PREA AUDIT REPORT ☐ **INTERIM** ☒ **FINAL**

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

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

Name of facility: Roederer Correctional Complex			
Physical address:4001 Morgan Road, LaGrange, KY 40031			
Date report submitted:			
Auditor Information			
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Email Ken.VanMeveren@state.sd.us			
Tel. no. 605-367-4496			
Date of facility visit: March 10th, 11th. & 12th 2015			
Facility Information			
Facility mailing address: (if different from above)	Roederer Correctional Complex PO Box 69 LaGrange, KY 40031		
Telephone number:			
The facility is:	☐ Military	☐ County	☐ Federal
	☐ Private for profit	☐ Municipal	☑ State
	☐ Private not for profit		
Facility Type:	☐ Jail	☑ Prison	
Name of PREA Compliance Manager: Angelina Williams		**Title:** Institutional Training Instructor / Coordinator & PREA Compliance Manager	
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Agency Information			
Name of agency: Kentucky Department of Corrections			
Governing authority or parent agency: (if applicable)	Justice and Public Safety Cabinet		
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Agency Chief Executive Officer			
Name: La Donna Thompson		**Title:** Commissioner	
Email address:		**Telephone number:**	
Agency-Wide PREA Coordinator			
Name: Charles A. Wilkerson		**Title:** PREA Coordinator	
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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 Roederer Correctional Complex (RCC) 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 Dufree State Prison PREA Compliance Manager (PCM) Becc Coyle who would assist with the on-site staff / inmate interviews.

The RCC PREA Audit initially started on January 26th. 2015, when the RCC housing units posted the PREA Audit Advance Notice to the inmates that a PREA Auditor would be on site March 10th, 11th and 12th.

On Friday, February 13th, RCC PREA Compliance Manager (PCM) Angelina Williams and the SD Audit Team started working out the details of the on-site Audit and a schedule for the PREA Pre-Audit Questionnaire and associated documentation.

RCC Pre-Audit Questionnaire and associated documentation from PCM Williams was received in the mail on Friday, February 20th.

On March 1st, the initial review of the PREA Pre-Audit Questionnaire and associated documentation was completed.

From Monday, March 2nd thru Friday, March 6th PCM Williams and the SD Audit Team exchanged questions, additional information and explanations for the Pre-Audit Questionnaire and documentation.

ON-SITE

The on-site audit started on Tuesday, March 10th with introductions of the SD Audit Team with the RCC Senior Staff, including Warden Ravonne Sims, KY DOC Program Coordinator Joseph Martin, KY DOC PREA Coordinator C.A. Wilkerson, RCC PREA Compliance Manager Angelina Williams and others.

After the introductions, PCM Williams conducted a facility tour. The tour included all areas of the facility; the Identification Department, Assessment Center, Housing Units, Medical area, Chapel, Kitchen, Recreation, outside minimum unit, chapel 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. 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. Final staff interviews from these areas and questions / explanations from senior staff. After lunch we had the Audit Closing Briefing with senior RCC staff.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Roederer Correctional Complex is situated approximately 3 miles south of LaGrange, Kentucky and approximately 20 miles north of Louisville, Kentucky.

The physical plant consists of a total of one thousand two (1002) beds. Seven hundred thirty (730) medium security beds are within the fenced perimeter. One hundred (100) of these medium custody inmates are permanently assigned inmates, which provide support services for the institution. Six hundred thirty (630) medium security beds are utilized to house inmates entering the system as part of the Assessment Center for the Department of Corrections. There are currently two hundred seventy-two (272) minimum custody beds located outside the fence.

Roederer Correctional Complex has three (3) distinct purposes:

- The Assessment and Classification Center processes all incoming male felons with the exception of those sentenced to death row. In excess of 7,000 are processed by this institution per year. The Assessment Center is also responsible for all sentence calculations of felons in Controlled Intake (currently 1,600) and for classifying felons for the Class D Program (approximately 4,000 per year).
- Roederer Correctional Complex assigns permanent inmates to provide support services for the institution including one hundred (100) inmates who work in the Maintenance Department, Kitchen, Laundry, Legal Office, Grievance Office, etc. Seventy- two (72) minimum custody inmates help maintain the 3,000 acre farm. The permanent inmate population at this institution totals 172 at full capacity.
- The Substance Abuse Treatment program is a 200-bed intensive in-patient treatment unit. Treatment is provided to a mixed population of incarcerated felons and offenders on parole supervision. Treatment is facilitated through inmate elders (former program graduates), treatment staff, security staff, community mentors and volunteers. Clients are prepared for transition into the community.

SUMMARY OF AUDIT FINDINGS:

On March 10th, 11th and 12th the SD Audit Team conducted an on-site PREA Audit of the Roederer 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 **88%** of the standards, exceeded the standards on **12%** and did not meet the standards on **0%.**

Number of standards exceeded:	5
Number of standards met:	38
Number of standards not met:	0

§ 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 comments, including corrective actions needed if does not meet standard

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

§ 115.12	Contracting with other entities for the confinement of inmates.

☑ **Exceeds Standard** (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

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.

§ 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)

Auditor comments, including corrective actions needed if does not meet standard

RCC has had a long standing staffing plan in place- 16 plus years. 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.

§ 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)

Auditor comments, including corrective actions needed if does not meet standard

Policies is still in draft form, but procedures are being followed. Youthful Offenders would not be housed at RCC, instead would housed at dedicated unit at Kansas State Reformatory for males and KCIW for females.

§ 115.15	Limits to cross-gender viewing and searches.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Search policy and draft LGBTI policy covers standard. Video Monitors are in Investigative staff offices. All units practice a 'sign' rotation that signals a change in the gender 'status quo' and is followed up by announcement. Both inmates & staff identified practice. Shower and toilet areas have privacy curtains.

§ 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 comments, including corrective actions needed if does not meet standard

PREA materials available to inmates in English, Spanish, Large Print, Braille, and video/spoken. Posters in English and Spanish. Help Lines are being reviewed for Spanish availability. It is in policy and practice not to use inmate interpreters.

§ 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 comments, including corrective actions needed if does not meet standard

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.

§ 115.18	§ 115.18 Upgrades to facilities and technologies.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

New policy: Construction, Renovation and Expansion Guidelines are in place and practice. The Commissioner and Warden were able describe the procedure outlined. Additionally, these items are reviewed in their staffing plan.

§ 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 comments, including corrective actions needed if does not meet standard

The administrative part is described in policy and practiced well. All the staff interviewed could describe the procedures for response and evidence handling. 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 local Rape Crisis Center.

§ 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 comments, including corrective actions needed if does not meet standard

The administrative part is described in policy and practiced well. There was an initial question about the description of the responsibilities of the criminal investigation procedure done by the Kentucky State Police. KSP provided training documentation, evidence procedure, and a memo stating they were following PREA Guidelines, these initially were not in policy or made public... The KY DOC included this memo on their website for public notification.

§ 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 comments, including corrective actions needed if does not meet standard

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.

§ 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 comments, including corrective actions needed if does not meet standard

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

§ 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 comments, including corrective actions needed if does not meet standard

Policy and procedure is in place for inmates arriving to receive 72 hour and 30 day PREA inmate education. All inmates interview acknowledged receiving PREA education. Staff statements and record review indicate that most inmates receive the initial information within 12 to 24 hours. Individual case managers devise their own tracking of the 30 day education with periodic checks by Unit Managers. All current documentation is compliant, but a standardized system to track and validate this procedure on a regular basis is recommended.

§ 115.34	Specialized training: Investigations.

☑ **Exceeds Standard** (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy and procedures in place to cover training. All specialized (IA) investigators trained (these handle a majority of allegations), in addition enough security staff trained to have at least one PREA trained investigator on each shift. In addition KSP (criminal investigators) also documented as attending training. This practice ensures staff always available with PREA Investigative training.

§ 115.35	Specialized training: Medical and mental health care.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy and procedures in place to cover training. When interviewed medical staff could recite the training they receive. All seems knowledgeable on PREA. They also attend the DOC In-Service training.

§ 115.41	Screening for risk of victimization and abusiveness.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy and procedure is in place for inmates arriving to receive 72 hour and 30 day PREA inmate screening. All inmates interview acknowledged receiving PREA screen. Staff statements and record review indicate that most inmates receive the initial screen within 12 to 24 hours. Individual case managers devise their own tracking of the 30 day screen with periodic checks by Unit Managers. All current documentation is compliant, but a standardized system to track and validate this procedure on a regular basis is recommended..

§ 115.42	Use of screening information.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy and procedure is in place for using screen information for housing, work, programs and education decisions. Facility primary housing is an open bay system. 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.

Initially there was not a policy addressing the transgender/intersex issues identified in the standard. Primarily, because RCC has not had a transgender/intersex inmate in recent memory. Prior to the on-site audit KY/DOC & RCC developed a draft policy to address the issues. Reviewed draft policy during audit. Draft policy is in the signature process now, no procedures to view- no transgender or intersex inmates.

§ 115.43	Protective custody.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy and procedure is in place prohibiting use of involuntary seg housing for inmate at high risk of sexual victimization. Also sets up procedures for use if no other alternatives. Memo stating that to date there has been no involuntary use. One victim of sexual abuse did voluntarily transfer to a more restricted unit off site. When interviewed by phone, the inmate stated it was at his request.

§ 115.51	Inmate reporting.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
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 staff interviews a small minority of staff did have reservations about taking only verbal reports from inmates. Senior staff immediately addressed this issue with the staff trainers.

§ 115.52	Exhaustion of administrative remedies.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
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 in housing units informing inmates that a third party may assist them in the process.

§ 115.53	Inmate access to outside confidential support services.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
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.

§ 115.54	Third-party reporting.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
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.

§ 115.61	Staff and agency reporting duties.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
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 inmate interviews one inmate expressed concerns about staff keeping reports confidential, but that was the exception. No other inmates reported any issues about confidentiality. During staff interviews all staff knew to report to designated PREA Investigators.

§ 115.62	Agency protection duties.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Policy and procedure in place that outlines procedures when such a determination is made. No such determinations were made during this audit period.

§ 115.63	Reporting to other confinement facilities.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
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 follow-up to a conclusion.

§ 115.64	Staff first responder duties.

☑ **Exceeds Standard** (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Policy, procedure and training in place that outlines the process. All staff (DOC & contractors) is trained on being first responders. When interviewed all staff were able report accurately their duties as a first responder. In addition to the initial 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.

§ 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 comments, including corrective actions needed if does not meet standard
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 PREA Action Plan developed.

§ 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 comments, including corrective actions needed if does not meet standard
N/A facility does not have an employees union – no collective bargaining.

§ 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 comments, including corrective actions needed if does not meet standard
Policy and procedure in place that outlines the process. At the facility, IA Captain of Investigations 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 IA Captain is the one that can immediately investigate.

§ 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 comments, including corrective actions needed if does not meet standard
Facility is an admission unit and only keeps a minimum classification permanent population. There are no involuntary segregation cells at the facility. Memo from Warden stating that they have no assigned any inmate involuntary segregation in any other facility.

§ 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 comments, including corrective actions needed if does not meet standard
Policy and procedure in place that outlines the process. Initially concerned about the general nature of the policy referring to the standard 115.71 for details, but during the staff interviews- 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 memo on DOC website that they would train & follow PREA Standards. Auditor was provided a copy of KSP training agenda (included PREA training).

§ 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 comments, including corrective actions needed if does not meet standard
Policy in place that details this standard. When interview DOC investigators were familiar with the preponderance of evidence requirement.

§ 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 comments, including corrective actions needed if does not meet standard
Policy and procedure in place that outlines the process. The facility Investigative office handles all notifications in writing to the inmates at the conclusion of the investigation. During staff interviews, staffs were able to go into details about this procedure. During inmate interviews, inmates acknowledged receiving such information.

§ 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 comments, including corrective actions needed if does not meet standard
Policy and procedure in place that outlines the process. There was one example of a staff sexual harassment during the reporting period. The example demonstrated a thorough investigation and an appropriate response.

§ 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 comments, including corrective actions needed if does not meet standard
Same policy and procedure mentioned above includes all DOC staff, contractors, other agency and volunteers. No incidents in the reporting period.

§ 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 comments, including corrective actions needed if does not meet standard
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.

§ 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 comments, including corrective actions needed if does not meet standard
Policy and procedure in place that outlines the process. The facility is primarily an admission facility and its response time is immediate. During interviews staff state the referral is during the interview and medical/Mental health was just a couple of doors away. Memo from Health Services stating "no more than 72 hrs elapse before inmate is seen". Inmates also stated the response was also immediate. 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.

§ 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 comments, including corrective actions needed if does not meet standard
Policy, procedure and a PREA Action Plan in place. Facility health services offer emergent 24 hour care with access to an outside hospital. Staffs use First Responder cards and training to handle emergencies. No current examples of an inmate needed emergency access for sexual abuse.

§ 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 comments, including corrective actions needed if does not meet standard
Due to being a male admissions facility, few inmates stay for discharge. parole or probation at this facility. Medical /Mental Health do following up 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.

§ 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 comments, including corrective actions needed if does not meet standard
Incidents of sexual abuse (substantiated / unsubstantiated) are reviewed in a timely manner by a core group (IA Captain, PREA Compliance Manager and an Administrative Procedure staff). The review team receives input from all staff involved in the incident and prepares report with recommendations (if any) for the Warden. To date there have been no recommendations.

§ 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 comments, including corrective actions needed if does not meet standard
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 annual PREA report has been published on the DOC's website. The 2014 report is not ready yet.

§ 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 comments, including corrective actions needed if does not meet standard
The annual PREA report described in 115.87 is approved by the departments Commissioner and is published on the department's website. This is the first year of the report – no comparison available until the 2014 report is ready. All personal information is removed.

§ 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 comments, including corrective actions needed if does not meet standard

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:

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

Date 4/8/15