PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

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

Auditor Information			
Auditor name: Co-Chairs Matthew Heckman and Jeremy Simonsen			
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Telephone number: (402) 479-6164			
Date of facility visit: September 1-3, 2015			
Facility Information			
Facility name: Kentucky State Penitentiary			
Facility physical address: 266 Water Street, Eddyville, KY 42038			
Facility mailing address: *(if different from above)*			
Facility telephone number: (270) 388-2211			
The facility is:	☐ Federal	■ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	■ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Warden Randy White			
Number of staff assigned to the facility in the last 12 months: 283			
Designed facility capacity: 914			
Current population of facility: 852			
Facility security levels/inmate custody levels: Maximum Security/All Custody Levels			
Age range of the population: 20-79			
Name of PREA Compliance Manager: Dionne Hardin	**Title:**	PREA Compliance	
Email address: dionne.hardin@ky.gov	**Telephone number:**	(270) 388-2211 ext.	
Agency Information			
Name of agency: Kentucky Department of Corrections			
Governing authority or parent agency: *(if applicable)* Justice and Public Safety Cabinet			
Physical address: 275 East Main - Health Services Building			
Mailing address: *(if different from above)* P.O. Box 2400 Frankfort, KY 40602			
Telephone number: 502-564-2200			
Agency Chief Executive Officer			
Name: LaDonna Thompson	**Title:**	Commissioner	
Email address: LaDonna.Thompson@KY.gov	**Telephone number:**	502-564-4726	
Agency-Wide PREA Coordinator			
Name: Charles A. Wilkerson	**Title:**	PREA Coordinator	
Email address: charlesa.wilkerson@ky.gov	**Telephone number:**	502-382-7245	

AUDIT FINDINGS

NARRATIVE

On September 1, 2015, a two-member team of PREA trained auditors from the Nebraska Department of Correctional Services toured and audited the Kentucky State Penitentiary (KSP) in Eddyville, KY over the course of three days. The audit team included Co-chairs, Deputy Warden Matthew Heckman and Jeremy Simonsen, LMHP. Prior to arriving at KSP, the audit team was provided with the Pre-Audit Questionnaire and all necessary documents for review. Communication between the audit chair, KSP PREA Compliance Manager and KY DOC PREA Coordinator was open and helpful to all. It was clear before arriving at the institution, the KSP policy regarding Sexual Assault was detailed, defined, and taken seriously. The audit itself, including the tour and interviews, confirmed that the staff and inmates at KSP knew and practiced the written policy. All Adult Prison Audit Standards were fully met by the Kentucky State Penitentiary.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Kentucky State Penitentiary is a maximum security institution located in Eddyville, Kentucky. This facility completed construction and was opened in 1889. This facility is an all male institution. A total of 822 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. All general population inmates are assigned to work areas during the day. There are 277 cameras deployed throughout the facility.

The facility has a unit management concept designed to assist the inmates in meeting their individual needs as related to rehabilitation. The institution provides inmates with 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. These activities include work in one of the industries, assignment to vocational or academic school, involvement in self help and reentry programs and religious activity.

SUMMARY OF AUDIT FINDINGS

It is readily apparent that the Kentucky State Penitentiary staff have worked hard to be prepared for this PREA audit and to comply with the standards put forth by the Department of Justice. It is also apparent through observations, the tour and interviews that KSP has the support and commitment from Warden White, PREA Coordinator Wilkerson and the Kentucky Department of Corrections.

The audit team does make three recommendations: 1) Though temporary privacy curtains have been issued to all open bar cells to hang during use of the toilet or in a state of undress, it is suggested in 5-Cell House where there are some cells with wider openings, that they be issued an extended privacy curtain so that a staff member on the walk is not able to casually see into the cell to the front of the toilet. 2) That consideration be given to affording more privacy in the Industries Security Office, where strip searches are completed, in the form of curtains or partitions so that the inmate(s) being searched cannot easily be viewed by other staff/inmates in the area. 3) That the Common Shower Building, used by the majority of inmates in the institution due to limited availability of showers in the housing units, be limited to it's capacity of 22 shower heads, and that times be assigned for different units to use the showers if possible. It is also recommended that the "Shower House" be remodeled to afford more privacy in the form of modified shower stalls around the perimeter wall and that the staff member's observation post be moved for more complete observation of the entire building. (It should be noted that this is already on the radar of Warden White who has a plan in place to remodel the area).

Congratulations to Warden White, PREA Compliance Manager Dionne Hardin and all staff at the Kentucky State Penitentiary for a job well done. All standards were met with no need for a correction period.

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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The KSP staffing plan is appropriate to meet this standard. They have a very detailed outline of all considerations listed in the standard. During the Warden interview, it is apparent that this staffing plan is utilized regularly and taken seriously in regards to meeting PREA standards. The Warden asserts that no deviation from the staffing plan takes place without his approval. The facility has not undergone any major renovations, however, they have made small changes in the inmate showers and cell privacy to comply with PREA standards. For example, they constructed movable screens that provide the inmates privacy while using certain bathroom areas. An awning across the top of showers in certain housing units prevent inmates from looking down from the tiers into the showers. As most cells have bars across the front of the cell, a privacy screen cloth has been issued to the inmates, (to only be used when dressing or using the toilet). Upper-level management staff also conduct unannounced rounds as depicted in their log books and interviews. 277 cameras are deployed throughout the institution for thorough coverage of areas.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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KSP does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

KSP has not made a substantial expansion to existing facilities since August 20, 2012. The facility has added awning type screens to showers in multi-tiered galleries to block the view of female staff members on upper level floors. The 30 bed dormitory has recently added toilet and shower partitions to it's restroom area. KSP has installed and/or updated the video monitoring system technology and has an exceptional system with thorough coverage throughout the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The facility has a strong policy in place for ensuring all allegations are taken seriously and investigated administratively or criminally. They are well equipped with 11 trained investigators to handle the amount of allegations they receive and act swiftly to investigate each allegation.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The facilities training regarding PREA standards is excellent. They are trained every year on PREA. Through random and specialized staff interviews, it was apparent that staff were knowledgeable about the training they received and appeared confident that they received good training.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The inmates at the KSP receive PREA information and education typically within 24 hours of their arrival, unless it is a weekend. The education includes all necessary information as required by the PREA standards. The inmates report having had the training and knowing the many ways to report any sexual assault or harassment.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Inmates at this facility are not placed in segregated housing involuntarily just because they are at high risk for victimization. The assessment is conducted to ensure the best housing for the inmates needs. Inmates in segregated housing still have access to programs to the extent possible.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The policy outlining staff and agency reporting is clear and follows the PREA standards. During staff interview, it was clear that staff are aware of their duties of reporting. Security staff wear a quick reference card on their uniform that briefly describes their responder duties.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The agency has an established policy providing protection against retaliation. The policy and procedures include all PREA standard requirements. Complaints regarding potential retaliation and subsequent PREA investigations were reviewed by the auditors, but KSP appears to be in compliance with established standard.

Standard 115.68 Post-allegation protective custody

■ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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KSP has had only one incident of placing an inmate in involuntary segregated housing and he was transferred within three days. There were extenuating and well documented reasons why this was done. Due to the amount of allegations and this being the only incident we found that this exceeded the standard as all other responses led to alternatives being utilized to achieve separation.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Both in policy and upon examining investigation files, it was noted that the facility informs the inmate of the outcome of the investigation. Copies of notifications are kept within the investigation file. The notification includes all that is required by the PREA standard.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The policy reflects the PREA standard.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.82 Access to emergency medical and mental health services

■ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Facility policy allows for inmates to have access to emergency medical and mental health services when a sexual assault has occurred. In addition, immediate mental health contact is offered to alleged victims of sexual harassment. This exceeds the standard. KSP has qualified staff to care for the inmate and an agreement with an off-site hospital to conduct the SAFE exam if needed. Policy is in line with PREA standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The agency PREA annual reports for 2013 and 2014 were provided. The agency head does review and approve this data and makes it available to the public.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Policy and practice meet PREA standard requirement.

AUDITOR CERTIFICATION

I certify that:

■ The contents of this report are accurate to the best of my knowledge.

■ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

■ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Mark R. Hall 9/21/15

Auditor Signature Date