaf, Hard of Hearing	2
• Inmates Who Are LEP	0
• Inmates With a Cognitive Disability	1
• Inmates Who Identify as Lesbian, Gay or Bisexual	2
• Inmates Who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Sexual Victimization	0
• Inmates Who Reported Sexual Abuse	2
• Inmates Who Reported Sexual Victimization During Risk Screening	4
Total Number of Targeted Inmate Interviews	16

On-Site Document Review:

On all three days of the on-site portion of the audit, the Auditors conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff.

The Auditor reviewed a random sampling of staff training files to determine compliance with training standards. The training staff explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and booking procedures were observed and intake screenings are conducted in private.

The Auditor requested additional supporting documentation to include: training records for randomly chosen staff, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions if applicable.

Employee Files: The Auditor randomly selected employee files by using the employee roster. The files were separated into two types, personnel and training.

Inmate Files: The Auditor selected inmate classification files without regard or notice of housing type, housing location, conviction status or time of incarceration. Inmate files are kept electronically in KOMS (Kentucky Offender Management System), with each staff member having a unique logon and credentials with varying degrees of access depending on job title and clearance level. There are a limited number of staff including classification staff, records personnel, and facility administration that have access to the records. In addition, all medical records are maintained electronically, and only medical personnel and certain jail administration have access.

Training Rosters: The auditors reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified.

Investigative Files: The Auditor reviewed the investigative file for the 7 allegations of PREA related misconduct during the previous 12 months.

The Auditor reviewed the investigative files, which included interview notes, medical as well as mental health records and findings. None of the investigations resulted in a finding of criminal activity.

The Auditor verified the availability of SANE/SAFE services at King's Daughter Medical Center Emergency Department.

Exit Interview:

The Auditors were treated with great hospitality during the entirety of the visit and were given unimpeded access to all areas of the facility during the review. The Auditors conducted the exit conference on the morning of the third day, July 2, 2021. Present were Auditor Lori Fadorick, Auditor Joy Bell, Statewide PREA Coordinator Shannon Butrum, Warden Keith Helton, PREA Compliance Manager Holly Finch, and Deputy Warden David Bradley. The facility administration was open in the discussion of the PREA program at the facility and receptive to the feedback received from the Auditors. The Auditors highlighted the success of the audit and outlined a plan to move forward with the suggestions and the minimal corrective action noted by the auditors.

Post On-site Phase:

The Interim report has been completed and the Auditor continues to collaborate with the LSCC for finalizing the compliance efforts.

There was one corrective action measure required, however this has already been completed and submitted to the auditor's satisfaction, therefore the interim report is considered the final report.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Little Sandy Correctional Complex is located at 505 Prison Connector Way, Sandy Hook, Kentucky 41171. The facility sits on approximately 100 acres in Elliott County. It is the state's newest and most technologically advanced institution. Construction began in December 2001 with the ground breaking ceremony. The institution began receiving its first female inmates in May 2005. Male inmates began arriving on July 15, 2005 and by September 2005, all female inmates were transferred.

The facility can hold a total of 1010 inmates, housed in two living units. The housing also includes a 100 bed minimum security unit and a 90 bed special management unit. There are numerous support buildings including academic and vocational schools, a medical unit, inmate canteen, correctional industries, a gym, dining facility, and maintenance area.

Little Sandy Correctional Complex received its initial accreditation on August 13, 2007 by the American Correctional Association (ACA) with 100% compliance. The institution was reaccredited on July 13, 2013, and was once again awarded with 100% compliance.

Video monitoring systems are strategically placed throughout the facility to enhance security and surveillance. Security rounds are conducted at a minimum twice hourly.

The facility currently employees 242 staff members who have contact with inmates. Overtime is used to fill mandatory posts if needed and a preferred staffing level is mandated and monitored by the Deputy Warden.

The LSCC offers various types of programs and religious services for inmates and promotes rehabilitation that gives inmates knowledge, skills, and abilities that aid in a productive life. The LSCC provides for onsite mental health and medical services, which includes 24/7 medical personnel on site.

The facility's chief executive is Warden Keith Helton. The LSCC, through the KYDOC has an MOU with Kentucky Association of Sexual Assault Programs (KASAP) to provide advocacy and support services for victims of sexual assault. The Auditor has verified the agreement with KASAP.

All staff, contractors and volunteers undergo a criminal records check and background investigation and orientation which includes PREA training prior to assuming any duties requiring contact with inmates.

The Little Sandy Correctional Complex has more than 200 cameras monitoring all areas of the facility. They have recently updated their monitoring system, replacing some cameras, adding some cameras and have plans to add more cameras. The control room is monitored 24 hours a day, seven days a week by trained personnel.

Food services is provided by Aramark and inmates are fed in the dining area. The facility has both inside and fresh air recreation areas for inmates and other multipurpose areas for use as classrooms and other programming. There are inmate work programs such as laundry services, food service, maintenance, housekeeping, outside detail and vocational programs. The working conditions consist of detention officer supervision and monitoring by recording CCTV devices. All inmate movement is controlled by staff and observed by CCTV. Inmates in work programs are supervised by detention officers and pat searches are conducted by officers of the same gender, absent exigent circumstances. There are private areas provided

for conducting strip searches. The auditors conducted an inspection of the physical plant and observed that there is a large number of recording CCTV cameras in place throughout the facility. However, their presence provided adequate privacy for inmates to perform bodily functions and change clothes. The shower areas were appropriately private, but not so secluded as to create an area for potential abuse. The common toilet areas are appropriately private. The lighting around the facility was bright and there were no obvious blind spots. There was a cooperative atmosphere between staff and inmates and their appeared to be an attitude of mutual respect. There were very few areas where staff and inmates would be isolated, and in those areas, there was recorded CCTV coverage. Overall, the administration has taken steps to assure that the sexual safety of both staff and inmates is a priority.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

PREA Standards Compliance Overview – Interim and Final Audit Report

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: 115.11, 115.16, 115.42, 115.51, 115.86, 115.87

Standards Met

Number of Standards Met: 39

List of Standards Met:

115.12, 115.13, 115.14, 115.15, 115.17, 115.18
115.21, 115.22
115.31, 115.32, 115.33, 115.34, 115.35
115.41, 115.43
115.52, 115.53, 115.54
115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68
115.71, 115.72, 115.73,
115.76, 115.77, 115.78
115.81, 115.82, 115.83
115.88, 115.89
115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

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

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 3.22, 14.7**
- 3. LSCC Organizational Chart**
- 4. Interviews with Staff including the following:**
 - a. PREA Coordinator**
 - b. Warden**
 - c. PCM**
- 5. Interviews with Inmates**
- 6. Observations during on-site review**

The Auditor reviewed the KYDOC Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of “zero tolerance” is apparent throughout the facility as evidenced by informational posters and interactions and interviews with both offenders and staff. The zero-tolerance mandate is taken seriously by the staff at the facility and this is reflected in the offender interviews.

The KYDOC has designated Shannon Butrum as the PREA Coordinator as of November 13, 2019. She is an Assistant Director of the Department’s PREA Division and all 14 PREA Compliance Managers report to her. Under her leadership, she has streamlined and standardized many of the processes and forms for the Department, making reporting, tracking and data collection much more efficient. She is a dedicated professional who has the respect of her peers, subordinates and supervisors. By virtue of her position, she has the authority to develop, implement and oversee the Department’s efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the Department and facility levels. Ms. Butrum is involved in the implementation efforts, as well as handling and reviewing individual offender issues.

The LSCC has designated Holly Finch as the PREA Coordinator. Ms. Finch is a Unit Administrator I. A review of the organizational chart reflects this position in organizational structure. Ms. Finch reports that she has sufficient time and by virtue of her position, the authority to develop, implement and oversee the facility’s efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility and Ms. Finch stated she is involved in the implementation efforts, as well as handling and reviewing individual offender issues.

Interviews with inmates indicated that they felt safe in the facility and feel that the staff take sexual assault and sexual harassment seriously. The majority of the inmates felt comfortable reporting to any of the staff at the facility and were confident any allegation would be handled appropriately and promptly.

Interviews with staff indicated that they were trained in and understood the zero-tolerance policy established by the LSCC. They understand their role with regard to prevention, detection and response procedures.

In addition to the designated PREA Compliance Manager, KYDOC has designated a back-up support staff (PREA Administrator) to assist in overseeing PREA compliance efforts at the facility.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 Policy for 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. Memo

3. Interviews with Staff including the following:

a. PREA Coordinator

b. Contract Monitor

The KYDOC has included language in all contracts (Master Agreements) to ensure that all contracted facilities comply with provisions of PREA. Targeted interviews with both the Contract Monitor for the agency and the PREA Coordinator confirm that all related contracts include language requiring compliance with PREA standards.

The Little Sandy Correctional Complex (LSCC) does not house inmates contracted by other entities or contract with other entities to house LSCC inmates. LSCC only houses state inmates and the Kentucky Department of Corrections contracts with halfway houses through Master Agreement to house state inmates.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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?
- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 3.22
3. Staffing Plan Guide
4. Staffing Plan Review 3-5-2021
5. Interviews with Staff
6. Interviews with Inmates
7. Unannounced rounds
8. Observations during on-site review

Interviews with the following:

- PCM
- Warden
- Random Staff
- Supervisors Responsible for Conducting Unannounced Rounds

Observation of the following:

- Observation of unannounced rounds by supervisors as well as auditors during the site review
- Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review

The LSCC has a comprehensive staffing plan that addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis was completed on March 5, 2021 at the PREA Supervision & Monitoring Meeting. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. There were no deviations from the staffing plan during this audit period due to mandated overtime.

The average daily population since the last PREA Audit is 970 and is slightly lower than normal due to Covid. The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all of the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Warden, the auditor verified that he reviews the annual staffing plan. In addition, during the targeted interview with the Warden, he stated that he does consider the use of CCTV in considering the staffing plan and that there are additional upgrades planned in the future. The Warden told the auditor during the targeted interview that if there were an instance where the facility did not comply with their staffing plan, that instance would be reported to the Deputy Warden and/or him and it would be reviewed. However, according to the Warden, the Deputy Warden, and the PAQ, there were no instances where they were out of compliance with the staffing plan. During the on-site portion of the audit and review of the on-duty personnel, the auditor found them to be following the staffing plan.

The auditor reviewed the most recent annual review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system comprised of multiple monitors located in the control room. These screens are monitored by staff at all times. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. There are more than 200 cameras covering the facility. The cameras are accessible from multiple locations, including the Captain's office and several senior administrative staff.

The staffing plan does require any deviations be documented and justified. Notations and daily deviations from the regular staffing plan are notated on the shift roster by the Captain. The Captain ensures that staffing does not fall below the minimum required. According to the PAQ and verified through staff interviews, there have been no instances of non-compliance with the staffing plan.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in all areas of the facility. There appeared to be open communication between staff and inmates. Inmates seemed to be comfortable approaching staff with questions and Auditor observed formal and informal interactions between staff and inmates.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the KYDOC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. During the pre-audit phase, the facility provided the auditor a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded daily. It is clear through observation that supervisors and administrators are conducting unannounced rounds and that the offenders are comfortable approaching and speaking with them. Interviews with supervisors, as well as line staff and inmates indicate that the rounds are unannounced and random and that there's no way for the staff to alert each other when the supervisors are coming through because there is no pattern or routine to the rounds. During the site review, the auditor informally spoke with staff and asked about unannounced rounds. All of the staff informally interviewed told the auditor that supervisors came on the duty posts frequently during their shifts and reviewed their logs and they really never knew when they were going to show up.

After a review, the Auditor determined that the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 18.3
3. Review of population report on the day of the audit as well as population reports from the previous 12 months
4. Interviews with Staff
5. Memo

Interviews with the following:

- PREA Compliance Manager

Observation of the following:

- Site Review

The LSCC does not house youthful offenders.

The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the LSCC within the audit period.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 3.22, 14.7, 9.8**
- 3. Strip Search Log**
- 4. Lesson Plan for Searches**
- 5. Memos**
- 6. Training Rosters**
- 7. Interviews with Staff**
- 8. Interviews with Inmates**

Interviews with the following:

- **Training staff**
- **Random Staff**
- **Medical Staff**
- **Random Inmates**

Observation of the following:

- **Observation of inmate housing area**
- **Observation of CCTV coverage of housing areas and individual protective cells**
- **Observation of staff announcing the presence of opposite gender staff during site review**

The LSCC does not conduct cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners. There is no exigent circumstance exception in the policy. Interviews with staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred.

The LSCC only holds male offenders.

The KYDOC policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The facility reports on the PAQ and verified through interviews that no cross-gender strip searches, or visual body cavity searches have occurred. KYDOC policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The toilet areas had modesty shielding and the showers were adequately private. A review of CCTV coverage in common areas and individual protective cells revealed that the cameras were pointed away from toilet areas or covered.

The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Female officers can supervise the male housing units. There are multiple safeguards in place to ensure that offenders are aware that female staff are on duty. There are announcements made, it is logged and there is also a placard that is put up when female officers are working that says "female on duty." The facility also has a "female on duty light" that is lit up when a female staff member is in the housing unit. Informal and formal random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female officers seeing them and that there is a mutually respectful relationship between the staff and offenders. Most offenders indicated that announcements are being made when opposite gender staff enter the housing units. However, despite not all inmates reporting that announcements were made, all of the inmates interviewed stated they always know when a female officer is working their floor and enters the housing unit. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in view.

LSCC policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, when asked what they would do if they were unable determine an offender's gender or genital status, all the staff were very clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender.

During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided a sample of training verification files, which the auditor could match to the training roster provided. During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. KYDOC policies require all staff to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were generally able to articulate to the Auditor how they would accomplish a search of a transgender inmate. Interviews with training staff indicate officers are trained on how to do searches of transgender and intersex offenders. The Auditor reviewed the training outline, as well as reviewed random training files. During the random staff interviews, all employees interviewed recalled being provided training on how to perform cross-gender pat down searches as well as how to search transgendered or intersex inmates. While interviews indicate that the officers have a basic understanding of how to conduct cross-gender searches and searches of transgender and intersex offenders, the staff could benefit from refresher training in this area.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Forms and pamphlets
4. Deaf Handout
5. Review of PREA training curriculum with section on effective communications
6. Employee training rosters for the past 12 months
7. PREA Training Video in English and Spanish and with subtitles
8. Written Agreement with commercial interpreter service as well as utilization documentation
9. Interviews with Staff
10. Interviews with Inmates

Interviews with the following:

- PREA Compliance Manager

- **Random Staff**
- **Classification Staff**
- **Intake Staff**
- **Inmates who have limited English proficiency and cognitive disabilities**

Observation of the following:

- **Observation of Interpretive Service access posters in classification as well as booking area**

The LSCC takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. KYDOC policy is written in accordance with the standard and indicates that during intake, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PREA Coordinator and PCM indicate that the LSCC ensure that any offenders with significant disabilities that required any special accommodations would be identified at intake and this would be notated in KOMS. Staff would ensure the offender was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. Staff, including intake officers, the PREA Compliance Manager, and case managers during random and informal interviews indicated that had several offenders with disabilities or special needs that required accommodations to have access to the PREA information and protections. Auditors observed PREA informational posters throughout the facility in both English and Spanish. Spanish is the prevalent non-English language in the area. During both formal and informal interviews with staff responsible for intake and classification, when asked how they ensured that inmates with disabilities were provided access to the PREA program, staff indicated that they have options on a case-by-case basis. Some staff suggested using their telephone based interpretive service for LEP inmates. When asked how they would respond to the needs of an individual with a cognitive disorder or severe mental illness, staff told the auditor that it would depend on the level of impairment and the specific communication needs of the inmate. The facility has the PREA brochure in a variety of formats, including braille, large print, and information for deaf or hard of hearing.

KYDOC policy indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews that the LSCC has interpreters available for limited English proficient offenders through the use of a telephone-based interpreter service. The KYDOC has secured the services of InterpreTalk to provide interpreter services to the inmates at LSCC. Interviews with multiple staff indicate that they also have several staff members that can speak Spanish. The auditor verified the availability of this service. The facility indicated through memo and on the PAQ that this service was not used during this audit cycle.

During the on-site portion of the audit, the Auditors were able to speak with two inmates who had been identified as having a cognitive disability. During the targeted interviews, the inmates were able to answer the auditor's questions and were aware of PREA. There were no inmates identified as limited English proficient.

The staff also identified two inmates that were hearing impaired. During the targeted interviews, the inmates were able to answer the auditor's questions and were aware of PREA. The facility has the Purple machine for use by hard of hearing and deaf inmates.

It should be noted that the auditor did not come into contact with any inmates who did not speak English during the site review.

The KYDOC policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate sexual abuse. According to the targeted interview with the PCM and a memo in the file, as well as the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances.

The annual in-service staff training includes a 2-hour module on Communicating with Deaf and Hard of Hearing inmates. In addition, the facility has the PREA related information and handouts in a multitude of formats above and beyond the minimum.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 3.1, 3.6
3. Hiring Background Packet
4. Five Year Background Check on All Employees
5. Review of recently promoted employee files from the past 12 months
6. Reviews of randomly selected employee files
7. Review of randomly selected volunteer files
8. Background Information on Contract Employees hired within the last 12 months
9. Background Information on Medical Employees
10. Interviews with PREA Coordinator, Investigator and Human Resources

The LSCC does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the background packet and interview questions used by the KYDOC and LSCC and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Interviews with staff confirm that they are asking these questions during the interview process for applicants. Staff indicated that the background investigator thoroughly vets any prospective employee and asks directly about previous misconduct as required by the standard. The document review on-site and interviews with the PREA Coordinator, Warden and Human

Resources Manager confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

The policy indicates that the LSCC will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion, however there had been no incidents. Every employee and contractor undergoes a background check and is not offered employment if there is disqualifying information discovered.

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All of the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation. The auditor also reviewed files of employees who were promoted in the last 12 months. The acknowledgement was completed for employees who had participated in the promotional process.

KYDOC policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background records check prior to employment. Staff at the LSCC complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Staff verified this information in interviews discussing the background process. In addition, the LSCC uses a checklist for the background process, which verifies all steps have been completed, including the criminal history check. Staff stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. Staff stated that most of the surrounding agencies were good about sharing information with each other. There is a standardized form that is used when prospective employees are transferring between KYDOC facilities.

In accordance with the standard, KYDOC policy requires background checks be conducted on facility staff and contract staff a minimum of every five years. Documentation of five year background checks was provided by the facility and reviewed by the auditor. The Warden was clear about the fact that an employee engaging in any type of misconduct such as listed in the standard would not be retained.

The LSCC asks applicants and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel file. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. KYDOC policy stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor.

In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the LSCC would and has terminated employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

KYDOC policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. As noted above, Staff stated that most surrounding agencies would share information out of professional courtesy and are required to share information within the agency on transferring employees. Staff indicated they would share information upon request from another facility regarding a former employee.

The LSCC uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. The hiring process includes requiring the investigator to make his/her 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.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC 7.1**
- 3. Schematic of facility**
- 4. Interviews with PCM and Warden**
- 5. Observation of camera placement and footage**
- 6. Memo**
- 7. Staffing Plan Review 2021**

According to the LSCC PAQ and targeted interviews with the PCM and Warden, the LSCC has made upgrades to the camera system since their last PREA audit. A targeted interview with the Warden indicates that they have plans to add more cameras in the future. Currently LSCC has 205 cameras. At the completion of the upgrade project, they will have 285 cameras. Upgrades to the camera system include the addition of six Geo-Vision cameras in the GA and GB housing unit hallways, GA and GB housing unit bullpens, KSCI woodshop, RHU Unit, and the gymnasium. The new cameras and software are all for improved video monitoring of these areas and assist with protecting inmates from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, LSCC considers how such technology may enhance LSCC's ability to protect inmates from sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. KSP Evidence Protocol and Guide
4. MOU with KASAP
5. Memo
6. Review of incident logs

Interviews with the following:

- PCM
- Investigator
- Agency Administrator
- Medical personnel

Findings:

The LSCC is responsible for only administrative investigations. The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. The evidence protocol is the Kentucky State Police (KSP) Evidence Guide, specified in policy and described and confirmed by the facility Investigator who is experienced and able to fully articulate investigative procedures for a sexual assault in a jail setting. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

The KSP would be contacted to investigate incidents that occur that are criminal in nature, including those related to PREA violations. The KSP will conduct sexual abuse investigations in accordance with PREA standards and follow the nationally accepted protocols for Sexual Assault Medical Forensic Exams published by the USDOJ. According to interviews with random staff, all random staff members indicated that there are multiple investigators trained to conduct sexual assault investigations. In addition, the PREA Compliance Manager would be notified. The facility provided a copy of the evidence guide for review.

The LSCC does not hold youthful offenders.

KYDOC policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs, and pregnancy testing as applicable. There is an on-call Clinical Forensic Nurse through the King's Daughter's Medical Center Emergency Department that is notified in such instances. These exams would be performed off-site at the Hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination. The availability of these services was confirmed by the Auditor with the HSA. She indicated they always had a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam.

The LSCC reported on the PAQ there had been no have been no incidents of sexual abuse and no forensic exams conducted. There was one allegation of sexual abuse that occurred after the PAQ was completed and a FME was completed as required. The inmate was transported to the hospital and an investigation was completed. The auditor reviewed the investigative report. This allegation was found to be unsubstantiated.

KYDOC policy indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request. The LSCC, through KYDOC has an MOU with KASAP to provide services to the facility. A local rape crisis center, Pathways, Inc., is available to serve as a victim advocate to victims of sexual assault at the LSCC. The KYDOC has an MOU with the agency, which was provided to the Auditor for review. As stipulated in the MOU, KASAP is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. KYDOC policy stipulates these services are available.

Targeted interviews with the PREA Coordinator and PCM also confirmed that the MOU was in place. There has been one instance of alleged sexual abuse that have required services in the past 12 months. Pathways, Inc. provided an advocate to the inmate at the hospital. Per facility records, the inmate has not requested any follow-up visits.

The KYDOC has standardized this process across the state. They work with the Kentucky State Police and refer all suspected criminal PREA allegations to them, receiving guidance from them to ensure all allegations are handled appropriately. In addition, the KYDOC has a statewide contract and MOU with KASAP to ensure that advocacy services are available to all inmate victims of sexual assault.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**
- 3. Monthly PREA Report**
- 4. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months**
- 5. Website**

Interviews with the following:

- **PREA Coordinator**
- **PCM**
- **Investigative Staff**
- **Random Inmates**

Findings:

The KYDOC policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation if warranted. The PREA Compliance Manager, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to one of the investigators for further action if substantiated. The Investigator coordinates with the PCM and supervisors to determine the course of action. The KSP conducts all criminal investigations for the LSCC and the KYDOC and will be notified by the Investigator if there is suspected potential criminal charges. The KYDOC policy is posted on the website under the PREA section.

Targeted interviews with the Investigator, PREA Compliance Manager and Warden verified that all allegations of sexual abuse or harassment are investigated. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor

would brief the PCM and depending on the situation initiate a call to the KSP to begin a criminal investigation. Essentially, all reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the facility initiates an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigator will consult with the KSP as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Compliance Manager of all allegations.

Interviews with random inmates indicate that they feel that the staff at the facility take PREA and their sexual safety seriously and that any allegation would be promptly and thoroughly investigated.

The LSCC reports there have been seven allegations of sexual abuse or harassment in the past 12 months. A review of the investigative files indicate that the allegations were promptly and thoroughly investigated. There was one allegation that warranted referral for criminal investigation to the Kentucky State Police. Their review and investigation is still pending. The administrative investigation by LSCC has been closed as unsubstantiated.

KYDOC policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution.

The auditor reviewed the KYDOC website and the agency policy is posted and publicly available. During an interview with the investigator, he verified that investigations that revealed criminal behavior would be referred to the KSP and subsequently to the Commonwealth Attorney for prosecution. The PCM and PREA Coordinator confirmed this information.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. 2020 and 2021 Annual Training
4. New Hire PREA Training
5. PREA Lesson Plan
6. Review of Training Files
7. Interviews with Random Staff, PREA Coordinator, PCM, and Training Coordinator

Findings:

The KYDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored to male inmates, as the facility does not hold female inmates. The facility provides PREA training annually to each employee to ensure they remain up to date on the KYDOC policies and procedures regarding sexual abuse and harassment. Each employee completes this training electronically with a unique login and completion is verified electronically. In addition, each employee signs a verification acknowledging they have received and understand the information.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all employees are receiving the training. During the pre-audit period the Auditor reviewed the training documentation submitted by the facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff by making spot checks of staff training files to match the training rosters with the files for verification of training attendance. Furthermore, the auditor reviewed the entire training logs for all employees who had received training for the current year. New staff are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During interviews with the PCM and Training staff, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation.

The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all the random employees recalled having annual PREA training. During the random staff interviews, the auditor asked the employees if they recalled being trained on each required element of the PREA training. None of the employees interviewed remembered all elements of the training, but staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly.

PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**
- 3. Annual Training**
- 4. New Contractor PREA Training**
- 5. Review of Training Files**
- 6. Volunteer orientation**

Interviews with the following:

- **PCM**
- **Contract Staff**
- **Training Coordinator**
- **Warden**

Findings:

The KYDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. The policy requires that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The training is tailored to male inmates at LSCC, as it does not hold females. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the KYDOC policies and procedures regarding sexual abuse and harassment. The training coordinator briefly reviewed with the Auditor a typical training session.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with the Training staff, they verified that training acknowledgements were retained in the files.

The Auditor conducted formal and informal interviews with contracted staff. During targeted interviews with contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of the LSCC's zero-tolerance policy against sexual abuse and harassment. In addition, while they could not remember all the aspects of the training, they could articulate what to do if an inmate reported to them. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated and removed from the facility. The contract staff were knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The LSCC is providing training in accordance with the standard. The documentation is maintained accordingly.

Due to Covid related restrictions, no programs were being operated at the time of the onsite audit. The auditor was not able to interview any volunteers. Facility staff were in the process of updating the volunteer PREA training, with plans to resume programming soon.

Volunteers and contractors all receive PREA training on an annual basis. The contract staff receive the same training as the facility staff. Everyone entering the institution (delivery drivers, garbage truck, etc.) receive information about PREA and sign an acknowledgement that they received information regarding the zero-tolerance policy.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7

3. Review of inmate training materials
4. Review of inmate training documentation
5. Inmate Handbook
6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening
7. Inmate Brochure and acknowledgement
8. Logs of Completion of inmates provided Comprehensive Education

Interviews with the following:

- PCM
- Random Inmates
- Intake Staff

Observations of the Following:

- PREA informational Posters throughout the facility in inmate housing and common areas
- Inmate Intake Process

Findings:

The KYDOC policy is written in accordance with the standard. In accordance with policy, offenders receive information regarding the facility's and agency's zero tolerance policy. This information, along with the inmate handbook and informal posters provides offenders with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment.

The LSCC PAQ reported that during the last year 181 offenders were committed to the facility and 180 inmates were given the initial PREA information in accordance with the standard. Offenders will receive a PREA brochure immediately upon intake and sign an acknowledgement of receipt that is maintained electronically in their file in KOMS. The brochure contains information about the zero tolerance policy and reporting information.

The auditor reviewed the intake process during the site review. This was completed at the booking counter away from any other inmates. In addition, the auditor observed PREA signage in a number of different location and notification of the agency's zero tolerance policy. In both informal discussions with intake staff as well as formal specialized interviews with intake staff, officers told the auditors that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explained to the newly committed inmates that they could report any instances of abuse or harassment to staff and use the inmate telephone system to report abuse to the listed hotline. The PREA brochure information is read to the inmates upon arrival at the facility.

Interviews with intake staff, both informally and formally, verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning during the informal and formal staff interviews revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. For offenders that are visually impaired, a staff member would read the information to the offender. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired inmates that needed assistance, including intellectually limited inmates. Information in multiple formats was available throughout the facility. A targeted interview with the PCM indicated that the facility will make needed accommodations for identified inmates with disabilities. The Auditor observed PREA informational posters in all offender housing areas, intake, and public areas.

Random inmate interviews revealed that most inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. The majority of the inmates said that they would just tell the staff and some also referenced the use of a sexual abuse hotline. The few who responded that they did not remember receiving the initial orientation did state that they are aware of PREA.

The comprehensive education is accomplished through the use of the PREA orientation video. The video is shown during the inmate's comprehensive facility orientation. This is documented on the inmate orientation, as well as the comprehensive PREA Education Acknowledgement Form, both of which are kept in the inmate record to verify receipt of the training. Offender interviews indicated that they were receiving the training.

The auditor reviewed a sampling of random inmate files. In each case, the file contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the auditor personally observed, what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and offenders both formally and informally verified that offenders are receiving the initial and comprehensive training.

All current offenders have received PREA training. Offender interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For offenders that are visually impaired, a staff member would read the information to the offender. As indicated in the policy, all other special needs would be handled in coordination with the PREA Coordinator on a case-by-case basis. There have been no instances of the need to accommodate special needs inmates during this audit period.

Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all offender housing areas, intake, and medical. The inmate handbook is available and provided to all offenders.

Inmates receive a PREA Brochure and advocate information immediately upon arrival. The PREA brochure and education is available in large print, braille, and Spanish with the capability of translating to other languages as needed.

After a review, the Auditor determined that the facility meets the minimum requirements of the standard.

Corrective Action: None

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Review of Training Materials
4. Review of Training Documentation
5. Review Training Curriculum for Specialized Training
6. Review of Training Certificates for Investigators
7. Interviews with PCM & Investigative Staff

Findings:

Agency policy is written in accordance with the standard. LSCC investigators conduct administrative investigations. The Auditor verified the training for the facility investigators. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. Per a targeted interview with the PREA Coordinator, this training is standardized for the Department and was developed in consultation with the Moss Group. During a targeted interview with one of designated investigators for the facility, he was able to articulate all aspects of the training received. He appeared knowledgeable in the training he had received, as well as conducting sexual assault investigations. He indicated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, they would call the State Police and consult with the Commonwealth Attorney regarding any potential charges.

The Auditor was provided and reviewed a master list of trained investigators for the KYDOC. There are 12 investigators listed as being assigned to LSCC.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**
- 3. Review of Training Materials**
- 4. Review of Training Documentation**
- 5. Interviews with Training Coordinator and Medical Staff**

Policy requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment. The LSCC employs contract medical and mental health providers. All of the medical and mental health staff received the specialized training. During the on-site portion of the audit, the auditor reviewed the training logs provided by the staff and cross-referenced the roster of mental health and medical personnel and verified that all of the current employees had received the required training. During a targeted interview with the HSA, she stated she received PREA training upon her orientation. In addition, all medical staff complete additional training related to healthcare and PREA, which is done annually through Wellpath, the contract medical provider.

A targeted interview with the training staff verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training annually through the state that covers all aspects of the standard. The auditor verified this training had been completed.

The staff of the LSCC does not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the local hospital.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Review of Risk Assessments
4. 30 Day Reassessment Logs
5. Sampling of Random Inmate Files

Interviews with the following:

- PREA Coordinator
- Random Inmates
- PCM
- Case Managers

Observations of the Following:

- Inmate Intake Process

Findings:

According to KYDOC Policy, all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. During the site review, the auditor was not able to follow an inmate through the admission and classification process. But during the site review, the auditor spoke with the Classification and Treatment Officer and the Unit Administrator who explained the initial intake. During the process, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with the PCM and case managers verified that within 72 hours of admission, all inmates are screened for risk sexual abuse victimization and the potential for predatory behavior. This is done by the intake case manager. During interviews with

random inmates, most remember their initial screening and remember being asked some PREA related questions during their admission; although none of the inmates remembered all of the PREA risk assessment questions. The Auditor asked the inmates if they were asked the risk screening questions. Most inmates remembered at least something about the risk screening or some of the questions.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at LSCC. LSCC uses an objective screening instrument. The intake screening considers, 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The KYDOC does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to LSCC, in assessing inmates for risk of being sexually abusive. An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are asked their sexual orientation in addition to the reviewing staff's perception. Within 30 days from the inmate's arrival at LSCC, LSCC reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by LSCC since the intake screening. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

LSCC has implemented appropriate controls on the dissemination within LSCC 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. All files are controlled by Program personnel and maintained in each inmate's electronic Classification files.

The Auditor interviewed a staff member who completes the screenings. The staff member indicated that the risk screening is completed within 72 hours and the PREA risk assessment completed at the previous facility is reviewed. The screenings are completed in KOMS, the electronic records system. There is limited access to the PREA risk assessment. This screening is used for housing and program decisions and referrals. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form.

Targeted interviews with staff, as well as the PREA Coordinator and PCM verified that risk assessments are normally performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff on the risk assessment form in KOMS. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

According to the PAQ and KYDOC Policy, the PREA screening instrument shall include 10 individual elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all of the required elements.

According to LSCC Policy the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the risk of inmates being potential abusers. The auditor reviewed the objective screening instrument and verified that the questions are present on the screening instrument and during the inmate file

review, the same completed forms were in the inmate files. During targeted interviews with staff who conduct risk assessments, the auditor verified that they ask inmates if they have a history of violence and ask them to self-report their history of institutional violence. However, the staff also said that classification will review the inmate's criminal history, current offenses, as well as institutional history, if they have been in the LSCC or KYDOC previously.

The auditor reviewed random inmate files and reviewed their intake records and risk screenings in order to compare the admission date and the date of admission screening. Some of the randomly selected files had not received risk screenings within 72 hours of intake or did not have reassessments completed within 30 days.

The PCM and PREA Coordinator confirmed that 30-day reassessments are being completed on all inmates. The KOMS system generates an alert to the PCM and case manager when the 30 day review is due. This allows the PCM to follow up if the review is not completed in a timely manner. The auditor reviewed inmate files of PREA risk assessments. The auditor also reviewed random inmate files to determine if 30-day assessments had been completed.

Classification staff also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault.

KYDOC policy stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.

The Auditor randomly reviewed inmate files and determined that the risk assessments are being completed. The 30 day reassessments are being completed and the case managers are meeting with the inmates to get input from them regarding their own views about their perceptions of their safety. This is being documented in the notes for the reassessment.

After a review, the Auditor determined the facility does not meet the requirements of the standard and corrective action is required.

Corrective Action:

In order to be in compliance with the standard, the LSCC must ensure that the risk assessments are being completed within 72 hours of arrival and then reassessed with 30 days in accordance with the standard.

Verification of Corrective Action:

The LSCC provided documentation via email on July 21, 2021

Additional Documentation Reviewed:

- Email from PREA Coordinator
- Initial Risk Assessment
- 30 Day Re-assessment

The LSCC provided a month's worth of risk assessments and the 30 day re-assessment for all inmates received since the onsite audit. Upon review of the provided documentation, the auditor determined that the facility is now fully compliant with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7, 14.8**
- 3. Review of Screenings**

Interviews with the following:

- **PREA Coordinator**
- **PCM**
- **Supervisors Responsible for Conducting Unannounced Rounds**

Observation of the following:

- **Site review of inmate housing units**

Findings:

The KYDOC policy requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. The intake case manager completes a risk assessment screening upon the inmate's arrival to the facility. Staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results into the PREA Risk Assessment and inform the PREA Compliance Manager and Correctional Unit Administrator. An inmate that is determined to be at high risk for victimization will not be placed in the same cell or as an inmate that has been determined to be high risk for abusiveness.

It is the responsibility of the Classification Committee to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together unless under direct supervision (Religious Center and Gymnasium) and sign the job application stating these areas were reviewed. All program and education areas are fully staffed at all times when in operation. Additionally, KOMS generates an automatic alert system that will alert staff when assigning beds if a high risk victim and high risk abuser are located in the same area.

KYDOC policy requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the auditors reviewed all inmate housing units.

At the time of the onsite review, LSCC had 22 offenders identified as transgender or with a gender dysphoria diagnosis. During the targeted interviews, 3 transgender inmates were interviewed. The offenders indicated that they were able to shower separately and that the facility took their views into consideration with respect to their safety. The transgender inmates did state that the shower area designated for them were often taken or used by other inmates and it was difficult to get them sometimes. This was brought up in the debrief with the Warden and the facility indicated they would look into this situation.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate with regard to this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders would be made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration. This process has been standardized across the department. An inmate that identifies as transgender is monitored at the facility level by the assigned case manager, the PCM and mental health staff. In addition these offenders are monitored at the state level and discussed and reassessed at Therapeutic Level of Care (TLOC) meetings which include facility and state level staff.

LSCC allows for transgender inmates to shower separately. Interviews with facility administration corroborate these practices are enforced.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditors conducted informal discussions with inmates during the site review and no inmate mentioned being housed according to their sexual preference or identity. The auditor conducted a targeted interview with the PREA Coordinator and PCM and asked if there were any dedicated housing units for LGBTI prisoners. The auditor was informed that inmates' housing was based upon objective finding and LGBTI inmates were not placed in dedicated units. Targeted interviews with LGBTI inmates verified that the LSCC does not place inmates in dedicated housing units. A review of the roster indicated that identified LGBTI inmates are located in different housing areas.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 10.2
3. Memo from PCM

Interviews with the following:

- PCM
- Supervisors and Staff Responsible for Supervising Inmates in Restrictive Housing

Findings:

According to agency policy they do not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff who supervise inmates in restrictive housing, they are not aware of a case where an inmate was placed in restrictive housing as a result of being a high risk for sexual victimization. All staff interviewed, both formally and informally, indicate an inmate identified as high risk would be moved to another housing location and not placed in segregation unless the inmate requested it. A targeted interview with the PCM also verified that no inmates during the audit period have been placed in restrictive housing involuntarily in order to separate them from potential abusers. She indicated that there was sufficient space and numbers of housing units to find a suitable place for an otherwise orderly prisoner.

The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policy stipulates that such an involuntary housing assignment

would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement.

Staff are aware of their responsibilities with regard to this standard, including the need for a review every 30 day. There have been no instances that required action with regard to this standard.

During the on-site portion of the audit, the auditor reviewed all of the restrictive housing area and had informal discussions with both inmates and staff. As verified by targeted interviews with the PCM and staff supervising inmates in restrictive housing, the auditor did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Agency Memo
4. Inmate Handbook
5. Inmate Orientation
6. Site Review
7. KASAP MOU
8. KYDOC Website
9. Hotline Information

Interviews with the following:

- PREA Coordinator
- PCM
- Warden

- **Random Staff**
- **Random Inmates**

Observation of the following:

- **Observation of informal interactions between staff and inmates**
- **Observation of inmates using the telephone system**
- **Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area**

Findings:

The KYDOC policy designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports, and third-party reports. They also have the ability to report via email through the JPay tablets available in all offender housing areas. This information is received by offenders at intake, contained in the inmate handbook and on informational posters in all offender housing areas, intake and various other locations throughout the facility. During random staff interviews, all staff mentioned that inmates could make a PREA report to any staff member, as well as making a report using a note. In addition, several staff members mentioned writing an anonymous letter and several staff members also mentioned the PREA Hotline that could be called from the inmate telephone. During the site review, the auditor observed information adjacent to the inmate telephones. Random offender interviews revealed that the offenders would feel comfortable approaching and reporting to staff. They feel that that the staff at LSCC would take any report seriously and act immediately.

The KYDOC does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate.

KYDOC policy provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders have the ability to report outside the LSCC, by phone, to DOC central office or an outside agency. This information is in the inmate handbook, posted by the phones and on the brochure the inmates receive at intake. During the site review, the auditor observed PREA informational posters and placards adjacent to the inmate telephones that have a Hotline where reports can be taken and referred immediately for investigation. Most offenders mentioned this as a potential reporting method, indicating the offenders are aware of this information. Contact information, including address and phone number is also available for the Pathways, Inc., the local rape crisis hotline.

The Auditor verified the availability of the hotline by making a test call to the internal hotline. The report was immediately received by the PREA Coordinator's Office and logged. The auditor received documentation of this report. The auditor also made a test call to the external hotline and a live person

answered and documented the call, which was forwarded to the PREA Coordinator's office and provided to the auditor.

Policy and the inmate handbook stipulates that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports.

A targeted interview with the PREA Coordinator and PCM verified that there are multiple ways to make PREA complaints by both staff and inmates. They mentioned the use of the inmate phone system, anonymous letters, as well as third party reporting by family and friends. In addition, inmates can report using the Jpay tablets available in the inmate housing areas. The auditor reviewed investigative files for 7 allegations of sexual misconduct within the last year. Most of the allegations were reported directly to facility staff, indicating the offenders feel comfortable reporting to the staff.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the majority of the random staff interviewed told the auditors that if an inmate reported an allegation of sexual abuse or harassment, they would immediately intervene by separating the victim and alleged perpetrator. A few of the staff members told the auditor that they would notify their supervisor of such an allegation when they received the report before taking action with the inmates. However, in all random staff interviews, each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates stated that they knew that they could just tell a staff member if something happened.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Warden directly. There is also a hotline available to staff. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration, including the PCM to report sexual abuse and harassment of inmates and all staff that were randomly interviewed answered that they would report any such incident to their supervisor.

After a review, the Auditor determined that the facility exceeds the requirements of the standard

Corrective Action: None

Standard 15.152: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 15.152(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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. Memo
3. Staff Interview

Findings:

The Kentucky Department of Corrections does not have an administrative procedure to address inmate grievances regarding sexual abuse therefore is exempt from this standard.

This is verified by the PAQ, memo from the PREA Coordinator and targeted interview with same.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Inmate Handbook and Website
4. Hotline Information
5. Sexual Assault brochure
6. MOU with KASAP

Interviews with the following:

- a. PCM
- b. Random Inmates
- c. Random and Targeted Staff
- d. Mental Health and Medical Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

Policy is written in accordance with the standard. The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in

as confidential manner as possible. The LSCC informs inmates of the extent to which these will be monitored prior to giving them access. There have been no incidents reported that required confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard.

The auditor reviewed the LSCC handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed posters that notifies inmates of the availability of a third-party reporting hotline. Policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality.

Inmates are informed of the services available at intake. LSCC provides all inmates information regarding victim advocacy services upon intake (same day) and during orientation. The information is provided in written form and provided to the inmate verbally. Inmates are also made aware of the 24/7 crisis line that is available to them as part of the victim advocate service. Inmate interviews indicated that most of the inmates are aware of the services that are available to them. Most inmates interviewed indicated they also knew they could ask to speak to mental health if they needed to.

The information is listed in the brochure that is provided to the inmates, as well as the inmate handbook.

The LSCC has an MOU with the Kentucky Association of Sexual Assault Programs (KASAP) to establish an agreement for emotional support services through the local rape crisis center, Pathways, Inc. The Auditor was provided a copy of the MOU and verified the agreement for services.

There have been no inmates detained solely for civil or immigration purposes.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**
- 3. Inmate Handbook**
- 4. LSCC Website**
- 5. Staff Interviews**
- 6. Inmate Interviews**

Findings:

The policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The LSCC publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the KYDOC website. The Auditor reviewed the DOC website. The website has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate

Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff indicate they will accept a third-party report from a family member, friend or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly.

Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf. The offenders felt as if the staff would act on any reports received and take all reports seriously and investigate the same. The offenders feel that the staff take PREA and their safety seriously.

The LSCC has not received any third-party reports of sexual assault or harassment during this reporting period.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7, 3.22**
- 3. Review of investigative files**

Interviews with the following:

- **PREA Coordinator**
- **Agency Administrator**
- **Random Staff**

Findings:

KYDOC policy is written in accordance with the standard and requires all staff, contractors and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. During the site review, several staff members were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All of the staff members responded that they were required to report any such instances. The auditors also informally asked the same question of contractor staff, and they stated that they would report any instance of sexual abuse or harassment. Interviews with staff indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all of the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were randomly interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All of the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential. When asked who they report or discuss details of a sexual abuse or sexual harassment allegation with, staff informed the Auditor they only discuss details with supervisors and

investigators. When asked if they ever discuss it amongst other co-workers, the answer was no. A targeted interview with the PREA Coordinator and PCM verified that all investigative files are maintained in KOMS with limited access.

Policy requires that all medical and mental health personnel report the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident.

Targeted interviews with the PCM, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who initiates an investigation. The reporting officer and supervisor create a report, and this report is forwarded to the PCM for review and further action. In addition, the PCM is notified verbally through the chain of command.

The Auditor conducted a formal interview with one of the facility investigators, who indicated that all allegations are immediately reported and investigated. There were 5 allegations reported on the PAQ, with an additional 2 since the submission of the PAQ, making the total 7 for the previous 12 months. The Auditor reviewed the investigative files for all 7 allegations and determined that they were promptly investigated.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

Evidence Reviewed:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Memo

Interviews with the following:

- PCM
- Warden
- Random Staff
- Random Inmates

Findings:

KYDOC policy is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. Random interviews with staff indicate they are very clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation, keep them separate and find alternate housing. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an investigation was completed by the supervisor. Classification staff and the Unit Managers would also be notified. Targeted interviews with the Warden and the PCM confirmed that it is the policy of the facility to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk.

Offender interviews revealed that they felt the staff would ensure their safety. Most all inmates interviewed stated that they felt safe in the facility and that the staff care about their well-being. For the most part, the inmates stated they felt comfortable going to any staff member and felt confident that the staff would ensure their protection.

LSCC reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. Per an interview with the PCM, Little Sandy Correctional Complex did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured.

The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7

Interviews with the following:

- PREA Coordinator
- PCM

- **Warden**

Findings:

The agency's policy is written in accordance with the standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he must make notification within 72 hours. During this review period, the facility reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. According to targeted interviews with the Warden and PCM, if they received such a notice, they would immediately report such an allegation to the Warden or Administrator of the other facility and document such a notice. They confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard.

LSCC requires that if the Warden or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at the LSCC, it would be investigated in accordance with the standards. The LSCC reported receiving no notifications in the past 12 months from another facility that any of their former inmates alleged being sexually abused while incarcerated at the LSCC. Interviews with the PCM confirm the staff are aware of their obligation to fully investigate allegations received from other facilities.

Further, interviews with the staff, both formal and informal, revealed that staff is aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. PREA Checklist
4. Review of investigative files
5. Interviews with Random Staff, PCM, Investigator

Findings:

The policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, Preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence the first responded advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence.

There has been one instance of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence. The allegation involved abusive sexual contact without penetration. The alleged victims and perpetrators were immediately separated upon staff learning of the incident.

The auditors interviewed two inmate during the on-site portion of the audit who had reported sexual abuse, however the sexual abuse did not occur, nor was reported at LSCC. The inmates indicated that they reported it and the staff responded promptly.

The Auditor conducted formal and informal interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. Most all staff interviewed said that they would notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the Investigator arrived to process the scene. A targeted interview with the Investigator indicated that once the initial steps were done and the scene was secure, the State Police would be notified, depending on the nature of the investigation.

The Auditor conducted interviews with supervisory staff. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment and transported to the ER for a forensic exam if needed. The PCM would also be informed. The supervisor stated the Investigators would be the only ones allowed in the crime scene to process the evidence.

Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were two instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The auditor reviewed the investigative reports for these incidents. Notification to security staff was made promptly and the investigation was completed in accordance with the standards. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence.

Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site for forensic exams if needed.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. PREA Checklist
4. Sexual Assault Action Plan
4. Interview with PCM and Warden

Findings:

LSCC has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The LSCC has a PREA Checklist to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are a part of the incident review team.

There has been one instance of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence. The alleged victims and perpetrators were immediately separated upon staff learning of the incidents. A review of the investigative file reveals that all appropriate steps were taken with regard to the standard. Supervisory staff were notified by the staff that became aware of the incident, as well as the PCM.

The facility has a "Sexual Assault Action Plan" that dictates actions taken by facility staff in the event of a sexual assault allegation.

The auditor interviewed the Warden, a designated investigator as well as the PCM who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime

scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided forensic exams and ancillary services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. Memo**

Interviews with the following:

- PREA Coordinator

Findings:

The LSCC has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The KYDOC prohibits entering into a collective bargaining agreement. The Kentucky Department of Corrections does not have any collective bargaining power therefore this standard is non-applicable.

Per memo and interview with the PREA Coordinator, the auditor verified that there is not a collective bargaining agreement in place.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**

Interviews with the following:

- **PCM**
- **Warden**

Findings:

The agency's policy is written in accordance with the standard and requires staff and inmates who report substantiated allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy indicates that the PCM is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. The Auditor asked the staff member how she goes about monitoring retaliation. The staff member stated she reviews disciplinary charges and Incident Reports and any other actions related to the inmate including documents maintained in the inmate's file and his electronic record. The auditor reviewed Inmate Monitoring Forms and the facility is in compliance with the requirements of the standard.

The Auditor asked the staff member the amount of time she will monitor for acts of retaliation. She stated the monitoring period would be a minimum of 90 days, and longer if necessary. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

The Auditor asked how staff ensures the protection of an inmate who is being retaliated against by a staff member. The Auditor was informed the administration will discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The retaliation would be reported through the chain of command to ensure the staff member who is retaliating against an inmate is appropriately disciplined, if need be.

The PCM and Unit Administrators have the authority to move inmates around the facility or to other facilities or take other protective measures to assure inmates are not retaliated against. In addition, the Warden has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. He told the auditor that he

monitors the progress of PREA investigations and receives updates by the PCM until the investigation is complete.

The auditor reviewed examples of monitoring for retaliation provided by the facility and found them to be in compliance with the standard. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. All staff members interviewed affirmed that they had an affirmative requirement to report any incident of retaliation and also reported that they know that they could report such incidents anonymously. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy
3. Review of all Investigative Files from the past 12 Months

Interviews with the following:

- PCM
- Staff who supervise inmates in RH

Observation of the following:

- **Observation of Inmates in restrictive housing**

Findings:

The agency's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Both formal and informal interviews with staff state they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he or she had requested it. Staff explained that other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing.

The auditor reviewed all of the LSCC restrictive housing areas and through informal discussions with supervising staff, no staff indicated that inmates were assigned to restrictive housing as a result of their sexual vulnerability.

The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the PCM and Unit Administrators confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.

In addition, during targeted interviews with the Unit Administrator and PCM, they both verified that there have been no instances of inmates being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect and inmate who was alleged to have suffered sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Review of Investigative files
4. Interviews with Staff
5. Documentation of Investigator Training
6. Certificates of Completion for Facility Investigators
7. Training Curricula for Investigative Training specific to Corrections

Findings:

The KYDOC policy is written in accordance with the standard. Policy requires that the agency conduct administrative investigations of sexual abuse and harassment. The policy stipulates that criminal investigations shall be conducted by the State Police, depending on the nature of the investigation. The agency policy stipulates that they will respond to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The LSCC conducts an investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. The auditor reviewed investigative reports for the 7 allegations of sexual misconduct during the past 12 months. All reports contained the required elements as dictated by the standard.

If at any time during the investigation, it appears the charges are criminal in nature, the investigation will be referred to the State Police. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the LSCC, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

LSCC investigators are required by policy to cooperate with outside investigators and attempt to communicate to remain informed about the progress of a sexual abuse investigation. According to targeted interviews with the Investigator, if the State Police were to conduct an investigation of sexual abuse, the facility investigator serves as a liaison and would keep facility administrators informed of the progress of the investigation. The investigator stated that if the State Police investigate an allegation, they typically work together and share information. There has been one investigation referred to the KSP during this audit period. This investigation is still open, pending the results of the FME.

At the time of the on-site audit, the facility employed and provided training records for 12 staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of designated investigators. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. Targeted interviews with a facility investigator verified they are available to respond immediately if necessary.

The Auditor conducted a formal interview with one of the facility's designated PREA Investigators. The Auditor asked the Investigator to describe his process when he is conducting an investigation. He stated he interviews the victim, alleged perpetrator, inmate witnesses, and staff witnesses if applicable. He stated he reviews the scene, preserves any evidence if necessary and then begins looking at other documents. He reviews criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. He will notify the PCM and facility administration of the allegation. If at any point during the investigation he determines there could be potential criminal charges involved, the investigation would be reviewed and discussed and State Police would be contacted. The facility or the KSP can contact the Commonwealth Attorney for referral and consultation as warranted. The Investigator stated he begins the investigation immediately after receiving an allegation.

All investigative files are maintained electronically in the KOMS system with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a

staff abuser is no longer employed. The LSCC does not require inmates to submit to a polygraph examination during sexual abuse investigations.

If an allegation is reported anonymously, the PCM and Investigator both stated the investigation would be handled the same as any other investigation. Staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The LSCC has had 7 incidents that required investigation during the review period. The auditor reviewed investigative reports for all 7 allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. The investigation appears to be conducted promptly, thoroughly and objectively.

There has been one allegation referred for criminal investigation to the KSP during this audit period. This review/investigation is still pending. The 7 allegations of sexual misconduct during the review period are detailed in the chart below.

	Abusive Sexual Contact		Sexual Harassment		Non Consensual Incident	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated						
Unsubstantiated	1		1		3	1
Unfounded					1	

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Review of Investigative files for the past 12 months

Interviews with the following:

- PCM
- Investigative Staff

Findings:

The agency's policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A formal interview with both the PCM and one of the designated Investigators confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The investigator was able to articulate what preponderance meant and how he arrives at the basis for his determinations. There have been 7 allegations of sexual abuse or harassment within the last 12 months for which the auditor reviewed the investigative files. There have been no substantiated cases. A review of the files indicates that the investigations are being conducted in accordance with the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Review of investigative files and notification to inmate

Interviews with the following:

- PCM
- PREA Coordinator
- Investigator

Findings:

The agency policy is written in accordance with the standard and requires and inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The auditor conducted targeted interviews with the PREA Coordinator, the PCM and the Investigator. The agency is responsible for administrative investigations. There has been one allegation referred to the KSP during this audit period. This review and investigation is currently still open.

The Auditor conducted an interview with the PREA Coordinator, PCM and Investigator. They indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. A standardized form is used throughout the department for offender notification. There is a notification form for offender allegations, as well as staff allegations.

During the past 12 months, there have been 7 allegations of sexual abuse or harassment. Two inmates who reported sexual abuse or harassment was in custody during the on-site portion of the audit for targeted interviews, however, they did not report the abuse at LSCC.

The Auditor reviewed the investigative files for all 7 reported allegations of sexual assault or harassment. The LSCC made notification to the inmates at the conclusion of the investigation as

required. Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 3.22**
- 3. Interviews with Staff**

Findings:

The KYDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.

According to the submitted PAQ, in the past 12 months, there was zero staff terminations or disciplinary actions related to the sexual abuse or harassment of inmates. Discussions with the PCM, Warden and Investigator verified that there were no terminations or disciplinary actions related to sexual abuse or harassment of inmates in the past 12 months.

Interviews with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff was aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed facility administration regarding the facility's staff disciplinary policy. Facility administration indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred to the State Police and Commonwealth Attorney's office for possible prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case to the Commonwealth Attorney's office when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 3.22
3. Interviews with Staff

Findings:

The KYDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the DOC and LSCC revoked. In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. The Warden and the PCM both verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months.

A targeted interview with 2 contract staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to investigators, with referral to the State Police and the Commonwealth Attorney's office for possible prosecution.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 Policyod 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 15.2, 14.7
3. Inmate Handbook
4. Review of Investigative Files
5. Review of Classification Records
6. Interviews with Staff

Findings:

The agency policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. LSCC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse.

KYDOC policy states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been no substantiated instances of inmate-on-inmate sexual abuse or substantiated allegations of staff on inmate sexual abuse or harassment. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse. The auditor reviewed the investigative files for all 7 allegations of sexual misconduct within the last 12 months. Six of the seven allegations were determined to be unsubstantiated and one was determined to be unfounded. One allegation was referred for criminal investigation and is still pending.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions.

There are 2 mental health staff on site to provide mental health services to the inmates at LSCC. They provide an array of services, including programming, supportive counseling and crisis intervention. Mental health staff are on call for emergent needs and can transfer inmates if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender.

Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no unsubstantiated or substantiated instances of inmate on staff sexual abuse or harassment during the audit period.

Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. There were no instances, in the past 12 months, where inmates were disciplined for filing a report or making unsubstantiated or unfounded allegations of sexual abuse or harassment. The Auditor reviewed investigative files, classification files, inmate records and interviewed staff. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment.

Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. PREA Screening and Follow-up
4. Random Review of Files
5. Follow up mental health referral within 14 days
6. Interviews with Staff, including the following:
 - a. PCM
 - b. MH Staff
 - c. Medical Staff
7. Interviews with Inmates

Findings:

The agency's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. It is the policy of the KYDOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.

A random review of inmate files validated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were several documented instances provided by the facility where inmates who were identified as needing follow up care, were offered and received the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff and mental health staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, it automatically triggers an alert for a referral and the inmate is offered a follow-up meeting, which is scheduled at that time.

Of the currently housed inmates at the time of the on-site review, there were 3 inmates identified as having reported previous sexual victimization that were interviewed during the targeted inmate interviews. The inmates all recall being offered a referral meeting with mental health.

The Auditor conducted a formal interview with mental health staff. The staff member indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days. When asked who this information would be shared with, the staff member was clear about confidentiality and that this information would be only be shared with those who needed to know. Services are offered to both inmates at risk of victimization, as well as inmates who have a history of sexually assaultive behavior.

This information is recorded in the KOMS electronic system and each staff member with access has an individual login and password. An interview with the PREA Coordinator and PCM confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access. This information is limited access and only used to make housing, bed, work, education, and other program assignments.

KYDOC policy states that medical and mental health personnel will 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. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**
- 3. Shift Supervisor Checklist**
- 4. Interviews with Staff, including the following:**
 - a. PCM**
 - b. Investigator**
 - c. Medical Staff**
 - d. Random Security Staff**
- 5. Interviews with Inmates**

Findings:

The KYDOC policy is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Interviews with medical staff, as well as the PCM confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Contract medical staff provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities with regard to protection of the victim and evidence in the case of a report of sexual assault. In addition, the contracted medical and mental health staff are available 24 hours per day in the case of emergency and/or crisis intervention services. This was confirmed by the PCM and medical staff. For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at the local emergency department by qualified forensic nurse examiners. An advocate from the rape crisis center, Pathways, Inc. Rape Crisis Center is available at the request of the victim.

There was one documented allegation of sexual abuse requiring emergency medical or mental health services during the review period. The alleged victim was transferred to the hospital and received a forensic medical exam. A representative from Pathways, Inc. was present at the hospital to provide advocacy services to the inmate. The inmate received follow-up services from mental health.

KYDOC policy states that all inmate victims of sexual abuse will be offered information and access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was interviewed and confirmed the fact that they knew that

they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for STD prophylaxis if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility. There has one been one allegation of sexual assault at the LSCC in the last 12 months requiring these services. The inmate was provided with sexually transmitted infection prophylaxis.

LSCC policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The facility has an agreement with King's Daughter Hospital to perform this service. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There has one been one allegation of sexual assault at the LSCC in the last 12 months requiring these services. The inmate was provided a forensic medical exam at no cost.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Interviews with Staff, including the following:
 - a. Mental Health Staff

b. Medical Staff

4. Interviews with Inmates

Findings:

The KYDOC policy is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. There has one been one allegation of sexual assault at the LSCC in the last 12 months requiring these services. The inmate was provided with sexually transmitted infection prophylaxis.

KYDOC policy states that all treatment services for sexual abuse will be 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. Interviews with medical staff confirm that these services would be provided to the inmate at no cost. There has one been one allegation of sexual assault at the LSCC in the last 12 months requiring these services. These services were provided at no cost to the inmate.

The auditor reviewed documentation provided by the facility of ongoing services and mental health care for inmates identified as victims. In addition, the facility provided documentation of mental health evaluation and follow-up of identified inmate-on-inmate abusers.

Staff interviews confirmed the presence of policies and procedures consistent with the standard and also confirmed the medical and mental health staffs' knowledge of the policy and standard. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them. The local rape crisis center is available for crisis counseling and/or advocacy services and inmates can request to speak with mental health. There was one allegation of sexual assault during this review period where the inmate was transferred to the hospital. Pathways, Inc. provided an advocate at the hospital for the inmate.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

- 1. LSCC Completed PAQ**
- 2. KYDOC Policy 14.7**
- 3. Interviews with Staff**

Findings:

The KYDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Agency policy states that a sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel. During this review period there have been 7 total allegations of sexual misconduct and corresponding administrative allegations in the previous 12 months at LSCC. Of these allegations, four of the allegations were offender to offender nonconsensual incidents, one allegation was offender to offender abusive sexual contact, one allegation was offender to offender sexual harassment and one allegation was staff to offender sexual offense. Six of the allegations were unsubstantiated and one of the allegations was unfounded. The auditor reviewed examples of the incident reviews provided by the facility. They were completed within 30 days and considered all elements as required by the standard.

In accordance with the standard, KYDOC policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. An interview with a member of the incident review team confirms if there was an incident that required a review, all these factors would be considered. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed and submitted for inclusion in the file. The Warden will review the recommendations. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented.

The LSCC has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Warden and PCM. A written report of the findings is prepared and maintained by the PCM. She indicated that the reviews ordinarily take place within 30 days of the conclusion of the investigation.

Sexual Abuse Incident Reviews are conducted in a standardized method department wide. Team members meet to discuss the various components required by the standard and then this is documented on the Sexual Abuse Incident Review Report Form. The PREA Coordinator's office and

assigned staff track the incident reviews to ensure that they are complete and require a copy be submitted to them upon completion in the required timeframe. This oversight and standardization is completed not only for sexual abuse allegations, but for all PREA related abuse allegations.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Annual Report 2020
4. Monthly Report
5. Memo
6. Interviews with Staff

Findings:

The KYDOC policy is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar year 2020.

An interview with the PREA Coordinator confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.

The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard. The report uses a standardized set of definitions, which are available on the facility website and in the KYDOC policy.

Each KYDOC facility, completes monthly reports and submits them to the PREA Coordinator's office for review. The KYDOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions using our Kentucky Offender Management System (KOMS). Each incident is logged in the KOMS system which allows for review and accurate collection of data throughout the agency.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ with ADP
2. Statistical Report 2020
3. Annual Report 2020
4. Website with sexual abuse data
5. Interviews with Staff

Findings:

The KYDOC policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. The Auditor reviewed the Annual Reports available on the agency website, including data for calendar year 2020. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled “Annual PREA Report” includes an overview of the facility’s plan for addressing sexual abuse and aggregated data. The annual report indicates the agency’s efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Coordinator and the Commissioner confirm these efforts.

The report is signed by the Commissioner and there is no personally identifying information in the report.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Annual Report
4. Statistical Report
5. KYDOC Website containing sexual abuse data
5. Interviews with Staff

Findings:

The LSCC policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Commissioner. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. All sexual abuse data and files are maintained in the KOMS electronic system, with limited facility access, including the PCM, and senior facility management. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. Previous Audit Report
2. PAQ
3. On-Site Review

Interviews with the following:

- PREA Coordinator
- Warden
- PCM
- Random and Targeted Inmates

Observation of the following:

- Observation of, and access to all areas of the LSCC during the site review

The LSCC had its last PREA Audit April 25-27, 2018. The Auditor reviewed the facility's previous PREA report. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations were implemented immediately. The facility provided the Auditors with a detailed tour of the facility. The Auditors were able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

All staff cooperated with the Auditors and allowed the Auditors to conduct interviews with staff and inmates in a private area. The auditors were permitted to conduct unimpeded private interviews with inmates at the LSCC, both informally and formally. Auditors were given private interview rooms to interview inmates, which were convenient to inmate housing areas. The LSCC staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner.

Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditors.

The auditor was able to observe both inmates and staff in various settings.

Prior to the on-site review, letters were sent to the facility to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that were emailed to the PREA Compliance Manager prior to the Audit. The Auditor received documentation that the notices to inmates were posted four weeks in advance of the first day of the audit.

The facility had an onsite review and audit within the three year period of the last audit and has completed the onsite review and audit process. After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied upon to make Compliance Determination:

1. Previous Audit Report
2. KYDOC Website

Interviews with the following:

- PREA Coordinator

The Auditor reviewed the KYDOC website which contains a link for the April 2018 PREA Audit Report. After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Lori M. Fadorick

8-17-2021

Auditor Signature

Date

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

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