

PREA AUDIT REPORT  INTERIM  FINAL

ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Auditor Information</b>			
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<b>Telephone number:</b> 308-345-8405 ext. 238			
<b>Date of facility visit:</b> February 16, 17, 18			
<b>Facility Information</b>			
<b>Facility name:</b> Little Sandy Correctional Complex			
<b>Facility physical address:</b> 505 Prison Connector Sandy Hook, KY 41171			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 606-738-6143			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Joseph P. Meko			
<b>Number of staff assigned to the facility in the last 12 months:</b> 234			
<b>Designed facility capacity:</b> 1022			
<b>Current population of facility:</b> 1000			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium and Close			
<b>Age range of the population:</b> 19-76			
<b>Name of PREA Compliance Manager:</b> Paul Holbrook		<b>Title:</b>	Deputy Warden of <input checked="" type="checkbox"/>
<b>Email address:</b> paulw.holbrook@ky.gov		<b>Telephone number:</b>	606-738-6133
<b>Agency Information</b>			
<b>Name of agency:</b> Kentucky Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Justice and Public Safety Cabinet			
<b>Physical address:</b> 275 East Main - Health Services Building			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 2400 Frankfort, KY 40602			
<b>Telephone number:</b> 502-564-2200			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> LaDonna Thompson		<b>Title:</b>	Commissioner
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> C. A. Wilkerson		<b>Title:</b>	PREA Coordinator
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## **AUDIT FINDINGS**

### **NARRATIVE**

On February 16, 2015, a three-member team of PREA trained auditors from the Nebraska Department of Correctional Services toured and audited the Little Sandy Correctional Complex (LSCC) in Sandy Hook, KY over the course of three days. The audit team included Assistant Warden Deanna Johnson, Chair; Captain Luke Morris, and Jeremy Simonson, LMHP. Prior to arriving at LSCC, the audit team was provided with the Pre-Audit Questionnaire and all necessary documents for review. Communication between the audit chair, LSCC PREA Compliance Manager and KY DOC PREA Coordinator was open and helpful to all. It was clear before arriving at the institution, the LSCC policy regarding Sexual Assault was detailed, defined, and taken seriously. The audit itself, including the tour and interviews, confirmed that the staff and inmates at LSCC knew and practiced the written policy. All Adult Prison Audit Standards were fully met by the Little Sandy Correctional Complex.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Little Sandy Correctional Complex is a medium security institution located in Elliot County, Kentucky. This facility is Kentucky's newest institution of the 12 located in the state. This facility is an all male institution. A total of 832 inmates are currently housed in two general population living units and a 90 bed special management unit at LSCC. The complex also includes an adjacent 100 bed minimum living unit. This accounts for the total number of 1022 inmates that reside at LSCC. Other buildings on site include, academic and vocational schools, a medical unit, inmate canteen, Correctional industries, a gym, dining facility and maintenance area. There are cameras throughout the facility.

The facility has a unit management concept designed to assist the inmates in meeting their individual needs as related to rehabilitation. The institution provides inmates with a large number of educational and vocational opportunities to assist them in becoming productive members of the institution and then society.

## **SUMMARY OF AUDIT FINDINGS**

The Little Sandy Correctional Complex has worked very diligently and with an eye on detail to meet the PREA standards put forth by the Department of Justice. The Warden is supportive of the standards and what it takes to meet them. The PREA Compliance Manager has a complete understanding of what is needed in the facility to meet them as well.

The audit team does recommend placing convex security mirrors in the Inmate Canteen. This would assist staff in seeing around the shelving and corners in the building and increase inmate safety. It is also recommended to add additional language to the inmate in-house rule book to include the address to the outside agency contact and written statement that they can report anonymously.

Congratulations to Warden Meko, PREA Compliance Manager Paul Holbrook and all staff at the Little Sandy Correctional Complex for a job well done. All standards were met with no need for a correction period.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The LSCC has a well defined sexual assault policy that clearly depicts the facility’s zero-tolerance policy. During the interviews with both staff and inmates, it was clear that they, too, are aware of the policy. The LSCC has designated one staff member to be the PREA Compliance Manager and the agency has employed a PREA Coordinator to assist in ensuring the PREA Standards are set and followed. Both staff work very hard at ensuring these standards are met. The PREA Compliance Manager reports he makes time to focus on PREA issues.

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

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

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

The Kentucky Department of Corrections does not contract with private agencies or other entities for the confinement of inmates.

### Standard 115.13 Supervision and monitoring

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

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The LSCC staffing plan is appropriate to meet this standard. They have a very detailed outline of all considerations listed in the standard. During the Warden interview, it is apparent that this staffing plan is utilized regularly and taken seriously in regards to meeting PREA standards. The facility has not undergone any major renovations, however, they have made small changes in the inmate shower and dressing areas to comply with PREA standards. For example, they constructed movable screens that provide the inmates privacy while showering. Upper-level management staff also conduct unannounced rounds as depicted in their log books and interviews.

### Standard 115.14 Youthful inmates

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

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LSCC does not house youthful inmates.

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

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

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

The facility has not conducted any cross-gender searches for the audit period. They do have policy in place that meets standard if they were to do so. This facility does not house females. The staff have constructed movable screens in which provide the inmate privacy while showering or using the toilets. In locations where male inmates may be seen on camera in a state of undress, the post is supervised by male staff. There are visible signs in each housing unit used to inform the inmates when female staff are on duty. Additionally, announcements are made over the intercom in each unit when a female enters. During the tour and interviews, staff and inmates indicated announcements were made and searches are not conducted only for the purpose of gender identification.

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

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

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

The facility provides ways for individuals with disabilities or who are limited English to be educated and/or report sexual assault, abuse or harassment. The agency has a language phone line accessible to all facilities to assist those who are limited English.

**Standard 115.17 Hiring and promotion decisions**

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

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

The facility's policy and practice are in line with the PREA standards regarding hiring and promoting of staff. Through documentation review and staff interview, it was clear these policies are being practiced at the LSCC.

**Standard 115.18 Upgrades to facilities and technologies**

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

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

LSCC has not made a substantial expansion to existing facilities since it's inception.



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

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

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

The facility has a clear policy for evidence protocol and examinations. The on-site medical staff are aware of the policy as well. The facility would utilize an outside hospital for the SANE/SAFE examinations.

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

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

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

The facility has a strong policy in place for ensuring all allegations are taken seriously and investigated administratively or criminally. They are equipped with enough trained investigators to handle the amount of allegations they receive and act swiftly to investigate each allegation.

### Standard 115.31 Employee training

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

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

The facilities training regarding PREA standards is excellent. They are trained every year on PREA, which is above what is asked by the PREA standard. Each year, staff receive on-line and in-service training. Staff were knowledgeable about the training they received and appeared confident that they received good training.

### Standard 115.32 Volunteer and contractor training

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

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

Volunteers and Contractors receive initial training and then receive refresher training yearly. The training is comprehensive.

### Standard 115.33 Inmate education

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

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

The inmates at the LSCC receive PREA information and education typically within 24 hours of their arrival, unless it is a weekend. The education includes all necessary information as required by the PREA standards. The inmates report having had the training and the many ways to report any sexual assault or harassment. The audit team found it impressive that the inmates reported to be more willing to report to staff than to use the 1-800 number or write a complaint.

### Standard 115.34 Specialized training: Investigations

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

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

The PREA investigation training provided to the facility investigators is comprehensive and covers all requirements of the PREA standard.

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

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

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

The medical and mental health care PREA training is comprehensive and includes all PREA standard requirements. The medical and mental health staff were able to communicate their understanding of the training.

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

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

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

The facility uses a screening instrument for every inmate that arrives at LSCC and again after 30 days of their arrival. The instrument is typically completed the day they arrive or at most within 72 hours of their arrival. The instrument is complete in covering all aspects of the PREA standard. Staff assigned to conduct these screenings are comfortable with the document and with asking the questions. The inmates were able to recall being asked the questions on the instrument. The assessment is controlled and limited to certain staff. LSCC does not house or detain inmates solely for civil immigration purposes.

### Standard 115.42 Use of screening information

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

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

The facility staff that have access to the screening information use it to ensure the inmates safety in housing, job, education and programing assignments. The facility has policy in place if they were to house a trans-gender inmate that would ensure their safety.

### Standard 115.43 Protective custody

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

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

Inmates at this facility are not placed in segregated housing involuntarily just because they are at high risk for victimization. The assessment is conducted to ensure the best housing for the inmates needs. Inmates in segregated housing still have access to programs to the extent possible. LSCC reviews inmates in segregated housing every 7 days. This is above the minimum requirement of every 30 days.

### Standard 115.51 Inmate reporting

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

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

The facility provides multiple ways for inmates to report sexual assault. This includes a 1-800 number, an address and phone number to an outside agency, via grievance, and verbal or written report to any staff member. They can remain anonymous. All requirements of this standard are stated in policy and witness in practice.

### Standard 115.52 Exhaustion of administrative remedies

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

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

The facility does allow inmates to file grievances regarding sexual assault. Their policy indicates they do not inflict a time limit on the grievance. All requirements outlined in the standard are required by their policy and practice.

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

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

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

The inmates have access to an outside agency as indicated by their policy, staff and inmate interviews and inmate in-house handbook.

**Standard 115.54 Third-party reporting**

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

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

The agency provides a hot line number on their website for third parties to contact. This number is also provided to the inmates to share with outside family and friends.

### Standard 115.61 Staff and agency reporting duties

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

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

The policy outlining staff and agency reporting is clear and follows the PREA standards. During staff interview, it was clear that staff are aware of their duties of reporting.

### Standard 115.62 Agency protection duties

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

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

The facility's policy is in line with the PREA standards in protection of inmates and staff. Interviews and documents indicate the same.



### Standard 115.63 Reporting to other confinement facilities

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

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

Facility policy and Warden interview follow PREA standards. Notifications are made no later than 72 hours after initial report.

### Standard 115.64 Staff first responder duties

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

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

All first responders interviewed were able to clearly and confidently explain their duties and responsibilities of what to do when a sexual assault is reported to them. They also have a small business size laminated card that they carry to remind them of what to do. The facility policy and practice is in line with the PREA standards.

**Standard 115.65 Coordinated response**

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

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

The facility has a written institutional plan to coordinate actions when a sexual assault is reported.

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

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

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

There is no collective bargaining unit in the state of KY.

### Standard 115.67 Agency protection against retaliation

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

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

The agency has an established policy providing protection against retaliation. The policy and procedures include all PREA standard requirements.

### Standard 115.68 Post-allegation protective custody

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

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Meets standard and requirements of 115.43

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

The agency has policy and practice that meet the requirement of the PREA standard. The investigators have all had comprehensive training in PREA investigations and are quick to investigate thoroughly and objectively any and all sexual abuse / harassment reports they receive.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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The agency requires a preponderance of the evidence when determining whether allegations are substantiated.

### Standard 115.73 Reporting to inmates

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

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

Both in policy and during interview, it was noted that the facility informs the inmate of the outcome of the investigation. The notification includes all that is required by the PREA standard.

### Standard 115.76 Disciplinary sanctions for staff

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

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

Agency policy indicates staff are subject to disciplinary sanctions up to and including termination for violating the policies.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

The policy reflects the PREA standard.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

Facility policy is in line with PREA standards regarding disciplinary sanctions for inmates.

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

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

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

The LSCC Medical staff do a good job of screening inmates for a history of sexual abuse and also follow-up as required in the standard. Policy outlines this requirement per PREA standards.

**Standard 115.82 Access to emergency medical and mental health services**

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

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

Facility policy allows for inmates to have access to emergency medical and mental health services when a sexual assault has occurred. They have qualified staff to care for the inmate and an agreement with an off-site hospital to conduct the SAFE exam if needed. Policy is in line with PREA standard.

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

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

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

LSCC offers ongoing medical and/or mental health care for victims and abusers in their care. Policy is in line with PREA standard.

**Standard 115.86 Sexual abuse incident reviews**

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

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

LSCC staff meet at the conclusion of every PREA investigation to review the incident. They document these meetings and suggestions for improvement. The policy, process, and document review are all in line with the PREA standard.



### Standard 115.87 Data collection

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

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

The agency collects data regarding all sexual abuse allegations. The policy and practice is in line with the PREA standard.

### Standard 115.88 Data review for corrective action

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

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

The annual report for 2014 was being approved during the time we were conducting our audit. The agency head does review and approve this data and makes it available to the public.

**Standard 115.89 Data storage, publication, and destruction**

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

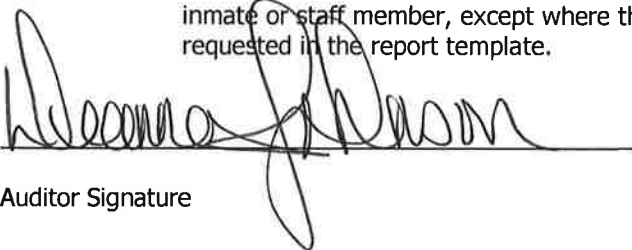
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These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

Policy and practice meet PREA standard requirement.

**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 Signature

  
\_\_\_\_\_  
Date