

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

Interim Final

Date of Report March 12, 2019

Auditor Information

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| Name: David Andraska | Email: ddafalls@hotmail.com |
| Company Name: American Correctional Association | |
| Mailing Address: 206 North Washington St. Suite 200 | City, State, Zip: Alexandria, VA 22314 |
| Telephone: 715 896-2648 | Date of Facility Visit: 2/19-21/2019 |

Agency Information

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|---|-----------------------------------|--|---|
| Name of Agency: Kentucky Department of Corrections | | Governing Authority or Parent Agency (If Applicable): Justice and Public Safety Cabinet | |
| Physical Address: 275 East Main-Health Services Building | | City, State, Zip: Frankfort, KY 40602 | |
| Mailing Address: PO Box 2400 | | City, State, Zip: Frankfort, KY 40602 | |
| Telephone: 502 564-2200 | | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: To protect the citizens of the Commonwealth and to provide a safe, secure and humane environment for staff and offenders in carrying out the mandates of the legislative and judicial processes; and, to provide opportunities for offenders to acquire skills which facilitate non-criminal behavior. | | | |
| Agency Website with PREA Information: corrections.ky.gov/community information/PREA | | | |

Agency Chief Executive Officer

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| Name: Randy White | Title: Deputy Commissioner |
| Email: randy.white@ky.gov | Telephone: 502 564-4726 |

Agency-Wide PREA Coordinator

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| Name: Charles A. Wilkerson | Title: Assistant Director & PREA Coordinator |
| Email: charlesa.wilkerson@ky.gov | Telephone: 502 382-7245 |
| PREA Coordinator Reports to: Randy White, Deputy Commissioner | Number of Compliance Managers who report to the PREA Coordinator 12 |

Facility Information

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|--|-----------------------------------|---|---|
| Name of Facility: Kentucky State Penitentiary | | | |
| Physical Address: 266 Water Street, Eddyville, KY 42038 | | | |
| Mailing Address (if different than above): | | | |
| Telephone Number: 270 388-2211 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: To operate an adult male maximum security institution by providing care, custody and control in a safe and secure environment. The primary program thrust will be directed at moving the inmate to a less secure institution based upon his demonstrated conduct, program performance and need. By encouraging the individual inmate to help himself, it will enhance his opportunity to return to the community as a responsible taxpaying citizen | | | |
| Facility Website with PREA Information: corrections.ky.gov/community information/PREA | | | |

Warden/Superintendent

| | |
|----------------------------------|--------------------------------|
| Name: DeEdra Hart | Title: Warden |
| Email: DeEdra.Hart@ky.gov | Telephone: 270 388-2211 |

Facility PREA Compliance Manager

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| Name: Jennifer Konias | Title: PREA Compliance Manager |
| Email: Jennifer.Konias@ky.gov | Telephone: 270 388-2211 |

Facility Health Service Administrator

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| Name: Nancy Raines | Title: Health Services Administrator |
| Email: nancy.raines@ky.gov | Telephone: 270 754-5415 |

Facility Characteristics

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|---|--------------------------------|-------------------------------------|--|
| Designated Facility Capacity: 914 | | Current Population of Facility: 849 | |
| Number of inmates admitted to facility during the past 12 months | | | 559 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 559 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 559 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 603 |
| Age Range of Population: | Youthful Inmates Under 18: N/A | Adults: 20-79 | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | N/A |
| Average length of stay or time under supervision: | | | 25 years |
| Facility security level/inmate custody levels: | | | Maximum Security/All Custody Levels |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 339 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 123 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 0 |

Physical Plant

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|--|--|--|--|
| Number of Buildings: 12 | | Number of Single Cell Housing Units: 5 | |
| Number of Multiple Occupancy Cell Housing Units: | | 0 | |
| Number of Open Bay/Dorm Housing Units: | | 1 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 221 | |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

KSP employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff. The facility currently has 305 cameras.

Medical

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| Type of Medical Facility: | On site 24/7 medical unit |
| Forensic sexual assault medical exams are conducted at: | Western Baptist Hospital |

Other

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| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 184 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 321 |

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Kentucky State Penitentiary (KSP) a Kentucky Department of Corrections (KDOC) facility was conducted on February 19-21, 2019. This was the second PREA audit for the facility. The PREA Audit was coordinated through the KDOC and the American Correctional Association (ACA). Department of Justice (DOJ) Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the KDOC PREA Coordinator, KSP PREA Compliance Manager and the auditor to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review and logistics.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility to include the PAQ, agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor also viewed the KDOC website. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by inmates. Prior to the onsite audit, KDOC conducts an internal review (mock audit) to prepare for the PREA audit. Results of the review and corrective action taken were discussed with the auditor prior to the start of the audit. Most of the recommendations per the review were implemented prior to the on-site audit.

The Auditor arrived at KSP at approximately 8:00 a.m., on February 19, 2019, to begin the auditing process. An entrance meeting was held in the Command Center with the Auditor and the Warden, Deputy Warden of Programs, Deputy Warden of Security, Deputy Warden of Operations, Major, PREA Compliance Manager, the Agency PREA Coordinator and two staff from his office. The auditor was then escorted to the 3rd floor conference room to meet and greet all department heads. The tour of the facility began at approximately 8:30 a.m. The auditor was escorted by the Warden, Deputy Warden of Programs, Deputy Warden of Security, PREA Compliance Manager, Internal Affairs Officer and a Sergeant throughout the tour. The auditor was provided with a tour agenda and was previously presented with a schematic layout of the facility that included identification of the buildings in addition to the camera location. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; security mirrors and tested the inmate PREA hotline phone system. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Areas visited during the tour included administration, all

cell houses, kitchen/dining hall, gym, education/vocational buildings, industries (including the strip house and dining room), sanitation depot, medical unit, death row, property, laundry/clothing house, shower house, religious center, library, canteen and visitation. The minimum security dormitory, motor pool, maintenance and warehouse located outside of the secure perimeter were also toured. An overview of the camera system and camera views was shown to the auditor after the tour was completed.

PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to inmate and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on January 10, 2019. The auditor received two (2) letters from inmates at KSP. In addition to a complete tour of the facility, the site visit consisted of a thorough review of inmate files, training records, personnel files, investigation reports, supporting documentation and formal interviews with staff and inmates.

KSP employs 339 staff that may have contact with inmates. KSP contracts for medical/mental health services, foodservice, canteen and for various programs. KSP has approximately 150 chapel volunteers. A total of 32 staff/contractors and three volunteers were interviewed during the audit. Seventeen staff were selected for random interviews that included security staff (Captains, Lieutenants and officers) on all three shifts, food service, and canteen. Fifteen facility and Agency specialized staff were interviewed. The specialized staff interviewed included: Agency Head, Agency PREA Coordinator, PREA Compliance Manager, intake and risk screening staff, retaliation monitor, investigators, incident review team member, contract medical/mental staff and intermediate or higher-level staff. All staff served as a first responder and all staff interviewed was knowledgeable first responder duties and the agency's zero policy regarding sexual abuse and sexual harassment.

The PREA Compliance Manager provided the auditor with housing unit rosters that identified inmates alphabetical and by bed assignments along with their date of birth and race. The inmate count was 849 on the first day of the site visit. The auditor conducted 34 formal interviews. One inmate refused to be interviewed. The auditor received correspondence from two inmates prior to the audit and one inmate requested to speak to the audit while on site. These three inmates were interviewed. 19 inmates were selected for random interviews. Inmates were chosen by a random selection from each housing unit with various ages and race. 15 inmates that were identified from the target group were interviewed as follows: two (2) Inmate who were deaf or hard of hearing, two (2) Inmates who are LEP, two (2) inmates who identify as gay or bi-sexual, three (3) inmates who identify as transgender, four (4) inmates who reported sexual abuse and two (2) inmates identified as potential victims during risk screening. . There were zero inmates at KSP who were identified as meeting the following categories; youthful offender, blind, inmates with cognitive disabilities, inmates with physical disabilities, or inmates In segregated housing for high risk of sexual victimization. All inmates interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting. Most inmates stated they felt safe at the facility. The most common complaint was the shower house. This issue was discussed with Facility management and recommendations were made.

Upon completion of the on-site visit, an exit briefing was held to discuss the audit observations and findings. This briefing was held in the command center with the Warden and key facility management staff and the agency PREA coordinator. The facility staff were found to be cooperative and professional. Staff morale appeared to be good and the observed staff/inmate relationships were determined to be good. All areas of the facility were observed to be clean and maintained. The auditor thanked the Warden and staff for their hospitality and hard work and dedication to the PREA audit process.

Facility Characteristics

The Kentucky State Penitentiary, located near Eddyville, Kentucky in Lyon County, is the Department's oldest and only maximum security facility. This facility houses Kentucky's Death Row Inmates. This facility completed construction and was opened in 1889 and has operated for over 130 years. Many renovations and enhancements occurred during the numerous years of operation. This facility is an all-male institution. A total of 819 inmates are currently housed in five cell houses (single cells) within the confines of the perimeter and 30 inmates in a minimum security dormitory outside the perimeter. KSP is a large facility with twelve buildings and five single celled housing units. KSP population includes a large Protective Custody Unit, a large Segregation Unit in two separate cell blocks, Death Row and General Population.

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 an array of programs to engage the inmates in productive activity that will better his chances of returning to the community as a responsible taxpaying citizen. Approximately 250 general population inmates are enrolled in evidenced based programs. These activities include work in one of the industries or institutional jobs, assignment to vocational or academic school, involvement in self-help and reentry programs and faith based programs. KSP is accredited by the American Correctional Association.

Summary of Audit Findings

Number of Standards Exceeded: 1

115.11

Number of Standards Met: 44

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

N/A

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*)

KDOC Policy and Procedure 14.7 -Sexual Abuse Prevention and Intervention Program (CPP14.7), Policy and Procedure 3.22 - Staff Sexual Offenses Requirements (CPP 3.22), KSP Organization chart and the KDOC Organization chart were reviewed and address the requirements of this standard. The written policies mandate zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's and facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors.

The Kentucky DOC employs an upper-level, agency-wide PREA Coordinator who reports to the Deputy Commissioner He is very knowledgeable of PREA standards and has the authority to develop, implement and oversee PREA compliance. The Kentucky DOC organization chart demonstrates the PREA Coordinator is in a position of authority. There is a PREA Compliance Manager at each facility that are indirectly supervised by the PREA Coordinator.

KSP's PREA Compliance Manager is a Procedure Development Coordinator and reports to the Warden. She is very knowledgeable of PREA standards and is actively involved in PREA activities at the facility. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was

knowledgeable of their responsibilities. PREA training is provided to staff during initial training and annually as outlined in policy. All staff at KSP also attended a PREA refresher training in January 2019. Those individuals interviewed shared their understanding of the agency's zero tolerance toward sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance toward sexual abuse and sexual harassment were observed by the auditor to be strategically located and accessible throughout the facility for staff and resident awareness.

Based on the review of established policies and procedures, staff PREA training, Inmate PREA education and information, interviews with staff and inmates, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency-wide PREA Coordinator, as well as facility PREA Compliance Managers, it is apparent that KSP is committed to zero tolerance of sexual abuse and sexual harassment. KSP exceeds the requirement of this standard.

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 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 OR the response to 115.12(a)-1 is "NO".) 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*)

KSP does not contract for the confinement of inmate or transfer inmates to contracted facilities. KDOC does contract with community service providers. CPP 14.7 and the Master Agreements with private community services centers were reviewed and address the requirements of this standard. The agreements when issued or modified include language to comply with PREA standards. The KDOC oversees the operational practices and has in place a monitoring tool to ensure compliance.

Review of the policy, agreements, compliance documentation and interview with the Agency PREA Coordinator confirms compliance with this standard.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the

composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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*)

The KDOC ensures each institution develops, documents and makes its best efforts to comply, on a regular basis, with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. The auditor reviewed the minutes from the PREA Supervision & Monitoring Meeting held on March 28, 2018 which reviewed the current staffing plan on all three shifts and used the criteria found in Standard 115.13 (a), to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. Per the PREA Compliance Manager, there have been no deviations from the staffing plan at (KSP) during the previous twelve (12) months and that KSP utilizes mandatory overtime to ensure that all posts are covered according the staffing plan.

CPP 3.22 requires supervisor to conduct and document unannounced PREA rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. The unannounced PREA rounds are documented in logs. The logs were reviewed by the auditor. Staff and inmate interviews further confirmed unannounced rounds being conducted by supervisors. CPP 3.22 and the general post order prohibit 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.

Based on a review of policy, staffing plan and the annual review, general post order, PREA unannounced rounds logs, on-site observation of cameras and mirrors, as well as interviews with the Warden, staff and inmates, KSP is compliant with this standard.

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*)

KDOC Policy and Procedure 18.3 -Confinement of Youthful Offenders (CPP 18.3) and memo from the PREA Compliance Manager were reviewed and addresses the requirement of this standard. The Policy establishes guidelines for designating youthful offenders' placement in youthful offender facilities. KSP does not house youthful inmates; it is only designated to house adult male inmates.

Based on the review of the established policy, inmate roster and interview with the Warden and PREA Compliance Manager, the facility is compliant with this standard.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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*)

KDOC Policy and Procedure 9.8 -Search Policy (CPP 9.8), CPP 14.7, CPP 3.22, General Post Orders, the PREA Lesson Plan and staff training records were reviewed and address the requirements of this standard. Staff and inmate interviews and direct observation determined the facility does not allow cross-gender viewing and searches. KSP does not conduct cross-gender strip searches or cross-gender visual body cavity searches and staff members are prohibited from and do not search transgender or intersex inmates to determine an inmates' genital status. The facility reported there were no cross gender strip searches or cross gender visual body cavity searches conducted in the past 12 months.

Based on interviews with staff and inmates and personal observation, it was determined inmates are able to shower, perform bodily functions and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such

viewing is incidental to routine cell checks. Interviews with staff and inmates and direct observation determined that staff members of the opposite gender announce their presence and document the announcement in the unit log, when entering a housing area. Additionally, here is signage that female staff are working.

All staff at KSP recently attended a PREA refresher training that focused on Transgender inmates and proper pat-down search procedures. Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Training records were reviewed during the onsite audit. Interviews with staff members demonstrated they had been trained and were knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex inmates.

Based on review of policies, documentation, observation and training documents, along with interviews with staff and inmates, KSP is compliant with this standard.

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*)

CPP 14.7 and the In-Service lesson plan were reviewed and address the requirements of this standard. The procedure ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. KSPI has taken appropriate steps to ensure that inmates who are limited English proficient or disabled 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. Inmates at KSP are primarily English speaking. KSP has a contract with an agency to provide foreign language translation although there have been no instances at KSP that required the use of a hired interpreter during the previous 12 months.

PREA informational material is available in English and Spanish, braille-English, braille-Spanish and large print. PREA posters are posted throughout the facility for inmates, staff and visitors. Per policy, memo and staff interviews, inmates are not used as interpreters, when addressing sexual abuse and sexual harassment allegations. Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmates to understand the PREA zero tolerance policy, related material and how to report allegations of sexual abuse or sexual harassment.

Interviews with two LEP inmates and two inmates with hearing disabilities indicated PREA information was provided in a format they could understand.

The review of policy, PREA brochures and posters, resources available and supporting documentation, as well as staff and inmate interviews, confirms KSP is compliant with this standard.

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, or 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*)

KDOC Policy and Procedure 3.6, -Background Investigation of Employees and Applicants for promotion and Employment of Ex-offenders (CPP 3.6), Policy and Procedure 3.1, Code of Ethics/Social Media Use (CPP 3.1) and the employment application were reviewed and address the requirements of this standard. The policies ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile, or other penal type institutions; or who have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

The policy require the facility to consider any incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.. The auditor reviewed a sample of staff application packets and staff personnel files. Through review of staff records and interview with the Human Resource Manager, it was determined staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated Kentucky DOC and the facility considers incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The policies also require background checks for staff and contractors prior to hiring or enlisting services of a contractor and again every five years. Volunteers require a background check before entering the facility and annually, thereafter. In addition, the facility shall 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. Interviews with the Human Resources Administrator and a review of application packets demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation, during a pending investigation of an allegation of sexual abuse. The auditor reviewed background check clearance checks for a random sample of employees and volunteers.

KSP does ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct, as described in PREA Standard 115.17 (a), in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and impose upon employees a continuing affirmative duty to disclose any such misconduct. Policy requires information be provided 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. A review of new employees' files revealed that employees who may have contact with inmates directly are asked about previous sexual misconduct, as described in PREA Standard 115.17 (a), in the written application and during interviews. Internal promotion interviews and/or written self-evaluations are conducted as part of reviews of current employees; and a continuing affirmative duty to disclose any such misconduct is imposed upon employees. Policies state material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. The Kentucky DOC will 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 for and a release from the former employee.

Based on review of policy and procedures, documentation and employee personnel files, as well as an interview with the Human Resources Administrator, KSP is compliant with this standard.

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*)

KDOC Policy and Procedure 7.1, -Construction, Renovation and Expansion Guidelines (CPP 7.1) were reviewed and address the requirement of this standard. The policy states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, consideration shall be given to the effect of the design, acquisition, expansion, or modification upon the Department of Correction's ability to protect inmates from sexual." There has been no expansion or modification to KSP since the last PREA audit.

The policy also states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consideration shall be given to how such technology may enhance the agency’s ability to protect inmates from sexual abuse.” KSP has installed two additional cameras in 2018 as a result of their internal PREA review. There are a total of 305 cameras recording 24/7, which provides adequate coverage.

Based on the review of policy, camera placement, tour of the facility and an interview with the Warden, KSP is compliant with this standard.

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? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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*)

CPP 14.7, MOU with the Kentucky Association of Sexual Abuse Programs and the Physical Evidence Collection Guide were reviewed and address the requirements of this standard. The facility's internal affairs office and/or facility investigator conduct all investigations involving sexual abuse. If the allegation appears to be criminal the investigation would be referred and conducted by the Kentucky State Police. The auditor interviewed two of the facility Investigators and they stated that each and every administrative and criminal investigation at KSP must adhere to the investigative and evidence protocols 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. Investigators are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for criminal prosecutions as required by policy. Interviews with random staff indicated they know and understand the department's protocols for obtaining and preserving useable evidence. KSP not house inmates under the age of 18.

KSP sends inmate victims of sexual assault to an outside hospital for forensic exams by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners (SAFEs/ SANEs) The Department has entered into a Memorandum of Understanding (MOU) with Kentucky Association of Sexual Abuse Programs to provide victim advocate services. Sanctuary, Inc. is the regional providers for KSP and if requested by the victim its staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews provide emotional support, crisis intervention, information, and referrals. There were no forensic exams conducted by SAFEs/SANEs during the past 12 months. Emergency healthcare as well as forensic examinations by SAFEs/SANEs are provided at no cost to the inmate.

Based on review of policy and procedure, MOU as well as interviews with the Warden, Investigators and staff, KSP is compliant with this standard.

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 such publication 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*)

CPP 14.7, Kentucky State Police General Order OM-C-1 Criminal Investigations & Reporting and the Agency website were reviewed and address the requirements of this standard. The policy requires an administrative or criminal investigation be completed for all allegations of

sexual abuse and sexual harassment. The procedure and process regarding investigations are posted on the agency website.

The policy states notification for the purpose of an investigation shall immediately be made to a designated facility investigator. In addition, all allegations of sexual abuse that involved potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police. The Kentucky State Police has a detailed policy and procedures on investigating sexual abuse allegations. Per policy, for all allegations of sexual assault and harassment an incident report shall be completed and a PREA investigation shall be initiated in KOMS and referred to the designated central office administrator when completed. The auditor interviewed two Investigators and the PREA Compliance Manager (also a trained investigator). They stated that for each and every allegation of sexual abuse/harassment received at KSP an administrative and criminal investigation was conducted. Review of documentation from the PREA Compliance Manager shows that the facility had 92 allegations of sexual abuse and sexual harassment in the past 12 months. All were investigated with two (2) referred for criminal investigations.

Based on the review of policies, PREA tracking logs and interviews with the PREA Compliance Manager and Investigators, KSP is compliant with this standard.

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*)

CPP 14.7, PREA Pre-Service and annual In-Service Staff Training Curriculum and PREA acknowledgments forms were reviewed and address the requirements of this standard. The training curriculum and power point slides demonstrated the training covered: the zero-tolerance policy for sexual abuse and sexual harassment; how staff should fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the resident's right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches.

KSP staff members receive initial PREA training as well as PREA training annually through scheduled training and staff meetings. The PREA training curriculum was reviewed and the auditor verified that the training provided to employees is very comprehensive. In addition all staff at KSP attended a PREA refresher training in January 2019. Employees sign an acknowledgement form that they have received and understood the PREA training. Staff interviewed were well versed in the Department's Sexual Abuse Prevention and Intervention policy; their responsibilities in reporting sexual abuse/sexual harassment and staff negligence; their first responder duties; evidence preservation; and transgender and intersex searches. Employees also carry a KSP Sexual Abuse Action card.

Based on the review of policy, the staff training curriculum, rosters and signed training acknowledgments, as well as interviews with the Training officers, PREA Compliance Manager (provides staff training on PREA) and staff, KSP is compliant with this standard.

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*)

CPP 14.7, PREA annual In-Service staff training curriculum, Volunteer Services Orientation curriculum, training tracking sheets and signed training acknowledgments were reviewed and address the requirement of this standard. Contact staff attends the same PREA training as KSP employees. The volunteer orientation curriculum was reviewed and determined to be very comprehensive, in that it included the objectives of the training to ensure that volunteers are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Interviews with volunteers and contact staff demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy. All volunteers and contract staff who have contact with inmates have been trained on their responsibilities per department policy. The auditor reviewed the training records and signed acknowledgments, confirming that the volunteers and contract staff received and understood the PREA training.

Based on the review of policy, training curriculums and supporting documentation, as well as interviews with the PREA Compliance Manager, volunteers and contract staff, KSP is compliant with this standard.

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 such education? 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*)

CPP 14.7, Understanding the Prison Rape Elimination Act (PREA) for Offenders brochure, Inmate Handbook and signed inmate acknowledgement forms were reviewed and address the requirements of this standard. Policies require that all inmates receive PREA information upon arrival and PREA education within 30 days of intake. During intake, inmates are provided information through the PREA brochure and Inmate Handbook, available in English and Spanish, which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at KSP. Staff members cover basic PREA information verbally at the intake screening. A PREA video is played during the intake/orientation process and is also played daily on the institutional television channel. During orientation, they receive additional information which expands on the previous information provided. Inmates acknowledge receiving the PREA information and watching the PREA video in writing. PREA posters and brochures are posted throughout the facility in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. Information on the posters and in the brochure include: the zero-tolerance policy; inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. The policies require information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During interviews, inmates acknowledged the information being provided upon arrival and during orientation and have seen posters displayed throughout the institution. The inmates interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. The auditor reviewed signed inmate acknowledgements, which demonstrated inmates received and understood the PREA

information. The auditor also observed the intake process. The facility reported that all 559 inmates admitted during the past twelve months received PREA information upon arrival.

Based on the review of policy and documentation, observation of the intake process and posted brochures and posters, as well as interviews with staff and inmates, KSP is compliant with this standard.

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 have received 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*)

CPP 14.7, PREA Specialized Training, Investigating Sexual Abuse in Correctional Settings lesson Plan, training records and signed employee training acknowledgements were reviewed and address the requirements of this standard. The policy requires that investigators receive specialized training, in addition to the general education provided to all employees.

The auditor reviewed the 16 hour training curriculum for investigators and it covered all requirements of the standard, to include techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation was reviewed that indicates all agency and facility investigators have received both the general and specialized investigation PREA training. A letter from the Kentucky State Police, Academy Commander indicated that all state troopers have received training in sexual abuse investigations.

Based on review of procedure, Interview with investigators and the review of the training lesson plan and records, KSP is compliant with this standard.

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? Yes No

- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

CPP 14.7, PREA-Specialized Mental health and Medical Professional Training lesson plan and sign PREA training acknowledgements were reviewed and address the requirements of this standard. The policy requires all full time and part-time medical and mental health care practitioners receive the same training every employee receives on the agency zero tolerance

policy. KSP contracts for medical/mental health services with Wellpath (formerly Correct Care Solutions). The policy requires that all full time and part time medical/mental health practitioners also receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor conducted interviews with medical and mental health practitioners during the site visit. These contract providers told the auditor that in addition to PREA training for all employees, they are required to take additional specialized training. The auditor reviewed the curriculum for this training, attendance records and signed acknowledgements. . All full time and part time medical and mental health staff currently employed at KSP has received this training. The contract provider provides additional PREA training to all of its medical/mental health practitioners.

Based on policy, lesson plan, training records and documents and interviews with medical and mental health staff, KSP is compliant with this standard.

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, when 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, when 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, when 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 a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

CPP 14.7 and the PREA Risk Assessment form were reviewed and address the requirements of this standard. The policy requires the facility to conduct a screening for risk of sexual victimization and abusiveness within 72 hours of an inmate's arrival; a follow-up screening for risk of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate's arrival at the facility; and reassessment of an inmate's risk level again 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.

KSP conducts initial and reassessment screenings by a trained Classification staff member, using a standardized screening tool for initial assessments and for the 30 day reassessments. The initial screenings are typically completed immediately upon arrival. The facility reassesses each inmate's risk of victimization or abusiveness, as directed, within 30 days of arrival. The assessment process is computerized and information obtained is part of the Kentucky Offender Management System (KMOS).

The assessment begins by asking the inmate: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate's criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The staff member also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. The auditor observed the initial screening process for one inmate that was transferred in. As part of the inmate's initial medical screening, health service staff also asks questions regarding sexual abuse and safety. This affords the inmate another opportunity to report or disclose any concerns regarding victimization and abusiveness upon transfer to a new facility.

The auditor interviewed intake and classification staff and reviewed the computerized information. All the criteria referenced in the standard are on the current form. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Based on the review of policy and procedures, documentation, observation of the intake/screening process as well as interviews with the classification staff and inmate, KSP is 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? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

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

CPP 14.7, Kentucky State Penitentiary Policy 18-01-08, Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) (KSP 18-01-08) were reviewed and address the requirements of this standard. The policies outline the use of the screening information, to include using the risk

screening to determine housing, bed, treatment and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. These housing, work and program assignments are made on a case-by-case basis. KSP has all single cells with the exception of the outside 30 bed dorm. The auditor reviewed documentation related to housing, work and program placement.

There are no dedicated housing units based on sexual identity at KSP. This was confirmed during interviews with those inmates identifying as transgender, gay or bisexual. Each indicated they were not currently or ever housed on dedicated housing. Transgender inmates are given the opportunity to shower separately from other inmates. There have been no intersex inmates housed at KSP in the past 12 months.

The procedures state the agency shall consider on a case-by-case basis where to assign a transgender or intersex inmate, housing and programming assignments, based on the inmate's health and safety, the inmate's own views with respect to his or her own safety, and whether the placement would present management or security problems. Additionally, the procedure requires placement and program assignments to be reviewed twice a year for each transgender or intersex inmate.

Based on the review of policies and supporting documentation and interviews with the Warden, intake staff and LGBTI inmates, KSP is compliant with this standard.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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*)

CPP 14.7 and Kentucky DOC policy and procedure 10.2, Special Management Inmates (CPP 10.2) were reviewed and meet the requirement of this standard. Inmates at high risk for sexual victimization are not placed in the 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. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. If an involuntary segregated housing placement is made the placement is reviewed on a weekly basis until other housing can be found. Segregated housing assignments will not exceed a period of thirty (30) days. Inmates placed in protective custody shall have access to program privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. There were no inmates in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months.

Based on the review of policies and interview with the Warden and restrictive housing officers, KSP is compliant with this standard.

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? Yes No

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*)

CPP 3.22, CPP14.7, PREA brochures and posters, the Inmate Handbook, PREA training lesson plan and the agency website were reviewed and address the requirements of this standard. The inmate Handbook, PREA brochures, and multiple posters displayed throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff. Interviews with inmates verified they were aware of multiple internal and external ways to report incidents of sexual abuse, sexual harassment and retaliation. Inmates can report verbally and in writing to staff; through a third party, by submitting a grievance, by calling the hotline (both internal and external phone numbers provided) or to an outside advocacy group. During the tour, the PREA reporting phone numbers were checked and found to be in working order.

KSP employees may report sexual abuse or sexual harassment to a supervisor or privately by calling the hotline number listed on the department's website. Staff members accept reports made verbally, in writing, anonymously and from third parties, and are required to promptly document any verbal reports.

Based on the review of policy and PREA information provided to inmates, training material, Department website, observation during the tour of the institution and interviews with staff and inmates, KSP is compliant with this standard.

Standard 115.52: 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 NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

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

Yes No NA

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

CPP 14.7 and KDOC Policy and Procedure 14.6, -Inmate Grievance Procedure (CPP 14.6) were reviewed and address the requirements of this standard. KSP does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint; and issues 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.

In the past 12 months there were twenty one grievances filed. There were 14 sexual harassment Non emergent grievances and 7 sexual abuse emergent grievances that were answered within 5 days. Additionally, no extensions were required by the facility.

Third parties, including other inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith. Inmates are informed of grievance procedures in the Inmate Handbook and during orientation.

A review grievance policy and procedures and supporting documentation, Inmate Handbook and interviews with the PREA Compliance manager and inmates confirm KSP is compliant with this standard.

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? Yes No
- 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*)

CPP 14.7, MOU with Kentucky Association of Sexual Abuse Programs (KASAP), Inmate Handbook and KASAP flyers were reviewed and address the requirements of this standard. The policy states Inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address and telephone number. Sanctuary Inc. is the regional provider for KASAP and inmates are provided there mailing address and phone number. The facility enables reasonable communication between inmates and Sanctuary Inc. in as confidential a manner as possible.

The auditor tested the phone number to Sanctuary Inc. while on-site and found it to be working. Interviews with inmates found some inmates were aware of the confidential support services provided. The department has a MOU with this agency which expires on June 30, 2019.

Based on the the review of policy, MOU, Inmate Handbook, KASAP flyers, along with interviews of staff and inmates, KSP is compliant with this standard.

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*)

CPP 14.7, the Agency's website and PREA posters were reviewed and address the requirements of this standard. The procedure establishes a method to receive third-party reports of sexual abuse and sexual harassment and to distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an Inmate. The Agency website outlines methods to report sexual abuse and sexual harassment on behalf of an inmate.

Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline. Posters on display at the facility provide the visitors, staff and Inmates with third party reporting options. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

A review of policy, PREA posters, the Agency's website, as well as interviews with staff and inmates, confirm KSP is compliant with this standard.

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*)

CPP 3.22, CPP 14.7 and the PREA training curriculum were reviewed and address the requirements of this standard. The policy require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; requires all staff to report immediately any retaliation against inmates or staff who reported such an incident; requires all staff to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. KSP does not house inmates under the age of 18. There were no incidents involving vulnerable adults that required mandatory reporting per State Statutes.

Interviews with staff verified they were aware they must immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; and that they are prohibited from revealing information related to a sexual abuse report other than to people authorized to discuss the report. The contracted health care agency (Wellpath) also requires its medical and mental health practitioners to report according to KSP policy/procedure and PREA law. Healthcare staff are required to reveal the limits of confidentiality at the initiation of services. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the PREA Compliance Manager and investigators.

Based on the review of the policies, documentation and the training curriculum and interviews with staff, KSP is compliant with this standard.

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*)

CPP 14.7 and the PREA training curriculum were reviewed and address the requirements of this standard. Policy and training require staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an Inmate subject to risk of imminent sexual abuse. Security personnel immediately employ protection measures as the information is passed to the PREA Compliance Manager. Per interview with the Warden, immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer. No inmates reported being at substantial risk of imminent sexual abuse, during the past twelve months.

A review of the policy and the training curriculum and interviews with the Warden and staff confirms KSP is compliant with this standard.

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*)

CPP 14.7 was reviewed and addresses the requirements of this standard. When an allegation is received that an inmate was sexually abused while confined at another institution, the procedure requires the Warden to notify the Warden, where the alleged abuse occurred within 72 hours after receiving the allegation. The procedure also requires that all sexual abuse allegations reported by another institution regarding any inmate that was confined at KSP be fully investigated. An interview with the Warden and PREA Compliance Manager confirmed their knowledge of the procedure and their responsibility to report and investigate any allegations that may have occurred at KSP. The Warden would forward an email to document the notification. There was one allegation reported that an inmate was sexually abused while confined at another institution in the past 12 months. The auditor reviewed email documents indicating the Warden of the institution was notified within 72 hours. Additionally, KSP did not receive information from another facility that an inmate alleged sexual abuse while housed at KSP in the past 12 months.

A review of the policy, email documentation and interviews with the Warden and PREA Compliance Manager confirms KSP is compliant with this standard.

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*)

CPP 14.7 and the PREA training lesson plan and records were reviewed and address the requirements of this standard. The policy directs how to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with security and non-security staff confirmed they were very knowledgeable about what to do upon learning an inmate was sexually abused, to include separating the alleged victim and abuser and to preserving and protecting the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing their teeth, changing clothes, urinating, defecating, smoking,

drinking or eating. Staff also carries a KSP Sexual Abuse Action card. KSP reported it had 34 allegations in which a first responder separated the victim from the abuser, during the past 12 months.

A review of the policy, PREA lesson plan, staff informational card and interviews with staff confirms KSP is compliant with this standard.

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*)

KSP has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The Sexual Abuse Action Plan is comprehensive in describing required actions by security and specialized staff. Interviews with staff (Warden, Shift Supervisors, first responders, medical/mental health, and investigators) confirmed staff members were knowledgeable about the Response plan and their specific responsibilities as they relate to responding to sexual abuse investigations the coordinated duties and collaborative responsibilities.

A review of KSP Sexual Abuse Action Plan and interviews with staff confirms KSP is compliant with this standard.

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*)

The Kentucky Department of Corrector or KSP has not entered into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any inmate in a DOC facility or program pending the outcome of an investigation.

A review of the statement of fact and interview with Agency Head and Warden confirms KSP is compliant with this standard.

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*)

CPP 3.22, CPP 14.7 and Retaliation Monitoring logs were reviewed and address the requirements of this standard. KSP designated the PREA Compliance Manager as the person responsible for monitoring retaliation. The policy also state facilities shall provide multiple protection measures for inmates or staff members who fear retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days, if the monitoring indicates a continuing need. Interviews with the Warden and PREA Compliance Manager indicated KSP uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff members or inmate abusers from contact with the victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Per the PAQ and interview with the PREA Compliance Manager, there were no incidents of retaliation in the past 12 months.

A review of the policy and monitoring log and interviews with the Warden and PREA Compliance Manager confirms KSP is compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

CPP 10.2 and CPP 14.7 were reviewed and address the requirement of this standard. The policies prohibits the placement of inmates who alleged to have suffered sexual abuse in segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (for no longer than 72 hours). The use of segregated housing to protect inmates who allege to have suffered sexual abuse is subject to those requirements outlined in 115.43.

In the past 12 months no inmates were placed in involuntary segregation from one hour to 24 hours. The auditor toured and confirmed no inmates were housed in the Restrictive Housing Unit for protection from sexual abuse.

A review of policies and interviews with the Warden and restrictive housing staff confirms KSP is compliant with this standard.

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

CPP 14.7 and the PREA Incident Tracking Log were reviewed and address the requirements of this standard. The policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Investigations are conducted by the facility's internal affairs office and/or facility investigator. If the allegation appears to be criminal it is referred to the Kentucky State Police. The Investigators indicated during interview, a uniform evidence protocol is followed during investigations of sexual abuse and sexual harassments. Sexual abuse investigations are conducted by investigators who have been specially trained in sexual abuse investigation and the training documentation was reviewed by the auditor.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff and a preponderance of evidence is enough to substantiate an investigation. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or Agency does not provide a basis for terminating an investigation.

The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation of the alleged incident. All investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The interview with the Investigators, confirmed both administrative and criminal investigations are documented. They confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution. The investigative process was articulated by the Investigators during the interview. KSP retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the Records Retention Schedule

There were 92 investigations of sexual abuse and sexual harassment completed during the past twelve months. 90 investigations were completed by facility investigators and two (2) by the Kentucky State Police. There were seven alleged offender on offender sexual harassment investigations, one was determined to be unsubstantiated and six unfounded. There were 14 alleged inmate on inmate sexual abuse investigations, 12 were determined to be consensual sex acts and two were unfounded. There were 39 staff on offender sexual harassment investigations, four were unsubstantiated and 35 were unfounded. There were 32 staff on offender sexual abuse allegations, two were substantiated, four were unsubstantiated and 26 were unfounded. There were two substantiated allegations that were referred for criminal prosecution. All investigations were completed promptly and throughout and well documented.

A review of policy, the training curriculum, investigation files and interviews with two investigators and the PREA Compliance Manager confirms KSP is compliant with this standard.

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*)

CPP 14.7 and substantiated investigation reports were reviewed and address the requirement of this standard. The policy defines preponderance of the evidence and findings are based on this standard. Interviews with the Investigator and Warden found that KSP does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A review of the policy, investigation reports and interviews with the Warden and Investigators confirms KSP is compliant with this standard.

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*)

CPP 14.7 and investigation files were reviewed and address the requirements of this standard. The facility or the Kentucky State Police are responsible for investigation of PREA incidents.

The investigative procedures and processes include reporting to the inmates. Per the policy, every allegation is investigated and every investigated allegation finding was reported to the inmate in writing as to whether it was substantiated, unsubstantiated or unfounded. If the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate, the facility shall inform the inmate whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.

A review of the investigation file revealed that victims are notified of the outcome of investigations unless the victim had been released prior to the conclusion of the investigation. KSP uses a form entitled, "Offender Notification=PREA Alleged Sexual Abuse. A copy of the notification is file in the investigation file.

A review of policy, investigative file and interview with the Warden, PREA Compliance Manager and Investigators confirms KSP is compliant with this standard.

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*)

CPP 3.22 was reviewed and addresses the requirements of this standard. Staff members are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. In the past 12 months, no staff members were terminated nor were there any instances requiring notification to a licensing body.

A review of policy and interviews with the Warden and PREA Coordinator confirms KSP is compliant with this standard.

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*)

CPP 3.22 and a PREA Investigation Final Report were reviewed and address the requirements of this standard. Policy prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

In the past 12 months there have been two (2) contractors who have been reported to law enforcement for engaging in sexual abuse of inmates. Interviews with contractors and volunteers confirmed they were aware the punishment for engaging in sexual abuse or sexual harassment of inmates.

A review of policy, Investigation Report and interviews with the Warden, PREA Compliance Manager, contract staff and volunteers confirms KSP is compliant with this standard.

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 good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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*)

Kentucky DOC Policy and Procedure 15.2, Rules Violation and Penalties (CPP 15.2) and CPP14.7 were reviewed and address the requirements of this standard. Inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are 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. The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline a inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there has been no administrative or criminal inmate on inmate sexual abuse findings. KSP prohibits all sexual activity between inmates and disciplines inmates for such activity. Interviews with mental health staff indicates the facility offers therapy and/or counseling to inmate for inmate sexual abusers. One inmate was found guilty of filing a false PREA report in the past 12 months..

A review of policies, practice, supporting documentation and interviews with the Warden and Mental Health staff confirms KSP is compliant with this standard.

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*)

CPP 14.7 reviewed and addresses the requirement of this standard. The policy states when an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within 14 days of the assessment.

Interviews with Classification staff indicated that while the conducting PREA risk assessment if they becomes aware through other information or through the assessment that the inmate was ever victimized or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. As part of the inmate's initial medical screening, medical staff also asks questions regarding sexual abuse and safety and would also make a referral to mental health as warranted.

The auditor interviewed mental health staff and confirmed a mental health screening evaluation is completed and documented. Informed consent is obtained for inmates who were

victimized, not in an institutional setting. The informed consent is documented. KSP does not house inmates under age 18. A review of the mental health screening reports indicates inmates are typically seen within 3-4 days of a referral. The auditor interviewed inmates who disclosed prior victimization either upon arrival at KSP or it was noted in their record. All of them indicated they were referred to medical or mental health.

The procedure mandates that information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

A review of policy, documentation and interviews with Medical/Mental Health staff, Classification Officers and inmates confirms KSP is compliant with this standard.

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*)

CPP 14.7 and KSP Sexual Assault Action Plan were reviewed and address the requirements of this standard. Policy state inmate victims of sexual abuse shall 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; and inmate victims of sexual abuse while incarcerated shall be offered timely information about sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. KSP only houses male inmates. KSP medical department is staffed 24/7 and mental health staff are on-call after normal business hours. Forensic exams and crisis intervention services are provided off- site. The services are provided at no cost to inmates regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor reviewed investigation reports which document mental health staff were notified when a sexual abuse allegation is received.

A review of policies and supporting documentation as well as interviews with Medical and Mental Health staff confirms KSP compliant with this standard.

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.) 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.) 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*)

CPP 14.7 was reviewed and addresses the requirements of this standard. Policy and interviews with Medical and Mental Health staff indicate KSP offers medical and mental health evaluations and, as appropriate, follow-up services and treatment to all inmates who have

been victimized by sexual abuse. Inmates will be offered all; prophylactic treatment and follow-up for sexually transmitted or other communicable diseases; counseling and testing; and will be referred to the mental health staff for crisis intervention as necessary. KSP only houses male inmates. Medical and Mental Health staff when asked, considered the level of care comparable to (or better than) the community level of care. Mental health evaluations are conducted on all known inmate-on-inmate abusers within 60 days of learning of such abuse. Victims are provided services without cost whether the victim names the abuser or cooperates with any investigation

A review of policy and supporting documentation and interviews with medical and mental health staff confirms KSP is compliant with this standard.

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*)

CPP 14.7 and completed Sexual Abuse Incident Review Reports were reviewed and address the requirements of this standard. The policy identifies the minimum members of the review team and covers the process for sexual abuse incident reviews, to include the form the review team uses. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable 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.

KSP conducted a sexual abuse incident review at the conclusion of every investigation that was substantiated or unsubstantiated. KSP also completed reviews at the conclusion of investigations that were unfounded. The review team is chaired by the PREA Compliance Manager and includes other upper level management members and is assisted by line supervisors, investigators, and medical or mental health practitioners. The auditor reviewed a sample of the Sexual Abuse Incident Review Reports (SAIR) completed in the past 12 months. When the SAIR suggested recommendations for improvements, documentation was provided

to show implementation of recommendations. Incident review team members were interviewed and were knowledgeable of the process.

A review of the policy, completed SAIRs and interviews with the incident review team members confirms KSP is compliant with this standard.

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*)

CPP 14.7 and the Kentucky DOC 2017 PREA Annual Report were reviewed and address the requirements of this standard. Policy requires uniform data be collected for every incident of sexual abuse alleged to have occurring at KSP using a standardized instrument and set of definitions. The PREA Compliance Manager at KSP is responsible for collecting specific PREA data and submitting it to the DOC central office. The Agency PREA Coordinator is responsible for collecting data from the agency institutions/facilities and ensuring that such data includes the information necessary to complete the Federal Bureau of Justice Statistics "Survey of Sexual Victimization (SSV) form.

The data is used to assist the department in prevention, detection, and response policies, practices, and training. Interview with the Agency PREA Coordinator indicated the data is aggregated and an annual report prepared and compared to prior year reports, thus assisting in identifying problem areas, and taking corrective actions.

A review of the policy, 2017 PREA Annual Report, as well as an interview with the Agency PREA Coordinator and PREA Compliance Manager, confirms KSP is compliant with this standard.

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*)

CPP 14.7, Agency website, Kentucky DOC 2017 PREA Annual Report and the Kentucky DOC PREA Statistical Report for 2016 and 2017 were reviewed and address the requirements of this standard. The Agency PREA Coordinator is responsible for compilation and reporting of data necessary to complete the PREA SSV survey administered by the Federal Bureau of Justice Statistics. The PREA Annual Report is published on the Agency website. This report approved by the Commissioner of the Kentucky DOC was reviewed by the auditor. The plan emphasizes zero tolerance and focuses on a victim centered approach. The plan indicated that in 2017 improvements made to policies and procedures; physical plant modifications and installation of additional cameras, Kentucky DOC was able to identify problem area or areas lacking compliance, and addressed each area. This identification process allowed the Kentucky DOC to bring the identified non-compliance areas into compliance.

A review of the policy, PREA Annual Report, PREA Statistical Reports and the agency website, as well as an interview with the PREA Coordinator, confirms KSP meets the requirement of this standard.

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*)

CPP 14.7, the Kentucky DOC 2017 PREA Annual Report and PREA Statistical Report were reviewed and address the requirements of this standard. All sexual abuse data collected pursuant to this procedure is retained and properly stored and secured. Sexual abuse data collected is retained by the agency for ten (10) years after the date of the initial collection. Access to data is controlled. Aggregate data on all Kentucky DOC facilities is available to the public through its website per the PREA Statistical Report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed.

A review of the policy, 2017 PREA Annual Report, 2017 PREA Statistical Report and the agency website and interview with the PREA Coordinator confirms, KSP is compliant with this standard.

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*)

During the prior three-year period (2014-2017), the agency did ensure that each facility operated by the agency was audited at least once. The agency is currently in the third year of the second audit cycle and ensured at least one-third of each facility type operated by the agency was audited. The Agency has entered into agreements with private organizations for community confinement of inmates. Each contract permits contract monitoring and requires the program to achieve and maintain PREA compliance, and to arrange for the facilities to complete PREA Audits.

During the on-site visit the facility provided the Auditor access to and the ability to observe, all areas of the facility; copies of all relevant documents required; private room and access to random selection of inmates and staff for interviews; and posted notices advising how inmates could send confidential information or correspondence to the Auditor. The Auditor was able to conduct the recommended number of staff and inmate interviews. The Auditor was permitted to observe all areas of the facility. The Auditor received all information requested to complete the PREA audit.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

The Auditor reviewed the Department's website and observed Final PREA Audit Reports posted. The KDOC website at <http://corrections.ky/communityinfo/Pages/PREA.aspx> confirms that the agency ensures that the auditor's final report is published on the agency's website. A review of the website found the Final PREA Audit Reports for all 12 Kentucky Correctional Facilities in the first three-year cycle. There were ten (10) Final PREA Audits for Kentucky Correctional Facilities posted in the second three-year cycle with the most current report dated 2/9/2019, well within the 90-day 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.



March 12, 2019

Auditor Signature

Date