PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: July 15, 2016

Auditor Information			
Auditor name: Trish (Brockman) Bernhards			
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Telephone number: 402-636-8620			
Date of facility visit: July 12-14, 2016			
Facility Information			
Facility name: Kentucky State Reformatory			
Facility physical address: 3001 West Highway 146, LaGrange, Ky 40031			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 502-222-9441			
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: Aaron Smith			
Number of staff assigned to the facility in the last 12 months: 614			
Designed facility capacity: 2005			
Current population of facility: 1854			
Facility security levels/inmate custody levels: Medium Security/All Custody Levels			
Age range of the population: 19-74			
Name of PREA Compliance Manager: Anna Valentine		**Title:** Deputy Warden	
Email address: annal.collier@ky.gov		**Telephone number:** 502-222-9441 X4032	
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, Frankfort, KY 40602			
Mailing address: *(if different from above)* PO Box 2400, Frankfort, KY 40602			
Telephone number: 502 564-2200			
Agency Chief Executive Officer			
Name: Rodney Ballard		**Title:** Commissioner	
Email address: rodney.ballard@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

The PREA Audit of the Kentucky State Reformatory (KSR) was conducted July 12-14, 2016. As members of the Midwest PREA Audit Consortium, three Department of Justice certified PREA auditors from the Nebraska Department of Correctional Services conducted the audit. Trish (Brockman) Bernhards served as the Chairperson while Jeremy Simonsen and Brad McDonnell served as members. The team was also assisted by support staff Shannon Fredenburg.

The first day of the audit began with an entrance meeting with the Warden, Deputy Warden/Compliance Manager, KDOC PREA Coordinator and other key staff members from the facility. Following the entrance meeting, the audit team began the facility tour. The tour of KSR was thorough and included the Transportation, Property and Intake area, Segregation Daily Assisted Living Unit, Visitation, Food service area, 15 units, academic and vocational building, maintenance, chapel, Correctional Industries, Inmate Canteen/Sanitation, the Nursing Care Facility, the Corrections Psychiatric Treatment Unit (CPTU). Areas that are covered by video monitoring were visited as well during the tour. The facility inmate roster was sent prior to the audit so a random list of inmates was chosen to be interviewed. 25 random inmate interviews were conducted. Two (2), limited English proficient inmates, 2 deaf inmates, 2 transgender/gender non-conforming inmates, 2 inmates who reported sexual abuse, 2 inmates who disclosed sexual victimization during intake screening. Included in the aforementioned inmates were 6 inmates who had requested to speak with the PREA auditor. A total of 42 staff were interviewed. The staff interviewed consisted of 17 staff from both shifts, 4 Intake and screening staff, 3 investigators, 1 staff charged with retaliation monitoring, 2 members of the Incident Review Team, 4 staff who supervise inmates in segregation, 5 intermediate/higher-level staff, 3 contract food service staff, 1 volunteer, 5 medical and mental health staff, 1 human resources staff and 3 first responders. Interviews were also conducted with the PREA Coordinator, the PREA Compliance Manager, Warden. The Commissioner was interviewed prior to the audit.

The Pre-Audit Questionnaire was received on June 10, 2016 which allowed sufficient time for standards and policies to be reviewed. All PREA standards and policies were reviewed for compliance. Any questions the audit team were answered prior to and during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Kentucky State Reformatory is located in LaGrange, Kentucky approximately 30 miles northeast of Louisville. It is a medium security facility. KSR is the state's second largest institution with a 2005-bed capacity. The population of the facility was 1854. There are currently 15 living units. The facility opened in 1939 and sits on approximately 43 acres. The massive twelve-story administration building originally housed key staff members, a hospital and medical offices, and living quarters for staff. The eleventh floor houses the machinery of the elevator and the twelfth floor houses a now defunct 150,000 gallon water tank. There are currently only 3 floors being used at this time due to the age of the structure. During the audit, an announcement was made by the Warden that five dormitories and the Segregation unit will be closing and 995 inmates were going to be transferred to contracted facilities. This downsizing is the result of the severe and continuing staffing crisis and the aging physical condition of the facility. This plan was to be implemented within 120 days. The staff compliment will be reduced from 529 to 307. Staff has been working 12 hour shifts for quite some time and expects to continue with 12 hour shifts after the reduction. The annual cost per inmate is $28, 287.0 with the average of the facility being 44 years old.

SUMMARY OF AUDIT FINDINGS

The team found that the documentation provided during the pre-audit documentation review phase was well organized. The facility was responsive to the request for additional documentation prior to the audit. The on-site audit tour provided the audit team with suffiient knowledge to determine that PREA was a high priority for a facility working with a population with high special needs. During the tour there were some bathroom areas that potentially allowed non-medical female staff to observe an inmate's genitalia/buttocks. Immediate corrective action was taken including the installation of stainless steel partition barriers and privacy screens. There were porter closets in the shower/restroom area that the team observed was open during the tour. The Warden distributed a memo to all areas advising staff that all closet doors are to remain locked and not propped open as well as not propping doors of restroom stalls which prohibited view of the shower areas. There were also windows that allowed others to view strip searches, showers and restrooms. These windows were covered immediately with a reflective film or metal pieces within a few hours. Unannounced supervisory rounds were logged in each area throughout the facility. Cross-gender announcements were also made. The audit team observed the privacy covers that the inmates in the segregation unit are required to put up when using the restroom to prevent viewing. The team suggested that more signs be installed in the segregation unit that was visible to all assigned inmates. KSR staff was asked to dial the reporting line and the advocacy telephone numbers randomly during the tour and each time the calls were connected. Given the pending closure of approximately half of the facility's buildings the audit team was impressed with the responsiveness and willingness to address the audit teams concerns so quickly.

This auditor received letters from inmates prior to and even after the audit with varying concerns some not related to PREA. Consideration was given to the unique needs of the population verifying that several of the letters were received from inmates in the psychiatric unit.

Staff and inmate interviews indicated above average knowledge levels of staff in a variety of positions throughout the facility. All staff knew their responsibility and inmates were aware of available services and reporting methods.

A debriefing allowed the audit team to discuss their findings. All standards were found to be in compliance. The team recognized the commitment and hard work of the KSR staff. The education of both the staff and the inmates were indicative PREA is taken seriously.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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.

KSR policy 14.7 Sexual Abuse and Prevention addresses the zero tolerance standard toward all forms of sexual abuse and sexual harassment. All standards required to be, are in policy. The PREA Coordinator is actively involved with all facilities throughout the state and has sufficient time to oversee compliance with the PREA standards. The PREA Compliance Manger is proactive in regards to PREA and has adequate time for PREA duties.

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)

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The agency has entered into 34 contracts, which address PREA regulations and mandatory compliance. Of these, only one does not require contractors to adopt and comply with PREA standards. This is due to the facility dedicating less than 50% of their beds for KDOC 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 KSR has an identified staffing plan that identifies those posts that are required to be filled 24/7 to ensure the safety of the inmate population. All criteria of the standard are covered in these meetings. The facility has been extremely short-staffed over the past year and have mandated 12 hour schedules for most security staff. Staff from other areas have been reassigned to cover 1-2 days a week on these 12 hour shifts to ensure proper coverage. Meeting minutes were provided that discussed how the facility re-assigned staff to other areas to

ensure the staffing plan was able to be complied with and coverage maintained. The Commisioner has approved the closing of half of the facility buildings which will result in the transfer of almost half of the population to three private facilities. Areas of the facility that presented potential blind spots had camera coverage that was adequate to meet the standard. The Warden distributed memos to staff directing that closet doors remain locked to prevent unauthorized activities. Supervisory staff performed unannounced rounds on both shifts that were well documented in unit logbooks.

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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Youthful offenders have not been housed at the Kentucky State reformatory for the past two years and there were none included on the inmate roster that was provided the first day of the audit. In accordance with Kentucky revised statute 640.070, a Circuit Court Judge may sentence a youthful offender to an adult facility. These youthful offenders would be housed in the Nursing Care Facility's Isolation Wing. The isolation wing is a secured wing and provides the required sight, sound and physical separation of the youthful offender from the adult population. A youthful offender will be permitted to attend programming, to include Special Education classes, work opportunitites,recreation, telephone, and visitation.

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)

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KSR has equipped each living unit with partitions or barriers that block visibility for non-medical staff of the opposite gender from viewing them in a state of undress or while showering or performing bodily functions. Policy requires cross gender announcements be made when staf of the opposite gender enter a unit. During the tour, the audit team observed these announcements and noticed cross gender announcement signs posted that identify the staff on duty is female. There were three observation cells equipped with cameras that did not have any type of barrier. These observation cells were monitored 24 hours a day due to the extremely high risk of self harm that these inmate occupants present. Inmates are removed from these cells once the risk of self harm becomes more manageable. The Correctional Psychiatric Treatment Unit houses the most mentally ill inmates within the KDOC. Cross gender strip searches are not allowed and there were no exigent circumstances that occurred that such searches would have been allowed requiring the incident to be documented. Medical staff would be responsible for identifying the gender of transgender inmates if necessary.

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.

KSR has many resources available to handle inmates who are limited English proficient. There are staff identified as interpreters for Spanish speaking inmates. PREA related documentation is available in Spanish, Braille, large print and English. Inmates who require sign language services are able to communicate through a Video Relay Interpretation services. The inmates interviewed who were identified as diabled or limited English proficient reported that they were provided information in a manner that they understood and they were able to explain reporting methods and knowledge about PREA. This auditor utilized the system during the audit and it proved to be a very useful form of communication. No inmates are allowed to be utilized as interpreters. The video presentation utilized for inmate education has the ability to be viewed with Spanish captioning when a limited English speaking inmate requires.

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.

Policy reflected the criteria of this standard. When Human Resources files were reviewed, PREA stanadards regarding hiring and promotion decisions were followed. Current employees also have background checks completed at least every 5 years. Contractors are also required tohave background checks before offering services.

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)

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There are currently 290 cameras throughout the facility with monitoring equipment assigned to various supervisory staff. These cameras are strategically placed . The policy and interviews indicate PREA standards and inmate safety are considered if facility upgrades are necessary. The recent announcement of the closing of portions of the facility have required discussions regarding the reassignment of video and recording equipment. There has been no expansions or modifications.

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.

KSR has and identified policy for collecting evidence that meets PREA criteria and identifies who will conduct and how PREA related medical exams will be completed. An offer of a SAFE/SANE nurse is offered and documented on the Sexual Assault Checklist. If an initial investigation reveals that an incident is criminal or will likely result in criminal charges, the investigation is turned over to the Kentucky State Police.

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.

All reports of sexual assault or harassment are investigated. KSR completes Administrative Investigations while investigations that are criminal are referred to the Kentucky State Patrol. The website included the responsibility of both KDOC and the KSP.

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.

KSR ensures all staff receive extensive training regarding PREA standards. Training staff regularly visit staff on their posts to ask questions regarding PREA and staff's responsibilities when inmates approach them with a potential PREA related issue. Training files indicated that staff acknowledged and understood the training they received regarding PREA.

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.

Policy requires that all volunteers and contractors who have contact with inmates receive PREA training. The volunteers were interviewed over the phone prior to the audit were very knowledgeable of the PREA standards and knew what circumstances required them to report issues to a KSR staff member. Contract staff also received PREA training that was detailed. As with employees, all volunteers and contractor have to acknowledge they received and understood the PREA training.

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.

Inmates receive PREA education when they arrive at the facility during the intake process. They also receive educational information within 30 days of their arrival via a video that is presented in English but can also have Spanish closed- captioning for limited English proficient inmates. Written materials are provided in English, Spanish, Braille, large print or audio version. Inmates knew who they were to report incidents to. Acknowledgement forms are signed by the inmates when they attend the education and receive their initial intake PREA information.

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)

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KDOC provides specialized training for those staff assigned to complete PREA related investigations. Investigators were assigned to both shifts as well as different work areas. Trained investigators are maintained on a KDOC master roster. The training curriculum for Investigators was reviewed and included all pertinent criteria to meet the 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)

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All medical and mental health staff at KSR are trained in how to detect and assess signs of sexual abuse and harassment. They are also trained in how to preserve evidence, respond to and report sexual abuse and harassment. Training records of medical and mental health staff were provided that indicated pertinent required training was attended.

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)

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Immediately upon an inmate's arrival at KSR, a screening instrument is completed that identifies an inmates level of risk or sexual abusesiveness. The screening instrument includes all necessary elements to meet the standard. KSR does not detain any inmates soley for immigration purposes. Documentation indicated that a reassessment was completed within 30 days of the inmate's arrival. Reassessments also occur if warranted due to a referral, incident of sexual abuse or behavior that involved acts of violence. Inmates are not disciplined for refusing to answer or disclosure.

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)

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KSR staff utilize the results of the screening assessment to assign housing, work and program assignments. The Deputy Warden sends a "PREA Designation List" to all work areas monthly so work supervisors can assign their work crews to ensure safety of those inmates identified as victims and to ensure those inmates identified as high risk of being sexually abusive are not assigned with those identified as high victim potential. KSR has several living units that are single cell units that allow for transgender inmates to request a single room if wanted. Transgender/intersex inmates are reassessed twice a year and would be allowed the opportunity to shower separately from other inmates if they requested although there have been no requests.

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)

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KSR/KDOC policy 10.2 allows an inmate who may be at risk to be a sexual victim that needs to be separated from abusers only when an assessment cannot be immediately completed. In such circumstances the assessment should be completed within 24 hours. KSR has not placed an inmate who is at risk for sexual victimization in involuntary segregation as there are ample single cell opportunities throughout the facility.

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)

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KSR has multiple ways that inmates can report allegations of sexual abuse/harassment and retaliation. Inmates are provided information in their Orientation packet provided during intake. There are also signs and brochures displayed throughout the facility that notate reporting information. The Inmate Handbook has a section covering PREA reporting options, to include the inmate's ability to report anonymously and outside the facility. Inmate interviews indicated the population was well educated and knowledgeable of how to report PREA allegations. Examples were provided that indicated multiple reporting methods were in fact utilized. Staff are also provided information regarding how to report when they are in Pre-Service training.

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)

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Inmates have the ability to utilize the grievance process to submit their concerns. Examples of grievance indicated they were investigated and responded to in a timely fashion and none have required an extension. All elements of this standard are met.

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)

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An MOU between KDOC and the Kentucky Association of Sexual Assault Programs exists that identify local support services for individuals requiring assistance. KSR utilizes the services of The Center for Women and Families in Louisville, KY. for those inmates who request outside victim advocate services. Services include arranging rape crisis personnel to accompany and support the offender through the forensic exam. After an initial session, up to three sessions will be provided for each requesting inmate.

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)

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Information is available on the KDOC website that informs the public how to report sexual abuse and sexual harassment on behalf of inmates. Staff, inmates, family and others in the public are able to make a report via a hotline.

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)

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Policy requires staff to immediately report any knowledge of sexual violence to their supervisor and continue to maintain confidentiality regarding the situation. Staff reports are then forwarded to designated PREA Investigators. Policy also indicates that staff may face disciplinary action for failing to report such knowledge. When interviewing staff they were able to explain their obligations regarding the reporting of sexual abuse and sexual harassment incidents.

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)

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KDOC/KSR policy 14.7 requires that when staff learn that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender. The Sexual Abuse Checklist is very detailed and outlines the steps staff are required to take when receiving a report.

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)

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KSR Policy requires that if an inmate reports that he was sexually assaulted at another facility, that the Warden notify the head of the other facility. This notification should be made immediately and documented. Examples provided indicate that contact is made witin the required 72 hours and investigated.

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)

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Staff are trained on responding to an allegation. Interviews with staff indicated staff knew what the first steps to take are. Staff referenced the PREA checklist that provided step by step actions to take. All staff also carry a small laminated card on their person that have the Staff First Repsonders Duties.

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 utilizes a Sexual Assault Action Plan that details the steps staff are to take upon receiving a report of alleged sexual assault. This action plan details specific steps from the initial report, separation of the two inmates, medical treatment, collecting evidence, initiate investigation, make notifications,necessary reports written and mental health interventions.

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.

This standard is Not Applicable. KDOC/KSR does not have a collective bargaining unit

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 investigative Captain is responsible for monitoring retaliation. When retaliation is observed staff are required to submit a written report. Staff and inmates are monitored for a minimum of 90 days but have the ability to extend if necessary. There were no incidents of retaliation reported.

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)

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.

KSR does not house inmates in the segregation unit as a means to protect and separate. There have been no inmates housed in the segregaton unit in order to separate as there are multiple housing possibilities available that ensure an inmate is safe. After reviewing records, the only inmate assigned to a segregation unit after reporting an incident was assigned to a segregation unit for previous behavior and was just relocated in another segregation unit.

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.

Policy 14.7 explains that all staff tasked with investigating incidents of sexual assault/harassment receive specialized training in sexual abuse. Policy also allows investigations be referred to and conducted by the Kentucky State Patrol. Investigators are tasked with gathering evidence. Sample investigations were reviewed and all elements required by the standard are met. Records Retention require all reports, records and logs related to PREA Investigation be retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years.

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)

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 requires the preponderance of the evidence in determining if allegations of abuse or harassment are substantiated. Investigators were able to explain how such conclusions are made in the investigations they complete.

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.

Inmates are notified of the results of the investigation into their allegations. In the past 12 months, 39 investigations were completed with 35 inmates being notified of the results. Of those 39 investigations, 4 inmates discharged. There was one criminal investigation in which one inmate was notified. Policy also requires the inmate be notified of the status of inmate or staff perpetrators, including whether or not there was a conviction resulting from the investigation. Notifications are made in writing and are documented.

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.

Policy requires staff disciplinary action should be taken for violating the facility's sexual abuse or harassment policies. One staff member in the last year resigned after found to have violated the facility policy regarding sexual assault/harassment.

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.

Policy ensures that any contractors or volunteers who engage in sexual abuse are prohibited from contact with the inmate population. If necessary, reports are referred to licensing bodies and KSP if the alleged act may be criminal in nature. There have been no cases of substantiated allegations against a volunteer or contractor in the past 12 months.

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.

Inmates are subject to disciplinary sanctions when an investigation reveals that the inmate participated in inmate-on-inmate sexual assault. Inmate discipline is addressed in Policy 15.2. The sanctions are dispensed based on the total circumstances of the incident, the perpetrator's disciplinary record and sanctions similar to those on similar incidents. Reports of sexual abuse made in good faith will not constitute false reporting even if the investigation doesn't establish sufficient evidence to substantiate the allegation. Mental Health staff are consulted in regards to an inmate's ability to be held accountable for the alleged behavior. Mental Health staff provide a written form that offer their opinion regarding whether an inmate's mental disabilities or mental illness contribute to the behavior and whether or not a sanction is imposed. Policy does allow an inmate to be sanctioned for sexual contact with a staff member when the staff member did not consent to such contact.

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.

Policies defines the referral process for those inmates who have experienced sexual victimization. Inmates who report prior sexual victimization or perpetration are offered a follow-up consultation with mental health and/or medical staff. This information remains confidential and is only shared for the purpose of making housing assignments, work and program assignments. Mental health and medical staff obtain informed consent prior to reporting prior sexual victimization that did not occur in an institutional setting.

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.

When staff receive a report of sexual abuse/harassment, efforts are made to separate the parties involved to ensure the safety of everyone involved. First responders immediately notify medical and mental health staff. Staff follow the Sexual Assault Action Plan that may include taking the alleged vicitim to the University of Louisville Hospital for a forensic medical exam. KSR medical staff may conduct an initial assessment of the victim. KSR medical staff will more than likely examine the aggressor. KSR medical staff will also take photos of injuries taken and document such in the medical records. KSR has medical staff on duty 24 hours a day, 7 days a week and mental health

staff are on call 24-hours a day. There is no cost assessed to the inmate.

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.

KSR offers medical and mental health evaluations for all inmate victims regardless of whether or not the alleged abuse took place at KSR. These evaluations include testing for sexually transmitted infections. Treatment plans are developed that include follow up care if an inmate is transferred to another facility or is released from custody. Mental Health evaluations are attempted on inmates identified as sexual aggressors/abusers within the 60-day time period.

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.

KSR conducts Incident Reviews at the conclusion of every sexual abuse investigation for all allegations determined to be substantiated or unsubstantiated. The Review team consists of the Deputy Warden/PREA Compliance Manager, Investigative Captain, medical staff and mental health staff. KSR completed 10 Incident reviews during the past 12 months.

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.

Data is collected from documents, investigations, incident reviews and other reports submitted. This data is aggregated and the Survey of Sexual Violence is submitted within the timeframe DOJ has established.

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.

Collected data is reviewed to determine areas that may be problematic and if necessary create corrective action plans. The data is utilized in annual reports for each KDOC facility and the agency. Data is compared from year to year to assess progress in addressing sexual abuse. The Commissioner reviews and approves the report and are available on the KDOC website. The report does not include any names or specific identifiers that present a threat to the safety and security of the facility.

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.

Data is securely retained. All personal identifiers are removed before reports are published on the departments website. The retention schedule for PREA reports and investigations are maintained at least 10 years.

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.

Trish (Brockman) Bernhards

Auditor Signature

8/11/2016

Date