DEPARTMENT OF CORRECTIONS
Kenneth VanMeveren
PREA Coordinator
South Dakota State Penitentiary
P. O. Box 5911
Sioux Falls, South Dakota 57717-5911

07/29/2015

Warden Greg Howard
Luther Luckett Correctional Complex
PO Box 6
LaGrange, KY 40031

REF: LLCC Final PREA Auditor's Summary Report

Warden Howard,

Congratulations to the Luther Luckett Correctional Complex on compliance with the Prison Rape Elimination Act (PREA) standards as verified by the attached Final Auditor's Summary Report of the audit conducted on June 23rd, 24th and 25th.

Luther Luckett Correctional Complex's (LLCC) effort to achieving compliance was evident by your entire staff and their leadership. The process of maintaining standards and preparing for the audit was the result of hard work at every level of your staff and not one single person.

If you or your staff has any questions in relation to this PREA Audit at anytime, please don't hesitate to contact me. Please post this PREA Auditors Summary Report on your website as a final step in compliance.

On behalf of Ms. Coyle and myself, it was a pleasure working with such a professional organization dedicated to preventing sexual abuse among offenders.

Sincerely,

Ken VanMeveren
Certified PREA Auditor
SD DOC PREA Coordinator

Note: Originals are being sent by US Mail carrier.

cc: PREA Coordinator C.A. Wilkerson
PREA Compliance Manager Lindsay Stemle

kvm

PREA AUDIT REPORT ☐ **Interim** X **Final**

ADULT PRISONS & JAILS

Date of report: July 29th,2015

Auditor Information			
Auditor name: Kenneth VanMeveren			
Address: South Dakota Department of Corrections, PO Box 5911, Sioux Falls, SD 57117			
Email: Ken.VanMeveren@state.sd.us			
Telephone number: 605-367-4496			
Date of facility visit: June 23rd through June 25th, 2015			
Facility Information			
Facility name: Luther Luckett Correctional Complex			
Facility physical address: 1612 Dawkins Road, LaGrange, KY			
Facility mailing address: *(if different from above)* P.O. Box 6, La Grange, KY 40031			
Facility telephone number: 502-222-0363			
The facility is:	☐ Federal	X State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	X Prison	☐ Jail	
Name of facility's Chief Executive Officer: Warden Greg Howard			
Number of staff assigned to the facility in the last 12 months: 193			
Designed facility capacity: 982			
Current population of facility: 974			
Facility security levels/inmate custody levels: All custody levels			
Age range of the population: 19-80			
Name of PREA Compliance Manager: Lindsay Stemle		**Title:** LLCC PREA Compliance Manager	
Email address: Lindsay.Stemle@KY.gov		**Telephone number:** 502-222-0363 ex.4544	
Agency Information			
Name of agency: Kentucky Department of Corrections			
Governing authority or parent agency: *(if applicable)* Justice and Public Safety Cabinet			
Physical address: Health Services Building, 275 East Main Street, Frankfort, KY			
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: Charles.A.Wilkerson@ky.gov		**Telephone number:** 502-382-7245	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

Kentucky DOC (KY DOC) PREA Compliance Manager, C.A. Wilkerson contacted the South Dakota Department of Corrections (SD DOC) to conduct a PREA audit of its Luther Luckett Correctional Complex (LLCC) as a part of the Midwest PREA Audit Consortium.

The SD Audit Team would consist of SD DOC PREA Coordinator, Ken VanMeveren, who would conduct the audit and Mike Durfee State Prison PREA Compliance Manager (PCM) Becc Coyle who would assist with the on-site staff / inmate interviews.

The LLCC PREA Audit initially started on May 11th. 2015, when the LLCC housing units posted the PREA Audit Advance Notice to the inmates that a PREA Auditor would be on site June 23rd, 24th and 25th,2015.

On Tuesday, June 16th, LLCC PREA Compliance Manager (PCM) Lindsay Stemle e-mailed the Pre-Audit Form. The documentation associated with the form was to be sent on a flash drive in the upcoming mail. PCM Lindsay Stemle and I began exchanging staff and inmate information and began developing a interview schedule for the Audit.

On Thursday, June 18th the LLCC flash drive arrived in the mail – just a couple of days before the SD Audit Teams departure for the on-site audit. This was not enough time to review the flash drive contents prior to leaving for the on-site audit.

In a conversation with KY PREA Coordinator it was decided that the review of the information on the flash drive would be conducted after the on-site audit.

ON-SITE

The on-site audit started on Tuesday, June 23rd with introductions of the SD Audit Team with the LLCC Senior Staff, including Warden Greg Howard, KY DOC PREA Coordinator C.A. Wilkerson, LLCC PREA Compliance Manager Lindsay Stemle and others.

After the introductions, Warden Greg Howard conducted a facility tour. The tour included all areas of the facility; the intake area, Housing Units, Medical area, Chapel, Kitchen and Chow Hall, Recreation and various work areas.

That afternoon the SD Audit Team began the staff interviews including senior staff, investigators, medical/mental health staff, intake staff, incident review team, first responders, contractors, volunteers and random staff.

The second day, the SD Audit Team started early in the morning to catch the overnight staff for interviews and to interview more random staff. Once staff interviews were completed, the SD Audit Team started the scheduled inmate interviews at the centrally located Chapel. This continued through the afternoon.

The third day of the audit started with revisiting some areas to address questions from a review of information to date. There were final staff interviews from these areas and questions / explanations from senior staff. At 10:30 AM, the Audit Closing Briefing with senior LLCC staff, was conducted in the Warden's Office.

POST-SITE

The review of the Pre-Audit Form and the associated documentation on the flash drive continued with a Q&A session with LLCC PREA Compliance Manager Stemle for an additional two weeks.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Luther Luckett Correctional Complex was the first security institution to be built in Kentucky since the Kentucky State Reformatory in 1937. This complex was built in direct response to the Federal Consent Decree involving the Kentucky Department of Corrections.

The Luther Luckett Correctional Complex is approximately 3 miles south of LaGrange, Kentucky or 20 miles north of Louisville, Kentucky.

The current staffing level is 193 with an operating budget of $13.6 million

The physical plant consists of five male offender living units, a 44-bed special management unit, a 16-bed minimum-security unit, numerous support buildings including academic and vocational schools and indoor recreation areas. The living units are broken down into three different categories: general population, meritorious housing and one dormitory being utilized as a therapeutic community type setting for inmates enrolled in the Substance Abuse Program.

Inmate programs offered at LLCC:

Educational Programs:

Vocational Education (including Carpentry, Electricity, Masonry and Auto Technology), Academic Classes (ranging from basic reading through GED), Life Skills Program (Introduction to Computers, Stress Management, Anger Management, Parenting, Family Life and Finances). In addition, Jefferson Community College (JCC) offers a two (2) year Associate of Arts Degree and a Pathfinder Program – a pre-release program offering courses on team building, communication, stress management, anger management, problem solving, values, time management and life planning.

A substance abuse program - Modified Therapeutic Community:

The Division of Mental Health Substance Abuse Program is based on a form of treatment known as a modified therapeutic community (TC). The concept for this type of program comes from research that shows that a group living together, moving towards a common goal, and isolated as much as possible from negative influences, can achieve more than other types of programs aimed at modifying behavior.

Sex Offender Treatment Program (SOTP)

Luther Luckett Correctional Complex (LLCC) is one of four institutions in Kentucky that offers SOTP. Treatment is done in group sessions of no more than 8 to 12 clients per group, meeting for 1 1/2 hours each week. Each participant is expected to attend and participate in every session. This includes speaking actively as a member of the group, accepting full responsibility for sexually abusive behavior, keeping the confidentiality of all group members and completing all assignments.

Counseling

There are several types of counseling available to the inmate population. Unit Staff will assist in day-to-day guidance and counseling and refer inmates to other programs as appropriate.

Psychiatric Outpatient Clinic is available for inmates on a referral basis. Inmates released from inpatient status are encouraged to maintain contact through the outpatient clinic and advise them of any problems with medication. The Luther Luckett Correctional Complex Psychology Department is staffed by one Licensed Psychologist and one Licensed Psychology Associate.

The first inmates were received at Luther Luckett Correctional Complex in March 1981. Although the institution was designed to house 486, with double bunking in 1990, the operational capacity was raised to 995.

LLCC's current institutional capacity is 982, with a current inmate population of 974.

Inmate Demographics
Black Inmates 32%
White Inmates 67%
Annual Cost Per Inmate $18,993.87
Daily Cost Per Inmate $52.04

LLCC is accredited by the American Correctional Association (ACA).

Example of a Inmate Housing Unit at LLCC

SUMMARY OF AUDIT FINDINGS

On June 23rd, 24th and 25th the SD Audit Team conducted an on-site PREA Audit of the Luther Luckett Correctional Complex by LaGrange, Kentucky. The PREA Audit was conducted at the request of the Kentucky Department of Corrections.

The results indicate that Roederer Correctional Complex was compliant on **95%** of the standards, exceeded the standards on **5%** and did not meet the standards on **0%.**

Number of standards exceeded: 2

Number of standards met: 40

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)
- X 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.

Zero Tolerance evident in policy and staff attitude. Two policies ref: Sexual Abuse Prevention and Staff Sexual Offenses. PREA Coordinator employed at upper level agency level and facility had a PREA Compliance Manager.

Standard 115.12 Contracting with other entities for the confinement of inmates

- X 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.

KY DOC requires all contracted facilities to be compliant with the PREA Standards and to undergo PREA Audits. This includes not only DOC inmates, but also parolees and probationers. Several staff monitor contract compliance and were aware of contracted facilities PREA Status .

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

LLCC has a staffing plan set up to ACA/PREA standards and based upon NIC guidelines. Unannounced Rounds covered in policy and practice. During interviews senior staff described practices above standard procedures to keep the rounds unannounced.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 are still in draft form, but procedures are being followed. Male youthful offenders in practice are not housed at LLCC, instead they are housed at a dedicated unit at Kansas State Reformatory for males.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Search policy and draft LGBTI policy covers standard. All units practice a 'sign' rotation that signals a change in the gender 'status quo' and is followed up by announcement. This is documented in the Control Room log. Both inmates & staff identified practice. Shower areas have privacy ½ doors. Some inmate concerns were noted about placement of the door height. Staff immediately responded to this concern and added height to the swinging doors.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

PREA materials available to inmates in English, Spanish, Large Print, Braille, and video/spoken. Posters in English and Spanish. Spanish speaking staff are available for translation services if needed. It is in policy and practice not to use inmate

interpreters.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Hiring and Promotion standards covered in policy and practice. Initial Background on everybody the every five years based upon hire date. Additionally, KY Court Records checks ran on a more frequent basis. Documentation kept in HR files.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

New policy: *Construction, Renovation and Expansion Guidelines* are in place and practice. New items and current projects are reviewed in the monthly review. A project plan for new and additional cameras is currently in progress and being reviewed on a monthly basis.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 administrative part is described in policy. In practice the staff interviewed were unclear on the reporting / investigative procedures following an initial response.

In response to this information, Senior Staff developed a reference card with the process and reporting parties listed. This card was issued to all staff and the information placed in briefings.

All staffs were aware that the criminal part is performed by an outside agency (Kentucky State Police) and is laid out in general terms. KSP provided memo to meet PREA Standards and listed their PREA Investigator training. A victim's advocate is available from the local Rape Crisis Center.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 administrative part is described in policy. In practice this is a relatively new practice for LLCC. Forms and documentation are improving with each incident. Current practice is up to policy and standards.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 requiring training on PREA specifics. Pre-service program and an annual in-service program covering these specifics. Staff is identified as all staff, volunteers and contractors. All staff after training is required to sign a statement of understanding. Form is kept in their file.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Same as 115.32, staff are identified as all staff, volunteers and contractors. They receive the same training for PREA.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

LLCC does not receive new intakes. Admissions & Orientation (A&O) occurs at another KY DOC facility.

When inmates transfer into LLCC, the inmates are given a facility orientation that includes PREA information in addition to what was presented at A&O.

Inmate records are checked for documentation of PREA Education. All inmates needing PREA Education or documentation are updated at LLCC.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedures in place to cover training. LLCC has trained a number of intermediate and senior staff in the PREA Specialized Training for Investigators. These investigators administratively respond to all allegations of sexual abuse / sexual harassment within the facility. The PREA Compliance Manager (with prior investigative experience) reviews and responds to all questions/inquiries on investigative practices.

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Medical Department training includes all of the PREA Specialized Training requirements for Medical and Mental Health staff. There was some initial confusion on where the records were kept, but it was established the records were electronically kept by the Medical Department and then printed for the training departments records.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure is in place for inmates arriving at LLCC for PREA Screen review. All inmates interviewed acknowledged receiving the PREA screen. Staff statements and record review indicate that most inmates receive a review within 12 to 24 hours. Within the reporting period LLCC has implemented the PREA screening instrument and all existing inmates have watched the PREA Education video and had a current screen completed.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure is in place for using screen information for housing, work, programs and education decisions. Identified potential aggressors are not allowed to house within one bunk of a potential victim. In practice Unit Manager usually keep them as separated as possible.

Currently there was not a policy addressing the transgender/intersex issues identified in the standard. A draft policy has been developed to address the issues. This policy is in the final stages of review and signatures. The draft policy was reviewed during audit and meets all of the requirements.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure is in place prohibiting use of involuntary segregation housing for inmate at high risk of sexual victimization. Also sets up procedures for use if no other alternatives. During interview with the Warden, it was stated that it would be used only if there were no other alternatives available.

Memo stating that to date there has been no involuntary segregation used for this during the reporting period.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 uses multiple ways for an inmate to report, including a PREA Hotline to investigators, and outside private Hotline, verbal and written reports to staff.

During inmate interviews a number of them did have reservations about reporting to staff, stating that they did not trust them. They all stated that they had other means of reporting- friends or family who could report it for them, or they could use the hotline.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure does not allow inmates with complaints about staff to go through an informal process – must go directly to administrative remedy.

Inmates with complaints about other inmates may go through informal process at their discretion, it is not a requirement. This procedure meets the minimum requirements of the standard.

Memo from Warden stating there have been no requests for Emergency or Third Party Grievances filed for this reporting period.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place to allow access to outside support services. Facility/agency does have an established MOU with outside support services. Memos were posted in all housing units giving inmates the phone process to call and the service mailing address. These memos were placed by the phones for easy access.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 contracted with an outside private agency to staff a Hotline that inmates may call to report any allegations. This agency in turn reports the information back to the agency/investigators, allowing the reporter to be anonymous upon request. Additionally, the agency has posted a report method on its website for third party reporters.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedure in place that require all staff to immediately report. This applies to all 'staff'. Staff definition includes DOC and contracted employees. During staff interviews all staff knew how to report to designated PREA Investigators and the confidential nature of the reports. This included third party and anonymous reports. No inmates reported any concerns about confidentiality in reporting.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedure in place that outlines procedures when such a determination is made.

All staff interviewed were aware to immediately protect the victim from any additional harm. Several examples from incidents verified this information.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedure in place that outlines the process for reporting to /receiving reports incidents to other facilities. Several examples of the e-mails and investigations were provided of both types of incidents. All cases were followed-up to a conclusion.

Standard 115.64 Staff first responder duties

X 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, procedure and training in place that outlines the process. All staff (DOC & contractors) are trained on being first responders. When interviewed all staff were able report accurately their duties as a first responder.

In addition to the initial response all staff indicated a 'First Responder' card that they carried on their lanyard with their ID's. Several staff stated that if they ever had a question about the procedure – the information was always with them.

A majority of inmates interviewed reported that staff responded immediately with separation of individuals involved..

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place that outlines the process at the agency level. At the facility level the administration has incorporated all staff (DOC, contractors, volunteers and other state agencies) into the requirements, procedures and training. Facility level a LLCC PREA Action Plan was developed and implemented.

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.

N/A facility does not have an employees union – no collective bargaining..

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place that outlines the process. At LLCC, PREA Compliance Manager Stemle is responsible for following up on cases. There is a form being used to document this process. If there is any report of retaliation, the PCM Stemle can investigate directly or designate an investigator.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

LLCC has multiple classification levels including a segregation section. Potential victims are only held during the investigation process. Per the Warden, inmate victims of sexual abuse are not held in involuntary segregation cells at the facility unless there is no other option. For this reporting period there were not any victims of sexual abuse held in involuntary segregation.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place that outlines the process. Staff investigators demonstrated they were well trained and had a good knowledge of the standard. DOC investigators worked closely with the criminal investigators: Kentucky State Police (KSP). KSP also posted a memo on the DOC website that they would train & follow PREA Standards. Auditor was provided a copy of KSP training agenda (included PREA training).

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 in place that details this standard. When interviewed, DOC investigators were familiar with the preponderance of evidence requirement.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place that outlines the process. LLCC PREA Compliance Manager Stemle handles all notifications in writing to the inmates at the conclusion of the investigation. During staff interviews, staff were able to go into details about this procedure.

During inmate interviews, most inmates acknowledged receiving such information either verbally or in writing.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedure in place that outlines the process. There were five staff-involved allegations investigated during this reporting period. Three were unsubstantiated, two unfounded and none were substantiated.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedure in place that outlines the process. There was one example of a staff sexual misconduct involving a contracted staff member during the reporting period. The example demonstrated a thorough investigation and an appropriate response.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X 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 procedure in place that outlines the process. Sanctions are standardized in policy, including considerations for other factors (i.e. inmate's mental health status). New process in place offering mental health services to abusers. Consensual inmate on inmate sexual activity is against the rules, but is not considered abuse.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place that outlines the process. Inmates are screened for Medical and Mental Health PREA questions upon their transfer into LLCC. Inmates with prior institutional sexual victimization or sexual abusiveness are offered follow-up programming or placed into programs.

For any prior information that did not occur at a DOC facility, Health Service obtains an informed consent form from the offender. An example of informed consent form was presented.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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, procedure and a PREA Action Plan in place. Facility health services offer emergent 24 hour care with access to an outside hospital. Staff use First Responder cards and training to handle emergencies. No current examples of an inmate that needed emergency access for sexual abuse.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Medical /Mental Health do a follow up with institutional/community that is documented on forms and outside support is offered. Inmate victims are offered STD tests as medically appropriate and the services are offered without cost.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Incidents of sexual abuse (substantiated / unsubstantiated) are reviewed monthly (2nd Tuesday of each month) by a core group (Warden, IA Captain, PREA Compliance Manager and an Administrative Procedure staff). The review team receives input from all staff involved in the incident and prepares the report with recommendations (if any) for the Warden.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedure in place that outlines the process. The investigative forms are designed to capture relevant data. Information gathered is for a PREA Grant and for the current BJS Survey on Sexual Violence. The 2013 and 2014 annual PREA report has been published on the DOC's website.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The annual PREA report described in 115.87 is approved by the department's Commissioner and is published on the department's website. This is the second year of the report – 2013 & 2014 reports are available. All personal information has been removed. A comparison of the two reports shows a marked increase in inmates reporting, while at the same time a decrease in the number of substantiated reports.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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.

Another Kentucky department published and monitors a retention schedule of records policy in line with PREA standards. The KY DOC is following this schedule for maintaining records in accordance with the DOC's policies.

AUDITOR CERTIFICATION

I certify that:

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

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

X 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.

Kenneth VanMeveren _____ 7/29/15

Auditor Signature Date